



## **Supporting Statement for Calderdale, Kirklees and Wakefield Older Peoples Mental Health Transformational Change Programme.**

*On behalf of West Yorkshire ICB Mental Health, Learning Disability & Autism Provider (MHLDA) Collaborative & West Yorkshire ICB MHLDA Partnership Board*

As representatives of the MHLDA Provider Collaborative and the MHLDA Partnership Board, we are committed to advancing the quality and accessibility of mental health services within the NHS. Our collective vision revolves around fostering transformational change that not only addresses current challenges but also ensures sustainable, patient-centric care for the future.

West Yorkshire ICB has discussed the Older Peoples Mental transformation programme through the WY MHLDA Partnership Board, the WY Older Peoples Mental Health network and through the ICB Transformation Committee. As part of these West Yorkshire discussions, the formal governance routes have been agreed, in line with the West Yorkshire Integrated Care Board Constitution which is supported by a Governance Handbook (adopted by the WYICB Board on 1 July 2022). This Handbook sets out how decisions are to be made, and the arrangements that will be needed to do this.

It covers where a decision is required, that affects two or more, but not all five, places. In such instances there should be agreement before any decision is taken as to how it will be decided. The three tests below guide the WY ICB choices on where work is undertaken and decisions taken in order to:

- achieve a critical mass in order to achieve the best outcomes for our population
- share best practice and reduce variation
- achieve better outcomes for people overall by tackling wicked issues

West Yorkshire ICB has established a **joint committee of multiple places** across Calderdale, Kirklees and Wakefield (CKW) as a single decision will be taken/ made by 'balanced' group from the affected places in terms of quoracy.

This means that the WY MHLDA Partnership Board, nor the WY MHLDA Provider Collaborative have any formal role in taking decisions regarding this transformation. However, we are entirely supportive of the process being undertaken, the governance in place and the systems commitment to strategically prioritise both capital and revenue expenditures, across the affected places that will drive meaningful improvements that positively impact the lives of those accessing older peoples' mental health care services. This strategic decision is founded on substantial evidence and thoughtful consideration of the following key aspects:

1. **Improve Access and Services:** Addressing the rising demand for mental health services, the programme prioritises revenue expenditure aimed at expanding service provision. This includes recruiting additional staff, training programmes, and developing additional community initiatives to ensure equitable access to older peoples' mental

health support across diverse communities. By investing in these areas, we aim to reduce waiting times, enhance patient outcomes, and provide tailored care that meets individual needs effectively.

2. **Deliver Evidence-Based Interventions:** The decision-making process is guided by empirical evidence and best practices from regional and national examples of older peoples' mental health. The change will allocate resources towards evidence-based interventions and therapies that have demonstrated efficacy in promoting positive mental health outcomes. By aligning investments with proven methodologies, the change will maximise the impact of the programme and drive tangible improvements in patient care and recovery.
3. **Deliver Sustainability and Long-Term Impact:** Recognising the long-term nature of older peoples' mental health challenges, the approach emphasises sustainable solutions. This includes being conscientious about the implications of decisions and striving for a balance between immediate needs and long-term sustainability. Through prudent demographic modelling and planning, alongside financial and strategic allocation of resources, the aim is to create a lasting impact that supports the collective system for the next 10 years.
4. **Enhance Infrastructure and Technology:** Recognising the significance of robust infrastructure and technology in delivering future effective older peoples mental health care, the change will ensure upgraded facilities, investment in equipment, and implementation of innovative digital solutions. These advancements not only optimise patient experience but also empower mental health workforce with the tools necessary for improved diagnostics and treatment modalities.

Kind regards,

Keir Shillaker, Programme Director for West Yorkshire MHLDA Provider Collaborative & West Yorkshire ICB