

# East Midlands Alliance for Mental Health and Learning Disabilities

# **Common Board paper**

February 2022

#### Introduction

This common Board paper provides an update to Boards on the work of the East Midlands Alliance for the period October 2021 to February 2022.

#### **CEO** meetings

The CEO group has continued to meet on a fortnightly basis sharing current issues and challenges. Giles Tindsley, the NHS England regional Head of Mental Health, will join the CEO meeting on 11 February.

# Health Education England funding to support the retention of Clinical Support Workers

The Alliance agreed to receive £752,000 of funding from Health Education England to support the retention of Clinical Support Workers. The Alliance Board agreed to a proposal from the Chief Operating Officer group to focus on four strands of work:

- 1. Develop a common programme to wrap round training, induction and support to increase retention and establish the Clinical Support Worker role as the first step on a supported career pathway. Engage a partner to develop and deliver a structured induction programme, wrap round support, on-going training, development packages and a support network. The idea is to develop a leading edge programme to be delivered across the Alliance.
- 2. Develop a competency framework linked to values based recruitment. This initiative is also aimed at improving retention, reducing turnover and increasing effectiveness. The aim is to develop a competency framework that identifies new Clinical Support Workers that will see the role as the starting point on a healthcare career.
- 3. Some of the funding will be used to support a values based recruitment process for CSWs developed at an East Midlands Alliance level and rolled out across providers.
- 4. Targeting more men into the Clinical Support Worker roles in mental health settings. Men are significantly under-represented in these roles in some providers in the East Midlands.

The first element of this programme is the lunch of two cohorts of 20 Clinical Support Workers within an externally funded development programme run by Talent for Care and supported by Health Education England.

Northamptonshire Healthcare has agreed to receive and hold this funding for the Alliance.

#### NHS England funding for the expansion of supervision capacity for psychological therapies

The Alliance agreed to receive £153,000 of funding from NHS England to support innovation in supervision. The Alliance Board agreed to support a proposal from the Chief Operating Officer group to focus the funding on a hub to provide specialist support across the Alliance with a focus on increasing capacity through the part-time return of recently retired clinical staff. St Andrew's Healthcare has developed a proposal to host the Hub. Lincolnshire Partnership agreed to receive and hold the funding for the Alliance.

### **CAMHS** workforce challenges

There have been a series of meetings between Alliance partners to share approaches and agree joint actions to improve the position on CAMHS workforce across the East Midlands. A large action plan has been developed and progressed. The highest priorities in that plan are:

- 1. Request age profile data from HRDs relating to CAMHS inpatient units to scale the problem.
- 2. Holding a CAMHS clinical summit led by the Medical Directors on 4 February.
- 3. Joint review of the Derbyshire CAMHS risk mitigation plans relating to their loss of CAMHS capacity.
- 4. Developing a proposal to block purchase the commissioning of Higher Education training places for key CAMHS roles.
- 5. Receive and review a proposal from Lincolnshire Partnership to establish an OSCE Hub for the East Midlands.
- 6. Meet with HEE to discuss options to bid for their available funding to support CAMHS work.
- 7. Receive and review a proposal from Derbyshire on rotational roles across the Alliance

An update and review of the joint CAMHS action plan took place at the 25 January Alliance Board.

The Alliance CEO group held a joint session with Alliance Medical Directors to review and address concerns over the use of recruitment premia to move CAMHS consultants between Alliance member providers.

The meeting heard about the risks and challenges in Derbyshire caused by the loss of three of their four CAMHS consultants to Nottinghamshire. It also discussed the broader impact of using recruitment and retention premiums on pay inflation, gazumping between Alliance members and the risks that an unplanned movement in staffing can cause.

The group discussed opportunities to develop shared posts, sharing expertise and region wide rotas. There was also discussion about longer term service redesign to reduce the need for beds. The meeting heard about an example of a new joint CAMHS post which is split between two providers and focuses on both community and inpatient services.

The group discussed the reliance on agency doctors, the opportunity to grow your own doctors and international recruitment. The group also discussed the nature of the CAMHS work and work environments alongside potential actions to make environments safer.

The meeting shared concerns that moving community staff to cover inpatient settings will ultimately drive up demand for inpatient support. The group discussed capping locum rates and agreed to stop the use of RRP.

