

Common Board paper

November 2024

1. Introduction

This paper provides a summary of the work and plans of the East Midlands Alliance including the discussions and agreements from the most recent East Midlands Alliance Board meeting and the Alliance Learning event held in September.

The same Board paper, agreed by the CEO group, is shared with the six Boards of the providers that make up the East Midlands Alliance for mental health, learning disabilities and autism.

2. The East Midlands Alliance

The East Midlands Alliance is made up of the six largest providers of mental health services in the East Midlands region:

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

The Alliance has agreed a **vision** for the Alliance:

Working together in partnership to enable the best mental health, learning disability and autism care and support for the people of the East Midlands.

The Alliance has also agreed a set of **values**:

- Working together
- Respectful
- Integrity
- Supportive

The Alliance agreed a set of **principles**:

- Patient first
- Care closer to home and maximising independence
- Subsidiarity – take decisions as locally as possible
- Collaboration by consent
- Not acting to the detriment of others
- Sharing and applying learning at pace

The Alliance agreed five **strategic objectives**:

1. Quality improvement and productivity
2. Enabling safe care
3. Developing our workforce
4. Improving population health
5. Reducing inequalities

3. Alliance learning and networking event

The Alliance held a learning event for the six member Boards on 9 September at the St Andrew's site in Northampton. The takeaway messages from the 9 September Alliance learning and networking event were:

- a) There was very positive feedback on the value of meeting face-to-face and on the opportunity for cross-organisation and cross-professional group networking.
- b) It was helpful to think together about the future and to be encouraged to be more outward looking, while grounding that thinking in reality.
- c) The opening presentation from Andy Bell, CEO of the Centre for Mental Health, provided very valuable underpinning for the day and helped to put the more immediate operational challenges and longer term opportunities into a wider context. It was helpful to hear such a clear long term narrative of the journey to improve mental health services.
- d) The Patient and Carer Race Equality Framework session led by Jacqui Dyer and Husnara Malik enthused and inspired attendees to be bolder and act at pace on race equity in our services.

- e) Participants found it valuable to find out more about the work of the Patient Safety programme and the coverage and progress of the Communities of Practice. There was strong praise for the films focused on lived experience.
- f) Attendees welcomed the opportunity to shape the future direction of the Patient Safety programme and were very supportive of going further with the work on Sexual Safety and Reducing Suicide and Self Harm. There was enthusiasm for some new joint work on patient safety indicators and to expand the work of the Patient Safety programme beyond inpatient wards to community provision.
- g) There was a lot of learning about the significant progress made by the mental health collaboratives and their future plans.
- h) Participants were keen to have a focus on learning disabilities at a future event.
- i) Most participants had not visited the St Andrew's site before and thought it was an excellent venue.
- j) Attendees welcomed the active participation of the Chief Executives and welcomed the positive, collaborative and open tone that they set.
- k) The value of the Alliance, the importance of sharing learning and acting together when it adds value, were much clearer following the day.
- l) There was enthusiasm for further annual events and a commitment to attend the regional Patient Safety learning event on 18 March which will be held in Nottingham.

4. Quality improvement and productivity

4.1 Physician Associates in mental health settings

The Alliance agreed to receive £150,000 of funding from NHS England to support the development of Physician Associates in mental health settings. The Alliance Medical and Nurse Directors agreed to use the funding to:

- promote the potential use of Physician Associates and success elsewhere to the wider clinical body through an Alliance conference
- support the recruitment of new Physician Associates
- funding for the costs of supervision backfill for new recruits
- offering places on the Sheffield Physician Associate development programme to new Physician Associate recruits
- and support with recertification and CPD with a focus on the physical health modules for staff who choose to work in mental health.

Funding has been allocated to support six new Physician Associate roles in Derbyshire, Lincolnshire and St Andrew's. Further funding is available to support additional new Physician Associates in 2024/25.

4.2 Therapy Supervision Hub

The Alliance secured external funding to develop a Therapy Supervision hub to match those in need of supervision and potential supervisors. Access to therapy supervisors is a common challenge across the Alliance and this new system enables supervision at a distance between Alliance providers and for others to sign up to provide supervision into the Alliance.

