

East Midlands Alliance for Mental Health and Learning Disabilities

Trust Board Update 31st August 2021

- This report is a regular update on the activities of the East Midlands Alliance for Mental Health and Learning Disabilities and highlights areas for discussion to the executive team.
- The Alliance is the group of six NHS Mental Health and Learning Disability providers including independent provider St Andrews Healthcare, who provide services to our population in the East Midlands.
- The following key areas were progressed within the Alliance during June:
 - Demand and capacity modelling for mental health.
 - New Care Models.
 - Alliance governance arrangements.
 - Veterans High Intensity Service.
 - Research and innovation opportunities with the Police Academic Group.

Analysis of the issue

Demand and capacity modelling for mental health -LPT Lead: Gordon King.

- The East Midlands Mental Health and Learning Disabilities Alliance demand and capacity model supports the Alliance and individual providers with strategic service planning.
- NHFT will host this model on behalf of the Alliance from July 2021.
- CAMHS & AED East Midlands Provider Collaborative Summary: The CAMHS & AED East Midlands Provider Collaborative went live on 1 April 2021 as planned. Key progress since the previous Alliance Board: Medium term funding has been secured for CAMHS and NHFT is working closely with NHSE, providers from the collaborative and local commissioners to implement Community Intensive Support Teams across the collaborative footprint. This funding will help support transformation for children and young people across the East Midlands. The successful bid put forward by the lead provider has been welcomed by the provider collaborative and a programme of work established to deliver this new service. The Single Point of Referral established is working well and providing invaluable commissioning data, contract meetings have taken place with all providers with the commissioning hub. An Operations forum has been set up where all service leads from across the collaborative meet, share learning, ideas and seek solutions from their peers. This group will also help shape the specification for the Community Intensive Support Teams.
- Adult Eating Disorders (AED): The AED procurement of an additional 15 beds within the East Midlands has started, LPT lead this area of work and are working with NHS England on it.
- Veterans High Intensity Service (HIS): It was reported that the HIS continues to grow, develop
 and deliver as a partnership collaborative across the Midlands region, including the development
 of the operational model, sharing best practice and the caseload.
- Four case-studies were shared with the Alliance Board to show how the work undertaken across the partnership has evolved. The cases illustrate the value the HIS is adding to existing services.

- They also show the positive difference the service makes to the lives, safety and rehabilitation prospects of its clients. This can include support for carers also.
- Some common themes in terms of success and challenges were that multiagency and
 partnership working with existing services and partner organisations is key to success. Examples
 of where this works well, limitations and gaps (such as access to information or differ opening
 hours) were also highlighted. The cases studies also give an indication of the workload involved
 in providing the service.

East Midlands Alliance, widening understanding

Development sessions: The focus of the Alliance development sessions will be on sharing
collaborative information across the East Midlands so that non-executive directors of the
members are aware of the work of the alliance and help shape its development

Research & Innovation: East Midlands Police Academic group – LPT Lead: Gordon King.

- A workshop explored the different service models between local police forces and health providers in place across the East Midlands and looked at: Planned investments, improvements, successes, challenges and any further joint work opportunities.
- Service models in Leicestershire, Lincolnshire, Nottinghamshire, Northamptonshire and Derbyshire were shared.
- Areas of common interest were identified as: earlier support in the community, intensive support for vulnerable groups, access hubs and closer working with emergency pathways.
- Some areas of common provision found were: mental health triage / street cars, crisis cafes and crisis houses and the successful role played by them in reducing avoidable admissions.
- Common challenges faced included: fully resourcing these highly skilled roles, responding to
 surges in demand due to the pandemic and understanding the wider impact on the system
 regarding how we measure what these joint service developments prevent. Other challenges
 identified regarded response times and inconsistency in approach across points of contact.
 Difficulties in accessing mental health support, clarity on where people can get support, the
 significant level of preventable admissions, response time service levels and the high pressure on
 both Criminal Justice and Emergency Department pathways were also highlighted.

Proposal

• This report is offered by way of an update on the work of the East Midlands Alliance for Mental Health and Learning Disabilities.

Decision required

• That Board accept the update as an accurate reflection of the Alliance work.

Governance table

For Board and Board Committees:	Public Trust Board	
Paper sponsored by:	David Williams	
Paper authored by:	Amanda Johnston	
Date submitted:	17 th August 2021	
State which Board Committee or other forum	SEB 2nd July 2021	
within the Trust's governance structure, if any,		
have previously considered the report/this issue		
and the date of the relevant meeting(s):		
If considered elsewhere, state the level of	Assured	
assurance gained by the Board Committee or		
other forum i.e. assured/ partially assured / not assured:		
State whether this is a 'one off' report or, if not,	Regular	
when an update report will be provided for the	Negulai	
purposes of corporate Agenda planning		
STEP up to GREAT strategic alignment*:	High S tandards	X
	Transformation	X
	Environments	Х
	Patient Involvement	
	Well G overned	x
	Single Patient R ecord	
	Equality, Leadership,	
	Culture	
	Access to Services	X
	T rust wide Quality	x
	Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	all
Is the decision required consistent with LPT's risk	Υ	
appetite:		
False and misleading information (FOMI) considerations:	NA	
Positive confirmation that the content does not risk the safety of patients or the public	Υ	
Equality considerations:	NA	