The following actions were agreed:

- There was agreement to take a common Alliance wide approach.
- The Medical Directors would write to CAMHS consultants acknowledging the challenges and setting out the intent to work together in this space.
- The Alliance CEOs were agreeing not to use RRP.
- The Medical Directors will develop a short, medium and long term plan.
- There would be an immediate focus on mitigating the issues in Derbyshire.
- A summit will co-produce a medium and long term plan.
- The HR Directors will be drawn in.
- Wider engagement with the CQC, Royal Colleges and HEE would form part of the plan.
- Itai will coordinate.
- The Alliance will develop an MOU in relation to CAMHS.
- This group will come back together to review progress.

The summit with CAMHS consultants from across the East Midlands to agree what will change and how the available investment resource to transform CAMHS services might be used took place on 4 February and the CEOs will invite the Medical Directors to meet with them again to review the agreed plan and next steps.

A review of the risk mitigation in Derbyshire took place on 7 February with senior representation from across the Alliance. The meeting heard that Derbyshire have mitigated their immediate clinical staff risks but set out a set of supportive next steps for Alliance partners to support the Trust. The CAMHS Collaborative agreed to further develop a single plan of action on CAMHS workforce.

# **Eating Disorders workshop**

The CEO group agreed to hold a joint eating disorder workshop to hear from the leads of CAMHS and Adult Eating Disorder services on the challenges that they face, to share innovation and consider joint actions. A workshop on 10 December was well attended and opened by Angela Hillery.

The issues and challenges included:

- a) Significant increases in referrals, acuity and caseloads
- b) Waiting lists for review and treatment
- c) Keeping people safe while they wait for treatment focus of the teams
- d) Access to beds outside of the East Midlands collaborative area
- e) Workforce supply
- f) The transition from CAMHS to Adult services
- g) Clarifying ownership of physical health monitoring with Primary Care and commissioners
- h) Potential for new targets RTT
- i) Modelling likely demand and capacity as the service expands in Derbyshire to create a comprehensive service

The innovation shared included:

- a) New roles e.g. Advanced Nurse Practitioners
- b) Work with Gastro colleagues in acute trusts

- c) Peer Mentors, diabetes offer and Gastro clinics (Derbyshire)
- d) Close work with Community Mental Health and the PD Hub (Northants)
- e) FREED services
- f) Group work to meet some of the increased demand
- g) Guided self-help guidance
- h) Buying in support from Beat to help with service waits
- i) Support, training and advice to Primary Care to address anxiety relating to being responsible for people with eating disorders
- j) Use of OPEL levels for ED services
- k) Closer joint work between Leicestershire and Northamptonshire
- I) Intensive Home Treatment model
- m) Direct consultation models working with GPs and VCSE (Lincolnshire)

The workshop also considered very significant differences in the services provided in each ICS, the AED Collaborative inpatient bed review and funding offers from NHS England to develop a medical monitoring models for children in crisis and to undertake training to be better able to manage disordered eating referrals.

#### National visit to the East Midlands Academic Health Science Network

The national NHS England Transformation team are undertaking a series of visits to each Academic Health Science Network. The East Midlands Network invited the Alliance to take a prominent role in their review in November, focusing on mental health and the successful partnership between the AHSN and Alliance. David Williams and Graeme Jones presented alongside Eddie Alder from the AHSN on the development of the Patient Safety network and broader support from the AHSN to the Alliance.

# **East Midlands Mental Health Patient Safety programme**

The development of the joint Alliance and AHSN Mental Health Patient Safety programme was the main topic for the Alliance Board development sessions in October. The plans for the three main strands of the programme have been developed and learning and best practice is being shared across the region and from beyond.

The overall aim of the programme is to improve the safety and outcomes of mental health care by reducing unwarranted variation and providing a high quality healthcare experience for all people across the system by March 2024. The three strands of the programme are:

- 1. Reducing Self harm and Suicide
- 2. Reducing Restrictive Practices
- 3. Improve Sexual Safety in inpatient services

Participation from the six providers has been good and the AHSN are arranging a learning day with regional awards on 14 June 2022 at St Andrew's in Northampton.

An Understanding Safety Culture webinar was held on 31 January to discuss how to introduce a safety culture, to understand an example and how to use Quality Improvement and Human Factor Ergonomics to Improve Safety.

# Alliance buddy support to St Andrew's

The Alliance is providing buddy support to St Andrew's as part of their improvement programme. Northamptonshire Healthcare are leading the support programme. The CEOs of St Andrew's and Northamptonshire Health care have met with the national Director for Mental Health, Claire Murdoch, to brief her. An update on the progress of the support programme is presented to each Alliance Board. All Alliance partners have nominated lead Directors and taken the lead role with one of the workstreams.

