

West Yorkshire Mental Health Services Collaborative Committees in Common (WYMHC C-In-C)

held Thursday 3 October 2019, 10.00-12.00 in

Training room 4, SWYPFT, Fieldhead Hospital, Ouchthorpe Lane, Wakefield, WF1 3SP

Present:

Angela Monaghan (Chair) (AM) – Chair, South West Yorkshire Partnership NHS Foundation Trust

Brent Kilmurray (BK) – Chief Executive Officer, Bradford District Care NHS Foundation Trust

Cathy Elliot (CE) – Chair, Bradford District Care NHS Foundation Trust

Rob Webster (RW) – Chief Executive Officer, South West Yorkshire Partnership NHS Foundation Trust

Sara Munro (SM) – Chief Executive Officer, Leeds & York Partnership NHS Foundation Trust

Sue Proctor (SP) – Chair, Leeds & York Partnership NHS Foundation Trust

Thea Stein (TS) – Chief Executive Officer, Leeds Community Healthcare NHS Trust

In attendance:

Keir Shillaker (KS) – Programme Director, West Yorkshire and Harrogate Health and Care Partnership

Andy Weir (AW) – Deputy Chief Operating Officer, Leeds & York Partnership NHS Foundation Trust

Tom Jackson (TJ) – Clinical lead and Head of Learning Disability Services, South West Yorkshire Partnership NHS Foundation Trust

Lucy Quirk (notes) (LQ) – Programme Support Officer, West Yorkshire and Harrogate Health and Care Partnership

Apologies:

Neil Franklin – Chair, Leeds Community Healthcare NHS Trust

Glossary of acronyms in this document can be found on page 6.

Item	Discussion / Actions	By whom
1	Introductions: A Monaghan (AM) welcomed the group and noted apologies as above.	
2	Declaration of Interests Matrix / Conflict of Interest: The declaration of interests was reviewed: ACTION1/10: L Quirk (LQ) to update Cathy Elliott (CW) and Rob Webster's (RW) declaration of interests.	LQ
3a	Review of Previous Minutes: ACTION 2/10: Private and public minutes to be circulated to the group for future meetings. With the above noted, the notes from the previous meeting held 28 June were accepted as an accurate record.	LQ
3b	Actions log and matters arising: The actions log had been updated to reflect progress with members discussing the actions below: Action 2/7: The communications plan is in progress and will include the benefits of collaborative working. The finalised strategy will feed into the communications plan. Action 5/3: RW speaking to Claire Murdoch regarding the NHSE investment standard.	
4	West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) Mental Health, Learning Disabilities and Autism (MHLDA) Programme update: K Shillaker (KS) introduced the programme update noting the process underway to report the programme and wider performance metrics in quantifiable measures: <ul style="list-style-type: none"> Core system performance supported by Carrie Rae, NHSE to be presented at October's programme board Development of the programme dashboard with high level indicators linked to the strategy; underpinned by the workstream key indicator metrics identified by the workstream leads. ACTION 3/10: Draft programme reporting dashboard to be presented at the next meeting.	KS

