![NHS logo]

SY MHLDA Provider Collaborative

**Provider Collaborative and
Alliances Updates**

Sheffield HCP Board - December 2023

BARNSLEY

DONCASTER

SHEFFIELD

ROTHERHAM

South Yorkshire Mental Health, Learning Disability and
Autism Provider Collaborative

Chair – Sharon Mays, Chief Executive – Toby Lewis

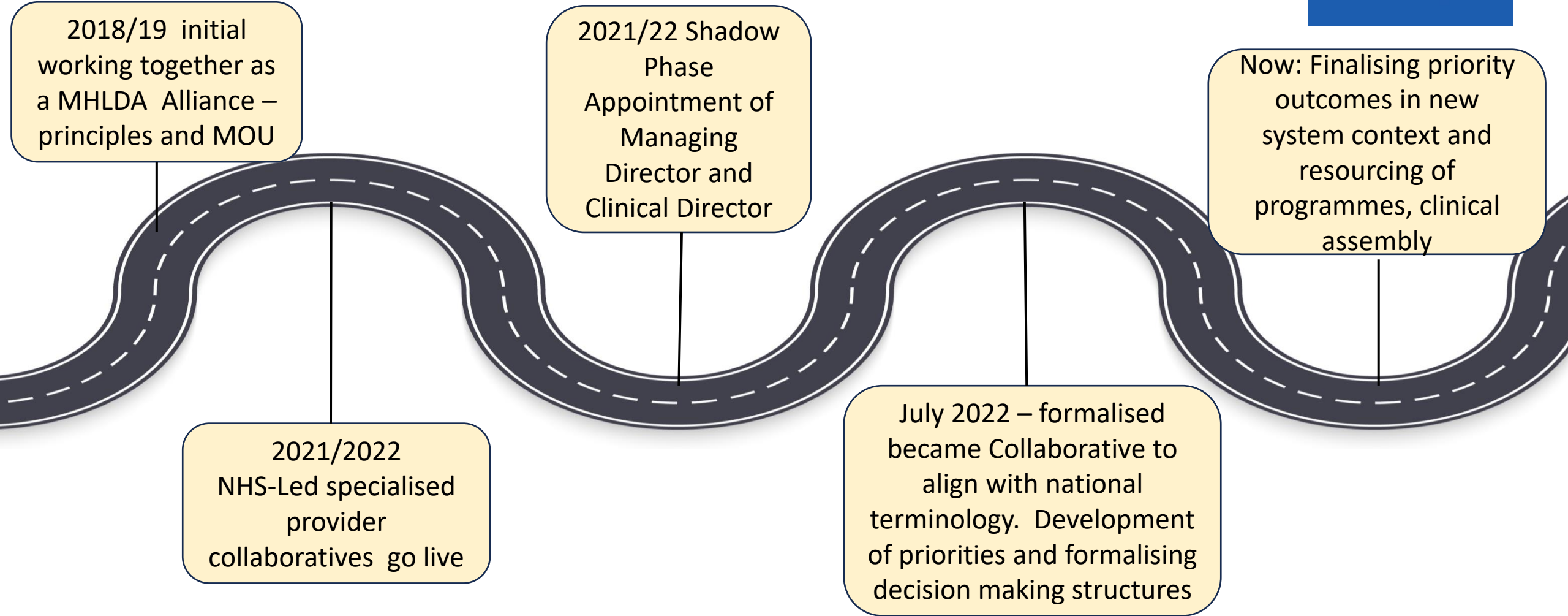# SY MHLDA Provider Collaborative

NHS

- Rotherham, Doncaster, and South Humber NHS Foundation Trust

- Sheffield Children's NHS Foundation Trust

- Sheffield Health and Social Care NHS Foundation Trust

- South West Yorkshire Partnership NHS Foundation Trust

"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.