St Andrew's has taken a lead on behalf of the Alliance in developing the booking software, recruiting supervisors and undertaking needs audits in each provider.

Additional supervisors and staff looking for supervision have registered on the system and the number of matches is increasing each month.

The Programme Board agreed to use some of the funding to train new ACAT and CBT supervisors. Each Alliance provider has been asked to nominate three members of staff for each funded training programme. This will significantly boost the pool of potential supervisors.

4.3 Innovation and learning

The Alliance Medical and Nurse Directors met with leads from Thalamos who have digitised the Mental Health Act process and paperwork with a group of six mental health providers in London.

The Alliance Strategy Directors received a presentation on the use of AI in clinical notetaking and Virtual Reality in the work of Healthy Minds. The latter innovation is being used in Northamptonshire and Leicestershire.

The Alliance agreed to receive external funding from Health Innovation East Midlands (AHSN) to appoint a dedicated regional Innovation lead for mental health embedded in the Alliance. The Medical and Nurse Directors have fed into the work programme for the role.

The post is currently vacant. Interviews took place in October for the Alliance Mental Health Innovation lead role. The preferred candidate accepted an alternative role. The Strategy Director forum in November will agree next steps to fill the role.

4.4 National Inpatient Improvement programme

The Alliance continues to work closely with the national Inpatient Improvement programme. The regional programme lead attended the Alliance Medical and Nurse Director forum in October. The most recent meeting of the East Midlands Inpatient Improvement programme

was held on 5 November. The programme ran a Housing and Mental Health event in Nottingham in October. The new Midlands lead for the Quality elements of the Inpatient Improvement programme has been invited to meet with the CEO group in December.

4.5 Learning review

The Alliance CEOs agreed to the terms of reference for a case review and learning exercise for a protracted and difficult Derbyshire case. The review will consider the referral criteria and escalation process for service users who do not neatly fit the criteria of a particular service. The review will be undertaken by a Medical Director, Nurse Director and Finance Director from Lincolnshire, Nottinghamshire and St Andrew's.

5. Enabling safe care

5.1 East Midlands Mental Health Patient Safety programme

The Alliance works in partnership with Health Innovation East Midlands to run a region-wide Patient Safety programme involving leads from all six Alliance provider organisations.

The national programme support ended in other regions, but the Alliance secured external funding to extend the programme by two years in the East Midlands. The programme takes a community of practice approach involving lived experience voices to develop and share best practice.

The Alliance Medical and Nurse Director forum agreed five priority areas for the programme:

- Reducing restrictive practice
- Reducing suicide and self-harm
- Sexual safety
- Mechanical restraint in high secure settings
- Patient Safety Incident Response Framework

The patient safety programme includes a series of share and learn deep dive sessions. The next share and learn session will focus on sharing the learning from Northamptonshire Healthcare on escalating a physically deteriorating patient using the communication tool SBARD. The session will be led by Dr David Ibrahim and Daniel Boulton-Jefferys.

The mental health patient safety programme will hold a further large learning event on the 18 March 2025 in Nottingham with a focus on Service User Experience and Patient Safety. Each Community of Practice will present their work from the year, learning and share best practice.

The Alliance CEOs, Medical and Nurse Directors will meet in the same venue on the same date to have their own focus on patient safety. This will also allow the CEOs and Directors to attend the learning event and hear from provider leads and those with lived experience on the work of the Communities of Practice. Other Board members from Alliance providers are

encouraged to attend the event and hear more about the work of the Communities of Practice.

The programme will undertake a restrictive practice audit in each of the Alliance providers between November and January with confidential reports produced for each provider and a themed Alliance report shared in February 2025. This builds on two previous audits undertaken in 2020 and 2022. For the 2024 audit, there will be a focus on race equity and the collection of some PCREF data alongside the standard audit.

The Preventing Suicide and Self Harm Community of Practice has produced a new video and guide to help build awareness of appropriate language relating to suicide.

The Mechanical Restraint Community of Practice will publish a report in November 2024 on the use of mechanical restraint in High Secure settings. The report will include learning for Medium and Low Secure settings.