#### **Provider Collaboratives**

Each Alliance Board receives written updates from each Provider Collaborative including successes, progress, risks and issues for escalation. In recent months the Board has noted the strong progress made by the Veteran's collaborative, the workforce challenges in CAMHS and Adult Eating Disorders and the quality and financial challenges being addressed by the Impact Forensic collaborative.

The Alliance Board agreed a letter of support from the CEOs to NHS England supporting the establishment of a Perinatal Provider Collaborative under the leadership of Derbyshire Healthcare. The CEOs also expressed their preference for two collaboratives in the Midlands, to focus on mother and baby units in the first instance and the importance of ICSs and local providers developing and delivering community models that best meet the needs of their local populations.

# **Alliance Strategy Director forum**

The Alliance Strategy Director forum has continued to meet with a focus on the planning, strategic developments, innovation and the links with the NHS England Provider Collaborative programme and the new East Midlands Integrated Commissioning Board. In recent months the Strategy Directors commissioned a CAMHS innovation horizon scan from the AHSN and met with the regional Head of Mental Health to agree the focus and scope for the planning process for 2022/23.

#### **East Midlands Integrated Commissioning Board**

Sarah Connery and Ifti Majid have represented the Alliance on the Integrated Commissioning Board. The Integrated Commissioning Board has discussed Perinatal services and had discussed whether future collaboration should have a Midlands wide or a West Midlands/East Midlands footprint.

There had also been some discussions on who will hold contracts in the future and the link to ICSs and local LHLDA alliances. The CEOs asked that the Strategy Director group consider this at their next meeting and produce a proposal for CEO review.

## Proposed revised governance arrangements for the Alliance

The Board development sessions in October included a presentation by Kevin Lockyer, Chair at Lincolnshire Partnership and Graeme Jones on the revised and streamlined Collaborative Agreement for the Alliance. The revised version has been to all six Boards for consideration and comment. All six Boards were supportive of the revised document. The main comments were on the need to

ensure that the final version includes specific reference to autism and the need to define the exit notice period. A final version is appended to this Board paper for approval.

## Recommendations

Provider Board are asked to:

- a) note the updates in the common Board paper including the range of joint work on quality and the success in attracting additional external funding to the East Midlands through the Alliance.
- b) approve the updated Collaborative Agreement which has been amended following feedback from all six Boards and is supported by the CEO group.
- c) review the appended common Board paper on the Perinatal Provider Collaborative.

# **Appendices**

- 1. Perinatal Provider Collaborative common Board paper
- 2. East Midlands Alliance Collaborative Agreement

# **Common Board Paper**

# East Midlands Perinatal Mental Health (PMH) Services Provider Collaborative Update

#### **Purpose of Report**

The purpose of the report is to update all Boards/Governing Bodies of organisations participating in the perinatal mental health provider collaborative. The paper updates on the current position and reflects discussions held at dedicated sessions of the Midlands Perinatal Mental Health Clinical Network in November and December 2021 and January 2022.

#### Introduction

Further to the Common Private Board paper circulated to all participating trust Boards in March 2021 updating on the work of the East Midlands Mental Health and Learning Disabilities Provider Alliance (the Alliance) during 2020/21, NHSE/I announced in Autumn 2021 that Phase 2 of the Provider Collaborative work, which includes Perinatal Mental Health Services, should be taken forwards. This is a further opportunity to work towards the Alliance's strategic ambition to improve the health and wellbeing of the local population by working in collaboration.

As outlined in the March 2021 paper, it is proposed that Derbyshire Healthcare FT (DHCFT) will be the Lead Provider for the Perinatal Mental Health Services Provider Collaborative and that the Alliance will be the overarching governance mechanism for this collaborative in addition to current provider collaboratives.

The partners in the Provider Collaborative are:

- Derbyshire Healthcare NHS Foundation Trust (Lead Provider)
- Leicestershire Partnership NHS Trust
- Lincolnshire Partnership NHS Foundation Trust
- Northamptonshire Healthcare NHS Foundation Trust
- Nottinghamshire Healthcare NHS Foundation Trust

This partnership, including community perinatal services providers, provides an opportunity to bring together decision making on inpatient services from providers across the whole pathway, and work closely with community teams to connect services and improve quality.

Key principles of the provider collaborative are that it is clinically driven and that input from Experts by Experience are integral to both the planning, development and oversight of delivery of the model.

