

Board of Directors - Open

Date: 10 March 2021

Item Ref: 06

TITLE OF PAPER	Chief Executive's Report
TO BE PRESENTED BY	Jan Ditheridge
ACTION REQUIRED	<p>The Board is asked to consider the Transformation of Urgent and Emergency Care: models of care and measurement consultation to support contribution to our strategy development.</p> <p>The Board is asked to read the new legislation in respect of Reforming the Mental Health Act and consider questions and key lines of enquiry for the consultation discussion.</p> <p>The Board is asked to acknowledge the progress in implementing the Performance Framework and consider if the proposed next steps support assurance.</p>

OUTCOME	To update the Board on key policies, issues and events and to stimulate debate regarding potential impact on our strategy, risks and levels of assurance.
TIMETABLE FOR DECISION	March 2021 Board of Directors meeting.
LINKS TO OTHER KEY REPORTS / DECISIONS	CoVid19 Report Strategic Priorities 2020/21
STRATEGIC AIM STRATEGIC OBJECTIVE	CQC - Getting Back to Good CoVid19 – Getting through safely Transformation Priorities – Changing things that will make a difference

LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	
CONSIDERATION OF LEGAL ISSUES	

Author of Report	Jan Ditheridge
Designation	Chief Executive
Date of Report	1 March 2021

Chief Executive's Report

1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
			X		X	See below
<p>The purpose of this report is to inform the Board of current national, regional and local (system) policy and relevant issues that require consideration in relation to our strategic priorities and Board Assurance Framework risks. Also, to stimulate Board strategic discussion.</p>						

2. National Issues

There have been a number of publications since we last met as a Board that are of importance and relevance to our organisation.

2.1 Transformation of Urgent and Emergency Care: models of care and measurement consultation

NHS Improvement/England produced a set of final recommendations on the urgent and emergency care standards from the clinically led review of NHS standards with an opportunity to respond to these recommendations in a consultation that ran between December 2020 and February 2021.

The document sets out proposed new measures that could replace the four-hour access target in response to the changing nature of urgent and emergency care services, enhanced by learning during the COVID-19 pandemic, articulating that a different approach is more likely to give better insight into the care that patients receive.

To include:

- Total waiting time
- Severity of condition
- Complexity of the patient's pathway of care
- Clinical judgement rather than hospital processes

While we did not respond to the consultation as an organisation, we did offer comments to our membership organisations who submitted feedback on our behalf. Obviously, this has the potential to impact on the people we offer services to and some of the services we provide – Psychiatric Liaison for example.

In the feedback there was a specific request to look at the experience of people who present with mental health problems or who have a learning disability or Autism and how any new measures might support them and provide clearer insights into their journey.

The importance of this has recently been evidenced in the challenges nationally and locally to support young people who present in the urgent care system with a mental health or dual diagnosis issue. When a bed is required young people can wait a very long time in an inappropriate environment and

clinical teams are left dealing with needs that are challenging to meet without the most appropriate facilities or access to services.

The Board will know that we are working with commissioners on the transformation of our Crisis pathways for adults and continue to work with partners to resolve the challenges faced by under 18s accessing emergency services, especially as numbers have increased since the first lockdown.

The responsible Executives and their teams will ensure that the outcomes of this consultation are considered when designing or developing services.

The Board is asked for comments or considerations of the proposals and potential impacts on our transformation projects and services.

Below are links to the consultation document setting out the proposals and NHS Providers' response to the consultation.

Link [NHS E+I Consultation Transformation of Urgent + Emergency Care](#)

Link [NHS Providers Response](#)

2.2 Reforming the Mental Health Act

In January 2021, the government published Reforming the Mental Health Act - a white paper responding to the Independent Review of the Mental Health Act in 2018.

The proposals within it are intended to compliment and support the transformation plans as set out in the NHS Long Term Plan and will become law by the end of 2023 if it successfully navigates consultation and Parliament over the coming months.

The reformed legislation is guided by four principles which are:

- Choice and autonomy – ensuring service users views and choices are respected.
- Least restriction ensuring the Act's powers are used in the least restrictive way.
- Therapeutic benefit – ensuring patients are supported to get better with the ambition of discharge from the Act.
- Person centred – ensuring patients are viewed and treated as individuals.

The key proposals include:

- Raising the bar for detention.
- A learning disability or Autism no longer grounds for detention.
- A new duty on commissioners of services to ensure adequate services for people with a learning disability and / or Autism.
- Expanding the role of the mental health tribunal.
- Introducing statutory requirements for care and treatment plans and advance choice documents.
- An expectation that community treatment orders (CTOs) should not last more than two years.
- Updating the nearest relative provisions.

Dr Mike Hunter (executive lead for Mental Health Act) will lead our response to the consultation and support the Board to understand and consider the content and implications at a future Board session.

Pat Keeling (lead executive for Strategy) will consider opportunities, risks and considerations for our future planning.

The Board is asked to read the new legislation and consider question and key lines of enquiry for the consultation discussion.

The full document can be found at:

Link [Consultation - Reforming the mental health act/reforming the mental health act](#)

3. **System Issues**

3.1 **Integration and Innovation: working together to improve health and care for all**

At our last public Board meeting in January, we discussed the proposals presented by NHSI/E to change the architecture of the NHS – Integrating Care: Next steps to building strong and effective integrated care systems across England and responded to the consultation questions.

On 11 February, the government published an updated policy paper Integration and Innovation: working together to improve health and care for all which sets out the legislative proposals for the Health and Care Bill.

The Bill encompasses many of the principles seen in the consultation document and builds on the NHS Long Term Plan recommendations while responding to the learning of the COVID-19 pandemic, reducing unnecessary bureaucracy and addressing the issues raised in the consultation.

To remind the Board, the key principles of the white paper are:

- Integration of Care - The legislation will reduce organisational barriers and enable health and local authorities to work more closely together.
- Reduce bureaucracy.
- Improve accountability and enhance public confidence.

The Board will know from our recent workshop that structural changes will be required to support this legislation and we are involved in the discussions and design of these at system and place level.

One of the key structural changes and approach at system level is the further development of Mental Health Alliances, and we have been a partner member of the South Yorkshire and Bassetlaw Alliance for some years now. This has gained momentum and following recent discussions and workshops we are now all in a position to bring the Memorandum Of Understanding (MOU) to our Boards formally and in public, for agreement.

The MOU can be found at item 6i with an explanatory covering paper and set of recommendations to the Board to be considered as a subset of this report but dealt with separately. This MOU should reflect the discussions our Board have had at our development sessions.

The full document Integration and Innovation: working together to improve health and care for all can be found here:

Link [Integration + Innovation - working together to improve health and care for all](#)

4. Local Issues

4.1 Performance Reviews

The Executive Team have completed the first round of Performance Reviews in partnership with all services and corporate areas in line with the requirements of our Performance Framework. The themes and learning from these sessions will be shared with the Finance & Performance Committee and then Board.

The sessions were well attended, well received and an excellent opportunity to support continuous improvement and remove constraints where appropriate as well as celebrate success and encourage innovation. There was significant learning about how we may structure them in future for efficiency and effectiveness and we know there is more work to do to use our data and information effectively – but it was a good start.

Non-Executive colleagues may wish to consider observing one or two in the next round as part of their triangulation and visibility activity.

The Board is asked to acknowledge the progress in implementing the Performance Framework and consider if the proposed next steps support assurance.

JD/jch/March 2021