5.2 Urgent and Emergency Mental Health Capital

The Alliance was asked to prioritise the allocation of £800,000 of national Urgent and Emergency mental health capital to be used in 2024/25. The Alliance Board put three proposals forward which have now all been funded:

- Perinatal estate improvements proposals from Derbyshire
- Crisis Service telephony proposal from Nottinghamshire
- Work to increase inpatient bed capacity from Leicestershire

5.3 Mental Health Act best practice

The Alliance secured external funding to share and promote best practice in the application of the Mental Health Act. Northamptonshire Healthcare will take forward the procurement of a legal partner to run a series of best practice workshops and clinics across the Alliance. The Alliance Medical Directors have agreed a series of specific topics for focus for the best practice workshops.

5.4 Clinical escalation process for the regional collaboratives

The Alliance Medical and Nurse Directors developed a protocol to manage exceptional cases that require escalation. The protocol sets out the expected steps in a swifter escalation process and the use of independent nurse and medical input from within the Alliance in an escalated dispute. The protocol was agreed at the Alliance Board.

5.5 Focus on safety indicators and a common safety framework

The Alliance CEO group have agreed to focus collectively on safety indicators and the potential development of a common safety framework. This will build on the work undertaken in Alliance providers on safety indicators. It will also be informed by some new national work on early warning signs.

The Medical and Nurse Directors will work together and with Health Innovation East Midlands to develop a framework and a common set of core indicators that can be used across the Alliance. This will enable benchmarking and the sharing of learning. This work will be an area of focus at the December Alliance Board and the 18 March meeting between CEOs, Nurse and Medical Directors.

6. Developing our workforce

6.1 Retaining and developing Clinical Support Workers

The Alliance has run a very successful programme to support the development, retention and career aspirations of Clinical Support Workers. Across the Alliance there have been issues with the recruitment and retention of Clinical Support Workers (those working in salary bands 2-4). The Alliance secured significant external funding to run a shared package of development programmes.

The core programme is called Developing Healthcare Talent. It is complemented by a programme that works with the line managers of Clinical Support Workers, known as the Developing Healthcare Leaders programme. Over 300 staff have been through the programmes to date. Both courses have very high completion rates, and the feedback has been very positive. Further cohorts of both programmes will run to March 2025. Case studies for both programmes have been developed and shared nationally.

The Alliance HR Director forum supported two pilots using the same methodology with nurses. Lincolnshire Partnership has been piloting the approach with newly recruited international nurses, many of whom begin working in CSW roles. St Andrew's piloted the approach with newly qualified nurses.

NHS England offered further funding to the Alliance to develop the programme. This funding has been distributed to the Alliance providers for local activities to complement the Alliance wide programmes. Each provider received £100,000 for a range of activities including CSW careers events; a CSW conference; CSW recruitment campaign; a CSW marketing role; a CSW Education Facilitator; Advanced Physical Healthcare skills programme; trialling a new recruitment approach; and developing a new Senior CSW/Healthcare Assistant programme. An event to share the learning from the initiatives run in individual providers will take place in March 2025.

The Alliance is discussing potential additional funding for CSW and other support roles with NHS England.

6.2 Workforce benchmarking dashboard

Nottinghamshire Healthcare has taken a lead on behalf of the HR Director network to develop a dashboard for a common set of Key Performance Indicators linked to workforce. The HR Director group agreed some further measures to include in the future. The dashboard has been shared with CEOs at the Alliance Board.

6.3 Recruitment and Retention Payments and Golden Hello audit

The HR Director network sponsored an update to the audit of special recruitment and retention payments in the East Midlands. This audit was shared with the HR Director network and then the CEO group in September.

7. Improving population health

7.1 East Midlands Gambling Addiction service

The Alliance Board in September received an update from Derbyshire Healthcare as the lead provider for a new East Midlands Gambling addictions service funded by NHS England through the Alliance.

There has been significant work to review and change the promotional information relating to the service as there has been a reduction in referrals in 2024.

There have also been changes made to the treatment pathway including the delivery vehicles and timing of support. These amendments are made in response to some issues in retaining people in treatment. The treatment programme options have been amended to offer increased flexibility with the goal of improving retention.