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	<p>An up to date risk register is now in place, however on the back of feedback from the Collaborative Executive Group a revised quantifiable risk rating to support consistency was presented to the committee for comment and approval. Members supported the proposed risk rating.</p> <p>ACTION 4/10: The risk register to be presented at the next meeting.</p> <p>Linked to the risks, members discussed <u>steady state commissioning</u>:</p> <ul style="list-style-type: none"> • Positive that the 3 new care model (NCM) bids are going ahead however need to ensure the capacity to deliver including the right support from NHSE. • Creation of a virtual team of those with NCM expertise. • NHSE guidance being developed from which key milestones can then be established. • A meeting with Chief Operating Officers and Sean Rayner will be established to look at immediate operational pressures. <p>ACTION 5/10: Draft version of NCM/steady state commissioning milestones to be presented at the next meeting.</p> <p>T Stein (TS) gave a brief update on the development of the new Child and Adolescent Mental Health Services (CAMHS) tier 4 unit, noting that planning should go through very soon.</p> <ul style="list-style-type: none"> • Clinical work taking place involving a wide group of clinicians looking at the model. • Everyone working together incredibly hard, but the business case is challenging. Will go through the treasury process and must be green book compliant. • Papers submitted to LCH and LYPFT boards last month approved enabling work before the business case is signed off. This was agreed due to the low financial risk and to shorten the construction process where possible. • A lot of processes to undertake but the official opening day is 1st September 2021; 15 months behind schedule predominately due to ensuring the clinical model is the right one for West Yorkshire. • Many benefits of partnership working, noting that working collaboratively does take time. <p>ACTION 6/10: TS to provide a CAMHS update to a future C-in-C; timing in line with progress and if appropriate include a service user story.</p> <p>ACTION 7/10: L Quirk (LQ) to enquire if Woodhouse Hall is available for the next meeting.</p> <p>Members thanked TS for the informative update.</p> <p>KS provided an update on the Out of Area Placement workshop held 19 September which had concluded that a strategic approach will be taken, moving the group's focus from operational issues. Members acknowledged and thanked Jo Butterfield and all those involved in gaining the Community Mental Health funding through a truly collaborative approach and voice.</p>	<p>KS</p> <p>KS</p> <p>TS</p> <p>LQ</p>
5	<p>Business & Strategy: Mental Health, Learning Disabilities & Autism (MHLDA) Programme Strategy</p> <p>Members had received the excerpt from the Integrated Care System (ICS) partnership strategy and the detailed MHLDA strategy that sits behind that. KS presented at this stage as a sense check to ensure the approach taken is the right one. KS asked members to feedback on areas that required adapting or adding in particular.</p> <ul style="list-style-type: none"> • The MHLDA strategy will be published but is not a public facing document. However, it should still be a clear read and acronym/jargon free, including a version in easy read. • After feedback from the partnership board a shorter version of the ICS strategy is being created by the core team. <p>ACTION 9/10: KS to incorporate the below feedback into the next version of the strategy.</p> <ul style="list-style-type: none"> • Edit bullet point in box on first page; intend to eliminate people to go outside WY • A clearer sense of what the most important priorities and key principles are. • Mention of primary care networks but could be stronger – integrated care. • Consistency required on what sits in this programme, other programmes and at place. 	<p>KS</p>

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	<ul style="list-style-type: none"> • Ambition of having a local service framework to set expectations and standards regarding autism. • Apply principles to three categories of sharing, standardisation and reconfiguration; what are the expected practical changes. • Insert in the strategy re meaningful and sustainable investment being needed. • Use of NHSE analytical staffing tool will help to plan recruitment/ required workforce expansion. • Strong VCS and wider partner voice in the collaborative; celebrate third sector – what we are doing and what our ambitions are. How do we make it easier to know who we can support e.g. police, VCS. • New housing link via the programme board with Sarah Roxby who has already completed great work on mental health and housing. • A better connection between the narrative around children and young people’s mental health, self-harm and suicide prevention. Sits separately and could be connected better. • Add a statement on how as a partnership we are really engaging with safeguarding of adults; how we reach out to our partners as well as how we enable our partners e.g. deaths of rough sleepers and the improving population health programme. • Service user voice and coproduction doesn’t come through strongly – add more on how this has helped to challenge and shape. <p>Programme Structure</p> <p>KS drew members’ attention to the proposed workstream and team structures with the positioning of the suicide prevention work being discussed. SM advised that challenges had arisen as the remit of the work stretched outside of the specialist trusts to wider community-based work that crossed over with Public Health. Work is underway to ensure the right areas are being completed and led in the right places; thus, creating equal ownership of the work.</p> <p>ACTION 10/10: SM/KS to pick up ‘supporting the workplace outside of the NHS’ e.g. MH first aiders to private sector with Sarah Smith, improving population health programme as broader MH prevention is one of their priorities.</p> <p>ACTION 11/10: Any further comments on the structure to be relayed to KS.</p> <p>Next steps; MHLDA strategy to be finalised by November so that it can be linked to the overarching ICS strategy to be published early December.</p>	<p></p> <p>SM/KS</p> <p>ALL</p>
6	<p>Governor/Non-Executive Director (NED) Event on 22nd October</p> <p><i>Following on from today’s strategy discussion – what should the focus for that meeting be?</i></p> <p>AM asked members to comment on the focus of the joint NED and governor event on 22 October:</p> <ul style="list-style-type: none"> • Progress since last meeting; background to agreed workstreams; what not doing; good news stories; making a difference • Strategy must accelerate areas that haven’t managed to achieve yet; an understanding of what it means for us as organisations • Steady state commissioning briefing – working together to deliver something better; not merger/privatisation. • CAMHs unit update • Service user stories wherever possible; involve governors/NEDs • Ensure time for discussion – facilitated sessions work best and create energy 	
7	<p>Any other business:</p> <p>RW asked for feedback from the group ahead of a call with Amanda Pritchard, Chief Operating Officer who is completing a piece of work for the NHS board around what support NHSI gives to the system in winter and how should we engage.</p>	

