

## Updates from the 6 key priority areas

<p><b>1. Gateway Plus</b></p> <p>The strategic group is made up from CCG, LA and CHFT. Currently there are 3 task and finish groups set up for the following areas:</p> <ul style="list-style-type: none"> <li>• IT – to look at what is needed and development of the self service model.</li> <li>• Model – to look at the staffing ratio and included services.</li> <li>• Operational delivery – to look at skills, training, pathways and proportionate response to enquiries.</li> </ul> <p>All groups are made up of a full system membership and the delivery of a costed working model will be produced by December. Once approved by ICE then implementation can begin. It is envisaged that the working model will be in place by August 2019.</p>
<p><b>2. Integrated Equipment Services</b></p> <p>The review of the Integrated Equipment Services has now ended and a report of the findings has been produced. The report included a number of options for moving the service forward and included recommendations. The report has been presented to ICE Operational Group and ICE Board's September meeting.</p> <p>ICE Board have advised it would like a Business Case completed for the purchase and implementation of a replacement management information system for the Integrated Equipment Service with a breakdown of forecasted savings from its implementation as an offset against purchase cost of the system (£100k over 3 years). The business case is to be brought back to the ICE Board once completed.</p>
<p><b>3. Enhanced Reablement</b></p> <p>The enhanced reablement service commenced in September with an agreement for it to work on an implementation approach of 3-6 months (due to recruitment and training of staff required). The service is focusing on referrals from hospital in this initial period, where enhanced reablement is required.</p> <p>The task and finish group was stood down for the period of 3 months to allow the service to focus on operational changes and the next meeting is scheduled for early November. The group will review the first submission of data and outcomes.</p>
<p><b>4. Community Model</b></p> <p>Care Closer to Home (new name, was Community Model).</p> <p>The CCG is in the process of developing a prospectus that describes the case for change for closer to home. The prospectus is being discussed at the CCG Governing Body meeting on the 11th October with a request to approve the process and approach. Following this, the CCG will embark on a communications process with key stakeholders.</p>
<p><b>5. End of Life Care (EoLC)</b></p> <p>Progress has been made by the EoLC steering group and task and finish groups. The</p>

integrated dashboard is due to be presented at the next meeting in November, this will be the first time data has been submitted by all organisation providing a system view of the EoLC services.

Electronic Palliative Care Co-ordination Systems (EPaCCS) enables the recording and sharing of people's care preferences and key details about their care at the end of life. EPaCCS has been relaunched and presented to practices at the CCG practice leads meeting. Dr Eilidh Gunson is working with CHFT to scope which teams are using EPaCCS in the acute trust and community, looking into re-launching/implementation within the hospital.

The EoLC Steering Group has agreed that in order to meet the End Of Life priorities and vision in Calderdale, implementing the Gold Standards Framework (GSF) across primary care is one of the tools that could enable this to be achieved.

- A presentation and workshop was undertaken with CCG Practice Leads (25.09.19), 83% of attendees said they were interested in implementing GSF, and 79% said they were interested in implementing it within their localities.
- A scoping exercise will now be undertaken to take this forward.

An EoLC Board has been established, including the lead providers, Overgate (chief executive) and CHFT (Deputy Chief Nurse) to work through the principles and role of lead providers. The Board is currently establishing a memorandum of understanding (MoU).

## 6. Mental Health

### Rehabilitation and recovery

The CCG, the Council, SWYPFT and Healthy Minds are working together to improve the pathway for people undergoing a period of rehabilitation after stepping down from acute/secure services. The aim is to support individuals to return to a community setting that is the least restrictive and meets their needs. As part of this, housing solutions are being sought and the Council is working with a housing organisation to develop a supported living facility at Savile Park where 10 people will be able to live in their own flat with support. The first residents are expected to move in at the end of 2018.

### Acute out of area (OOA) placements

A key national priority is to eliminate unnecessary OOA beds by 2021. Calderdale has seen an increasing level of admissions and number of people place OOA. This is a priority for SWYPFT and all CCGs that sue their services but needs to be viewed as a whole system in order to understand the reasons for this and to provide services that support people in the most appropriate way. There is an overarching action plan that will focus upon 3 key areas: PICU/Acute/Community.

### *Psychological services review*

The CCG and partners are undertaking a review of psychological services. The first part of the review took place earlier in 2018. This involved an engagement exercise to find out about people's experiences of current services, and ideas about what else could be put in place to support people. The report of this exercise is due to be published very shortly. The next phase is focusing on the development of ideas for improving services and support.

### Calderdale Safespace

Calderdale Safespace, an out of hours weekend support service for adults in Calderdale opened in February 2018. It provides a place of safety for people experiencing mental distress or who are

approaching crisis, and provides them with one to one support, activities and signposting to other help and support. Safespace operates from King Street, Halifax, and is open Friday, Saturday and Sunday nights from 6pm to midnight. Access is by appointment through a telephone call or text.

### Individual Placement and Support (IPS)

Calderdale's Vocational Team works with people with mental health conditions to help them find or stay in work. The vocational team leader has been working with the Individual Placement and Support service established in Bradford, with the aim of applying for the second wave of the IPS scheme, due to be announced in March 2019. This would provide funding and support to establish IPS in Calderdale as part of the local employment offer. IPS will be discussed by the Integrated Commissioning Executive later this year.

### Secure pathways

By 2020/21, NHS England should lead a comprehensive programme of work to increase access to high quality care that prevents avoidable admissions and supports recovery for people who have severe mental health problems and significant risk or safety issues in the least restrictive setting as close to home as possible. This should seek to address existing fragmented pathways in secure care, increase provision of community-based services and trial new co-commissioning funding and service models. The CCG and LA need to work together to understand the local implications of this work.

### Suicide Prevention

There is a national ambition to reduce suicide rates. In Calderdale there is a proactive approach to this and a Suicide Prevention Group has been established, led by the Public Health Consultant at Calderdale Council. This is a multi-agency group with an action plan guiding its work. The Group meets every two months.

### Open Mind Partnership – previously known as CAMHS

The CCG and CMBC are in the process of reviewing the procurement process for Open Mind Partnership. A procurement options decision matrix is in the process of being completed by commissioners to determine the preferred option. The outcome will be shared with the CCG Senior Management Team for agreement by the end of October.

The CCG is working with key partners to agree the process to manage CYP on an ASD list waiting for assessment. Both CHFT and SWYPFT have been asked to look at two scenarios for school age CYP, these are:

(a) A total of 15 CYP p/month (currently seeing approx. 6 CYP p/mth) and;

(b) A total of 20 CYP p/month

Both providers have been asked to look at both existing and new capacity to manage this.

The same process will be offered to CHFT for pre-school children.

A trajectory will be produced to manage the performance of this on a month by month basis and to identify the impact on the waiting list moving forward. A meeting is being arranged to convene a system conversation about ASD and CAMHS going forward.