

## TRUST BOARD MEETING

25 April 2019

Paper Title:	Chief Executive's Report
Lead Director:	Brent Kilmurray, Chief Executive
Paper Author:	Brent Kilmurray, Chief Executive
Agenda Item:	<b>7</b>
Presented For:	Information
Paper Category:	Strategy & Planning

### **Executive Summary:**

This report includes a number of topical updates from our CQC inspection, developments with the West Yorkshire and Harrogate Health and Care Partnership and announcements from NHS England.

### **Recommendations:**

That the Board:

- Receive and note the report

**Governance/Audit Trail:**

<b>Meetings where this item has previously been discussed (please mark with an X):</b>					
<b>Audit Committee</b>		<b>Quality &amp; Safety Committee</b>		<b>Remuneration Committee</b>	<b>Finance, Business &amp; Investment Committee</b>
<b>Senior Leadership Group</b>				<b>Chair of Committee Meetings</b>	<b>Mental Health Legislation Committee</b>
<b>Council of Governors</b>					

<b>This report supports the achievement of the following strategic aims of the Trust:</b> <i>(please mark those that apply with an X):</i>	
<b>Quality and Workforce:</b> to provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce	
<b>Integration and Partnerships:</b> to be influential in the development and delivery of new models of care locally and more widely across West Yorkshire and Harrogate STP	<b>X</b>
<b>Sustainability and Growth:</b> to maintain our financial viability whilst actively seeking appropriate new business opportunities	

<b>This report supports the achievement of the following Regulatory Requirements:</b> <i>(please mark those that apply with an X):</i>	
<b>Safe:</b> People who use our services are protected from abuse and avoidable harm	
<b>Caring:</b> Staff involve people who use our services and treat them with compassion, kindness, dignity and respect	
<b>Responsive:</b> Services are organised to meet the needs of people who use our services	
<b>Effective:</b> Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best available evidence.	
<b>Well Led:</b> The leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture.	<b>X</b>
<b>NHSI Single Oversight Framework</b>	

<b>Equality Impact Assessment :</b>
N/A

<b>Freedom of Information:</b>
<p><b>Publication Under Freedom of Information Act</b></p> <ul style="list-style-type: none"> <li>This paper has been made available under the Freedom of Information Act.</li> </ul>

# Chief Executive's Report

## 1. Background and Context

This report includes a number of topical updates from our CQC inspection, developments with the West Yorkshire and Harrogate Health and Care Partnership and announcements from NHS England.

### Key Issues

#### Care Quality Commission (CQC) Well Led Inspection

The Trust has been preparing for a planned Well Led inspection by the CQC since before Christmas. The CQC issue a Provider Information Request (PIR) before visiting a number of core services. This is in the period shortly prior to/ending with the Well Led inspection team visit, covering two-days. Our Well Led inspection took place on 9 and 10 April. The CQC carried unannounced visits to seven core services.

After each core service visit, we received brief verbal feedback and a short letter from the CQC outlining examples of positive practice and areas for improvement. For one core service, our acute inpatient service, the CQC have requested that significant improvements be made. As a result, a week-long Rapid Improvement event took place at Daisy Hill House during the week commencing 1 April and many Directors were able to attend a 'report out' session that fed back on actions that were progressed immediately during the aforementioned event. The Board will consider the actions taken and CQC response separately in a focused session on 25 April.

The Well Led inspection itself went as well as could be expected. All of the Executive Directors and several Non-executive Directors were interviewed. The CQC also spoke with a number of senior managers; there were no significant concerns raised at this stage.

At the end of the visit the inspectors provided some verbal feedback. They reported seeing many improvements and fed back on some concerns.

The CQC's final report is not expected until later in the summer (possibly July). A draft report with ratings will be sent to us in mid- to late May and we will have 10 days to review for factual accuracy.

I would like to put on record my thanks to staff and Directors who helped prepare for the inspections, host visits and who were interviewed and all who have supported the subsequent and significant Rapid Improvement and related work streams.

#### West Yorkshire & Harrogate Health and Care Partnership Approach to Physical Health for People with Mental Health Problems

As the partnership progresses discussions about its clinical strategy and its response to the NHS Long Term Plan, there have been discussions about renewing the commitment to tackling health inequalities and, specifically, the impact of poor health outcomes for people with mental health problems. There are some strong examples of good practice across the partnership; however, it appears this is still variable and there are opportunities for physical health and mental health providers to learn from each other.

If you are a man with a severe mental illness in West Yorkshire and Harrogate you are three times more likely to die of circulatory disease (smoking, an unhealthy diet and stress all increase the risk of heart disease; a heart attack or stroke can occur if the circulatory condition is untreated) and twice as likely to die of cancer than someone who is mentally well.