## **Developments to date**

- DHCFT has been in ongoing dialogue with NHSE/I and a letter of support (23 November 2021) has been written from the Alliance to NHSE/I to reiterate their support for DHCFT to take this role, that the provider collaborative take an East Midlands footprint and the remit be specialist inpatient services.
- DHCFT has undertaken Trust Board level discussion to review Lead Provider risks and confirm commitment to taking on the role. This includes a proposal to use the

Northamptonshire Healthcare Commissioning Hub for commissioning support (as for the provider collaboratives for Adult Eating Disorders Services and CAMHS).

- A national Task and Finish Group on Perinatal Provider Collaboratives presented their findings in November 2021 recommending that provider collaboratives should take a whole pathway approach to perinatal mental health.
- The Midlands Perinatal Mental Health Clinical Network has had three sessions to discuss the development of the provider collaborative including presentation from the national lead, Becky Gill. This well-established forum has broad clinical and operational involvement from all proposed providers in the collaborative.
- A project group has been established by NHSE/I to oversee the development of the PMH provider collaborative and carry out the Gateway assessment process.
- A proposed timeline for 'go live' has been outlined as July-October 2022. In order to ensure that clinical input and engagement with Experts by Experience is meaningfully driving the clinical model and business case, NHSE/I have been asked to review this timeline and confirm an October 2022 date.

#### Midlands Perinatal Mental Health Clinical Network

The clinical network met on 11 January and confirmed their support for the following:

- That the provider collaborative should have an East Midlands footprint (ie including two Mother and Baby Units, at Derby and Nottingham)
- The clinical network supported the view that the East Midlands Provider Collaborative should include the responsibility for in-patient services at Mother and Baby Units only, but work closely with community teams in order to connect services and therefore enhance the quality of service user experience.

The network also discussed **clinical ambitions** to drive the collaborative to enhance the experience and outcomes for patients and families. Several initial principles were identified.

That the East Midlands perinatal mental health provider collaborative:

- will not disrupt natural patient flows
- will seek to maximise continuity of care between MBUs and community services (including admissions and discharge processes)
- will ensure equity of service provision across both MBUs
- will work to ensure equity of access (link with epidemiology and demographics to ensure that services are available to those with greatest need)
- will work to reduce unwarranted variations of care
- will develop embedded Expert by Experience engagement in ongoing operation and development of the collaborative

# **Next Steps**

- Initial perinatal mental health provider collaborative planning meeting on 19 January involving Executive Leads from provider trusts and representatives from ICSs to discuss taking forward the governance (see Annex A) and leadership of the collaborative, and to establish meaningful ongoing partnership with commissioner colleagues
- Appointment of Clinical Lead
- Liaison with Clinical Network to establish Clinical Reference Group and Expert by Experience Group to input to the collaborative clinical model and business case and take an ongoing role in the collaborative once operational.

#### Recommendations

Boards/Governing Bodies are asked to note the update and support appropriate engagement and representation to the proposed provider collaborative governance arrangements.

#### Annex A

The proposed wider Provider Collaborative governance to support development, planning and engagement to develop an effective business case is as below:

Perinatal Mental Health Provider Collaborative

# Programme Governance Structure Lead provider NHS E/I PNMH Strategic Partnership Board East Midlands CEO Alliance East Midlands Provider Collaborative Clinical Reference Group Expert by Experience Group Clinical Networks and Groups x 5 Planning Group Operational Delivery Groups x 5

# East Midlands Alliance for Mental Health and Learning Disabilities

# **Collaborative agreement**

Version 10

7 February 2022

For approval

# 1. Background

- 1.1 The East Midlands Alliance for Mental Health and Learning Disabilities was formed in summer 2019 bringing together the six largest providers of mental health, learning disability and autism services in the East Midlands. The establishment of the Alliance was based on a Memorandum of Understanding agreed by the providers boards.
- 1.2 The Alliance has made strong progress in areas of joint work including the establishment of four Provider Collaboratives to take on the organisation and commissioning of specialised veterans, forensic, child and adolescent mental health and adult eating disorder services from NHS England.
- 1.3 As the work programme has expanded and the formal responsibility for specialised services moves across from NHS England to the Alliance, the provider Boards have agreed to establish an Alliance Executive Board based on a new Collaborative Agreement.

