

## TRUST BOARD MEETING

26 September 2019

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

### **Executive Summary:**

This report includes a number of topical updates regarding the West Yorkshire and Harrogate Mental Health, Learning Disability and Autism Committee in Common, our response to the staff survey, our membership report and an update on our leadership work.

### **Recommendations:**

That the Board:

- Receive and note the report and support the strategic CAMHS Review.

**Governance/Audit Trail:**

<b>Meetings where this item has previously been discussed</b> <i>(please mark with an X):</i>					
<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 regarding the proposed strategic review of CAMHS, our recent CQC visit and conversations we are having with InCommunities.

#### Key Issues

#### **Children and Young Peoples Mental Health Services (CAMHS)**

The Trust provides a specialised CAMHS service to young people and families from across Bradford, Airedale, Wharfedale and Craven. These are specialised services that deal with high acuity. They are part of a wider system of children's and adolescent's services dealing with mental health and wellbeing that also includes school nursing, schools, the voluntary sector, digital channels and social care. All these teams are under significant strain as a result of increasing demand and the withdrawal or reduction of other services such as youth workers, mental health social workers, school nursing. An increase in safeguarding concerns has also brought significant additional workload to these services.

Since 2016 there has been a 50% increase in referrals and there have been a number of specialised services set up as directed by the Future in Mind national guidance. These include specialised eating disorder services, early intervention in psychosis, younger years and crisis services. These developments have brought welcome investment, however, have identified significant previously unmet demand. There has been concern expressed about waiting times for CAMHS. The longest wait for initial assessment is currently 18 weeks (average waiting times are 9.5 weeks). However, waiting times for some specialist therapies can be up to 52 weeks. For neuro-developmental (autism) assessment and diagnostic pathways this can be up to 75 weeks. There is a new pathway for autism being implemented across Bradford Teaching Hospitals NHSFT, Airedale NHSFT & the Care Trust.

It is widely understood that CAMHS is under huge pressure and that referrals have increased and that there is a need to consider service transformation. As part of taking forward better lives, together, the trust has prioritised a Transforming CAMHS breakthrough project that will look at capacity and demand, skills mixing and business processes within our services.

On 19 September, the Health and Wellbeing Board agreed to a strategic review on all local authority and NHS commissioned mental health and wellbeing services for young people up to the age of 25 years (above the CAMHS age limit, but at this level to include the Special Educational needs cohorts). This will take a system wide perspective of the current pressures and seek to identify a way forward to ensure that there is a sustainable future for services that can enable us to meet the needs of young people and their families in a more timely and effective manner.

The report is jointly sponsored by the Trust, the CCGs and Children's Services at the Council and will report back to the Health and Wellbeing Board in January 2020.

## **CQC Section 29A Warning Notice**

At the end of March 2019 we received a warning notice from the CQC regarding our acute inpatient wards and Psychiatric Intensive Care Unit. The CQC raised a number of concerns with us and requested an action plan in April that would deliver significant improvements. A Rapid Improvement Workshop took place to address the concerns raised. This work was subsequently followed up on wards with the implementation of a Purposeful Inpatient Admission process and Daily Lean Management. Improvements made were sustained and subject to workplace audit and checking, which formed part of standard work for our service managers.

On 10, 11 and 12 September the CQC revisited to assess our progress against the warning notice action plan. The inspection has gone well, and verbal feedback has been broadly positive. However, clearly, we must await publication of their report. Depending on the outcome of the report we may have the section 29A lifted from us. The services will not be re-rated until a future inspection and we are currently making enquiries as to when this may be.

In the meantime, we continue to work through our continuous improvement plans and look to improve the therapeutic environments on our wards.

## **Housing Conversation**

I met, alongside senior colleagues from our Mental Health Care Group (including Dr Jane Clark, Consultant Psychiatrist), the two Assistant Chief Executives from InCommunities, a large local housing association.

We discussed the potential for InCommunities to support our service users with their housing requirements. They already provide a range of support services including welfare advice. However, at a recent staff conference 95% of participants described mental health as the biggest concern they face on a daily basis. We have been discussing how we can support staff to be better informed about mental health issues and how to work with people who have mental health problems.

We have also discussed the potential for us to develop some joint projects that would provide suitable tenancies for people being discharged from inpatient care, progressing through recovery and rehabilitation or those at risk of admission to services. These discussions have been positive in that InCommunities believe they can identify suitable estate. We will need to develop options, including the VCS and social care to offer the correct packages of support to people who could take up these tenancies.

There will be further discussions to progress these matters and to work towards producing a firm plan for next financial year.

## **2. Implications**

### **2.1 Legal and Constitutional**

There are no immediate legal and constitutional 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.