We have some fantastic examples of mental health providers improving the physical health of those accessing our services and of partnerships with acute and primary care providers to ensure people with serious mental illness can access the right care they need at the right time. However, the statistics show this is an area where we can do much better; investment in liaison psychiatry is one area being discussed where we can make a bigger difference in the short-term. This supports the broader aim of all providers making adjustments to consider the needs of people with mental health problems, learning disabilities and autism.

Our partnership ambitions include a 40% reduction in unnecessary A&E attendance, a zero-suicide approach to prevention (with an aspiration of 10% reduction in suicides overall) and a 75% reduction in numbers in mental health settings by 2020/21. Last year, the Suicide Prevention Plan was launched and, as discussed at our last meeting, the Trust will be taking steps to raise the issue of suicide prevention with local partners in our Bradford and Airedale, Wharfedale & Craven Health and Care Partnerships.

An example of an integrated service being commissioned to support the physical and mental health agenda is one linked to the criminal justice system and health. Leeds Community Healthcare NHS Trust has been awarded a four-year contract by the Office of the Police and Crime Commissioner (PCC) West Yorkshire, acting on behalf of regional PCCs across Yorkshire and the Humber, to deliver regional healthcare and forensic services in Police Custody settings across Yorkshire and Humberside. Following a competitive tender process, the Trust has been awarded a contract to provide a newly integrated and transformed service that supports and cares for people within Police custody settings. The Trust's Police Custody Healthcare Team provides physical assessment and treatment, substance misuse assessment and treatment, mental health assessments and assesses fitness for people to be interviewed and/or detained. The team also takes forensic samples and undertakes blood screening for alcohol and drug levels.

Further updates will be provided on the clinical strategy as a whole as it is developed, but clearly a specific interest will be taken in this theme.

### West Yorkshire & Harrogate Health & Care Partnership Supporting Unpaid Carers

The publication of the NHS Long Term plan in January 2019 emphasises the importance of supporting carers. Last September, the partnership held an event at which over 60 health and care professionals working in primary care (including GP practices), social care and the community sector came together to find out how they can contribute to the Partnership's vision for unpaid carers.

In April 2019, 70 people including carers came together to discuss what the NHS Long Term Plan means for them. Four key priorities were covered:

- Supporting carers in the workforce
- Supporting young people who are carers
- Identifying carers through primary care
- Making sure hospital care is carer-friendly

It also gave partners the opportunity to ensure the West Yorkshire and Harrogate Carers' Strategy is aligned with the NHS Long Term Plan and represents the voice of our local carers and organisations across the Partnership. This strategy is being produced to complement the clinical strategy. Further feedback will be provided as this work develops.

### Support for People with Learning Disabilities

In line with NHS England's Transforming Care Programmes, partners are looking at how best they can provide and deliver community services, including homes and housing, support and care so people can live the life they chose with the support they need. In order to do this, there have been three Transforming Care Programmes in place with the aim to support people with learning disabilities as close to home as possible and to keep them well and out of hospital. They cover Leeds, Bradford and Calderdale, Kirklees, Wakefield and Barnsley. They aim to stop people with learning disabilities being sent to Assessment and Treatment Units (ATU) unnecessarily. If people do need to be admitted to an ATU then they must stay in one close to where they live. Community services will be made better and people will get the right care and support for them.

If and when somebody does require an admission for specialist hospital care (such as assessment and treatment) we will work to ensure that specialist staff are available and that people are not in hospital any longer than they need to be. Together, we will be looking at how we can work across organisational and geographical boundaries in relation to assessment and treatment unit services. We are engaging with people who are currently living in ATUs, their families/carers and staff and also people with previous experience of an ATU and their families/carers.

To increase the focus on developing appropriate solutions to these challenges, the partnership arrangements have been reviewed and there will now be a single Transforming Care Programme across West Yorkshire, with three area delivery groups. I have been asked to be the mental health and learning disability representative on the new Transforming Care Partnership. The first meeting is on 24th April.

## **2. Implications**

### **2.1 Legal and Constitutional**

There are no immediate resource implications from this report.

### **2.2 Resource**

There are no immediate resource implications from this report.

### **2.3 Quality and Compliance**

There are no direct implications arising from this paper.

### 3. Risk Issues Identified

<b>Risk</b>	<b>Likelihood High/Medium/Low</b>	<b>Implication</b>	<b>Mitigation</b>
None identified - see Section 2 (above)			

### 4. Communication and Involvement

Where required, communication and involvement arrangements are made for specific items included in the CEO report and communicated within the narrative.

### 5. Monitoring and review

This will be included regularly in the monthly CEO report and is likely to require separate Board papers in addition.

### 6. Timescales/Milestones

Not applicable.