# 2. The Alliance partners

- Derbyshire Healthcare NHS Foundation Trust
- Leicestershire Partnership NHS Trust
- Lincolnshire Partnership NHS Foundation Trust
- Northamptonshire Healthcare NHS Foundation Trust
- Nottinghamshire Healthcare NHS Foundation Trust
- St Andrew's Healthcare

# 3. Aims and objectives of the East Midlands Alliance

- 3.1 The Alliance was established in 2019 based on a Memorandum of Understanding approved by the six provider members. The aims in setting up the Alliance were to:
  - establish a more formal collective arrangement to strengthen joint working and support delivery of the NHS Long Term Plan,
  - to share learning across the East Midlands,
  - undertake the strategic oversight of the Provider Collaboratives
  - to develop a stronger collective East Midlands voice for mental health, learning disability and autism.

- 3.2 The establishment of the regional alliance is consistent with the national mental health leadership view that each NHS Trust will be part of a local system provider alliance and a wider regional provider alliance.
- 3.3 The agreed initial objectives in setting up the Alliance included:
  - Working together to improve the quality and effectiveness of mental health, learning disability and autism services in the East Midlands
  - Working more collectively to deliver the NHS Long Term Plan across the East Midlands region
  - Establishing a more effective voice for mental health, learning disability and autism via an Alliance
  - Sharing best practice and effective solutions to common issues
  - Thinking and acting more strategically across the East Midlands
  - Being consistent with the national policy direction
  - Establishing a vehicle through which to take strategic decisions relating to the East Midlands Provider Collaboratives

#### 4. Governance

- 4.1 The Alliance Board does not seek to establish a new organisation or legal entity. The Alliance Board is established by the Providers, each of which remains a sovereign organisation, to provide a governance framework for the further development of collaborative working between the Providers.
- 4.2 The Alliance Board will function through engagement and discussion between its members so that each of the Providers makes a decision in respect of each matter considered by the Alliance Board. The decisions of the Alliance Board will, therefore, be the decisions of the individual Providers, the mechanism for which shall be authority delegated by the individual Providers to their representatives (normally their CEO) on the Alliance Board. The Providers will ensure that the Alliance Board members understand the status of the Alliance Board and the limits of the authority delegated to them.
- 4.3 The Alliance is made up of willing partners and as such, any of the six member organisations can withdraw from the Alliance. This should be done in writing from the CEO and Chair of the organisation to the other Alliance members giving three months' notice. Withdrawal from the East Midlands Provider Collaboratives will be managed in line with the withdrawal procedures, including notice periods and surviving terms, set out in the respective Partnership Agreements.

#### 5. Executive Board

- 5.1 The Alliance will be overseen by an Executive Board which will be made up of the Chief Executives of the six provider partners. The Board will meet every two months.
- 5.2 The Alliance Board will oversee the development and implementation of an annual work programme, respond to opportunities and shared challenges through collaborative work, allocate specific tasks to the professional groups and act as the Part B Board for the East Midlands Provider Collaboratives.
- 5.3 The Alliance Board will receive updates from each of the East Midlands Provider Collaboratives including key risks, issues and strategic decisions. The Alliance Board will act in line with the respective Provider Collaborative agreements which have been approved by the Boards of the Alliance members.
- 5.4 The Board will be chaired by one of the provider Chairs for a one year term before rotating to another provider Chair.
- 5.5 Conflicts of interest will be declared at the start of each Alliance Board meeting. Conflicts of interest relating to the pathway specific East Midlands Provider Collaboratives will be managed in line with the relevant approved Partnership Agreement.
- 5.6 The Alliance Board will agree an annual work programme informed by the Boards of the member organisations.
- 5.7 The Alliance will hold regular joint Board development sessions to share progress and review issues of common interest to member Boards.
- 5.8 A common Board paper will be circulated following each Alliance Board to keep provider Boards updated and to set out any decisions for the member Boards.
- 5.9 The Alliance Board will undertake an annual review of the effectiveness of the governance arrangements and the impact of the Alliance. This review will be carried out with the Chairs of the member organisations.

Signed by	
for and on behalf of	
Derbyshire Healthcare NHS Foundation Trust	
Signed by	
for and on behalf of	
Leicestershire Partnership NHS Trust	
Signed by	
for and on behalf of	
Lincolnshire Partnership NHS Foundation Trust	
Signed by	
for and on behalf of	
Northamptonshire Healthcare NHS Foundation Trust	

St Andrew's Healthcare	
for and on behalf of	
Signed by	
Nottinghamshire Healthcare NHS Foundation Trust	
for and on behalf of	
Signed by	