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	<ul style="list-style-type: none"> • Biggest challenge for LYPFT is older adults; consistent challenges around delayed transfers of care (DTOC). If there is some way of being able to put pressure on the system for all the partners to unlock the DTOC challenge in older adults this would have significant benefit for LYPFT and the acute trust. • BDCFT face same challenge particularly with the interface with the care home sector • If performance managed mental health DTOC separately to the overall system DTOC rate that would be welcomed. • Fragility of the care home sector. • Sense of their understanding of CQC expectations and consequent impact on our capacity. 	
8	<p>Summary (including actions) and items for escalation:</p> <p>AM summarised and highlighted the key areas for board feedback:</p> <ul style="list-style-type: none"> • All taking these minutes through public board with exception of private items. • Developing performance indicators and dashboard; draft to be presented at the next meeting • Approved the risk management framework • Update received on CAMHS unit; valid reasons for the 15 months delay behind original plans, now expecting an opening date of September 2021. • Report on steady state commissioning, developments and progress; draft reporting mechanism to be presented at next meeting. • Agreed the Independent Sector Learning Disability Placements Memorandum of • Programme strategy and programme structure discussed and will undergo further development until ready to feed into the ICS strategy; discussing it in our boards. • NED/Governor event agenda. 	
	<p><u>Date and Time of Next Meeting:</u> Tuesday 21 January 2020, Small Conference Room, Wellbeing and Learning Centre, SWYPFT, Fieldhead Hospital, Ouchthorpe Lane, Wakefield, WF1 3SP.</p>	

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<u>Glossary</u>		
ATU	Assessment and Treatment Unit	
BDCFT	Bradford District Care Foundation Trust	
CQC	Care Quality Commission	
CAMHS	Child and Adolescent Mental Health Services	
C-In-C	Committees in Common	
CCG	Clinical Commissioning Group	
DTCO	Delayed Transfers of Care	
ICS	Integrated Care System	
LD	Learning Disabilities	
LCH	Leeds Community Healthcare NHS Trust	
LYPFT	Leeds and York Partnership NHS Foundation Trust	
MHLDA	Mental Health, Learning Disabilities and Autism	
MoU	Memorandum of Understanding	
NCM	New Care Model	
NED	Non-Executive Director	
NHSE/I	National Health Service England / Improvement	
SWYPFT	South West Yorkshire Partnership NHS Foundation Trust	
TCP	Transforming Care Programme	
VCH	Voluntary and Community Sector	
WY&H	West Yorkshire & Harrogate	
WY&H HCP	West Yorkshire & Harrogate Health and Care Partnership	
WY&H ICS	West Yorkshire & Harrogate Integrated Care System (internal reference to WY&H HCP)	
WYMHSC C-In-C	West Yorkshire Mental Health Services Collaborative Committees in Common	