South Yorkshire Mental Health Learning Disability and Autism Provider Collaborative

Journey so far

NHS

2018/19 initial working together as a MHLDA Alliance – principles and MOU

2021/22 Shadow Phase Appointment of Managing Director and Clinical Director

Now: Finalising priority outcomes in new system context and resourcing of programmes, clinical assembly

2021/2022 NHS-Led specialised provider collaboratives go live

July 2022 – formalised became Collaborative to align with national terminology. Development of priorities and formalising decision making structures

South Yorkshire Mental Health Learning Disability and Autism Provider Collaborative

Collaborative Objectives

NHS

Create better **access** - Promoting inclusivity and creating services which improve access and quality of care to **all** members of our community

Develop workforce - Collectively supporting and developing our people by working together to strengthen wellbeing, knowledge, skills and workforce planning

Drive **quality** - Collaborating across the health and care system to **deliver improved patient care, enhancing resilience and sharing evidence-based best practice** and innovation

Address health **inequity** - Working with **communities** to provide services where they are needed most and building on strengths to support people to live well

Value for money - Working together to deliver **better value for money** by being efficient and innovative How we work together

Throughout this we seek to implement models that promote **prevention and recovery** and key strategic principles that underpin any change are that it must be:
- **Evidence led**
- **Person centred and strengths based Trauma informed**
- **Outcomes focused**

South Yorkshire Mental Health, Learning Disability and Autism Provider Collaborative

Priority Areas for Collaborative Focus

NHS

- Improve access, experience and outcomes of the neurodiversity assessment process and to provide a seamless transition to aftercare – whether provided by NHS or other partners

Neurodiversity Assessment (ASD/ADHD)

- Address the increase in referrals for AED (and impact of increases in CYP ED seen in covid) and to co-design pathways to provide the least restrictive effective options.

Eating Disorders

- Reduce delays in accessing HBPOS (s136) and delays in transfer to the appropriate place post-assessment to improve experience for people using the service (all age) and those working in HBPOS services.

Health Based Place of Safety

- Collectively implement a South Yorkshire (SY) MHLDA Provider Collaborative approach to a high quality and consistent standard of care across SY in relation to Stopping Prevention Over Medication of People with a Learning Disability, autism or both with psychotropic medicines (STOMP) and implementing the STOMP healthcare pledge.

Learning Disabilities - STOMP

- Support the development of the Collaborative to enable capacity and capability to achieve our objectives and remain consistent with our principles

Development of the Collaborative

South Yorkshire Mental Health, Learning Disability and Autism Provider Collaborative

Programme Updates

NHS

Focus Area	Rationale	Outputs and Measures
Neurodiversity Assessment (ASD/ADHD)	Increase in demand and long waiting times	• Neurodiversity Assessment (ASD/ADHD) Reduction of waiting times for ADHD assessment (from referral to treatment starting) from current time (in weeks) to 52 weeks end March 2025 • Reduction of waiting times for Autism assessment from current time to 52 weeks by end March 2025 alongside initial signposting at referral to commence access to support for presenting needs • Reduction in costs related to patient choice in independent sector
Eating Disorders	Increase in referrals for AED (and impact of increases in CYP ED seen in covid) and to co-design pathways to provide the least restrictive effective options.	• Increase in use of alternatives to admission and therapeutic admissions when required • QOL scores, achievement of goals and self-reported confidence measures • Earlier identification of ARFID to avoid more restrictive environments – access to service and then much longer term reduction in inpatient admissions
Health Based Place of Safety	Delays in accessing HBPOS (s136), ED admission and delays in transfer to the appropriate place post-assessment to improve experience for people using the service (all age) and those working in HBPOS services	• Reduce HBOS suite closure/lack of availability as a result of suite being used as an inpatient bed/sourcing awaiting a suitable bed or patient being nursed in the suite (numbers being collated but in excess of 225 in March 23 report) –10% reduction • Reduction in inpatient admissions following access to S136 suite (numbers available by suite not by place of residence therefore SY data being reviewed to ascertain this)
Learning Disabilities STOMP (Stopping Prevention Over Medication of People with a Learning Disability, autism or both with psychotropic medicines)	Ensure an embedded high quality and consistent standard of care across SY in relation to (STOMP) and implement the STOMP healthcare pledge	• Triangulation of medication data (reduction) , patient and carer feedback and staff feedback • Evaluation of digital technology • Community of practice – focus on STOMP and culturally competent STOMP

South Yorkshire Mental Health, Learning Disability and Autism Provider Collaborative

Developments

NHS

- Parity of Esteem framework

- Clinical and Care Professional Assembly

- Data and Insights development

- Establishment of PMO