The Alliance Board welcomed the changes to the model to respond to patient need and the flexibility of delivery to promote engagement.

7.2 Bed planning across the East Midlands Collaboratives

The Alliance CEOs agreed to undertake some joint work on bed planning across the regional collaboratives. This work was developed by the Strategy Directors with input from the Collaborative leads.

The CEOs received a report covering each Collaborative, setting out their current bed stock; the pressures on those beds (measured by bed closures, bed occupancy, waiting lists and out of area placements); recent or planned bed reviews; and future bed plans.

The CEOs noted the Perinatal and CAMHS bed reviews that are underway and discussed the impact of the Tier 3.5 service roll out across the East Midlands in reducing referrals and admissions into CAMHS Inpatient beds.

8. Reducing inequalities

8.1 Patient and Carer Race Equality Framework

One key area of focus for the Alliance on reducing inequalities has been the joint work to progress implementation of the Patient and Carer Race Equality Framework (PCREF).

Over the last year an Alliance network has met four times and shared issues and progress, as well as hearing from two of the five national PCREF pilot Trusts with a focus on the voice of lived experience and establishing leadership and governance for the PCREF.

The Alliance provider PCREF leads will meet in mid-November with national PCREF leads to help to design a dashboard to look at PCREF data across the regional collaboratives. This work would support the Collaborative Boards and the Alliance Board to scope priority work to address issues of race equity illuminated by the data which would be considered alongside feedback mechanisms that hear directly from service users.

9. Regional mental health collaboratives

9.1 Op COURAGE in the East Midlands

Op COURAGE is an NHS service developed with people who have served in the Armed Forces and experienced mental ill-health. In the Midlands (East and West), Op COURAGE is delivered in partnership by Lincolnshire Partnership NHS Foundation Trust, Birmingham and Solihull Mental Health NHS Foundation Trust, Coventry and Warwickshire Partnership NHS Trust, St Andrew's Healthcare, Walking with The Wounded, The Ripple Pond, Tom Harrison House, and Mental Health Matters.

The Op Courage update to the September Alliance Board highlighted issues of staff sickness, vacancies and higher demand feeding into longer waits for support. A recovery plan is in place and has been approved by NHS England. A business case has been submitted to NHS England for an increase in staffing in urgent and non-urgent teams.

9.2 Perinatal Collaborative

The specialist Perinatal collaborative for the East Midlands, led by Derbyshire Healthcare NHS Foundation Trust, launched on 1 October 2023. The East Midlands Perinatal Mental Health Provider Collaborative is a partnership to deliver high-quality care for pregnant women and new mothers with serious mental illnesses who require admission to a Mother and Baby Unit, and to ensure seamless support between Mother and Baby Units and community perinatal mental health teams.

The collaborative partners include community perinatal service providers, creating 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.

The Alliance Board in September received an update on progress with the Perinatal collaborative. Key points highlighted included the baseline assessment of bed usage and occupancy levels across the two Mother and Baby units. There is a significant difference in average length of stay between the two units

9.3 Impact Forensic Collaborative

The Alliance Board in September considered the NHS England commissioned review of the efficiency and effectiveness of the Impact Hub. The Impact update report also considered progress with the Care Treatment & Education Review (CTR) function which transferred from NHS England to Impact on 1 July 2024. The Impact Forensic Risk and Incentive Agreement was implemented in April 2024.

The Alliance Board noted the further improvements in patient flow, reduction in length of stay and bed occupancy. The report highlighted the increasing waiting list due to pressures from outside of the East Midlands.

9.4 CAMHS Collaborative

The Alliance Boards in June and September discussed the longer term funding of the CAMHS community models. The CAMHS 3.5 Services continue to have a positive impact supporting young people in the community and reducing demand for beds. National funding for the CAMHS 3.5 support has ended but continues to be funded through the Collaborative with discussions to make this recurrent.

The Alliance Board discussed the success in driving a left shift in the model and the impact on some providers of reduced income as bed occupancy has been successfully reduced. The Board agreed to develop a case study on the CAMHS success story in shifting the model. Some of the expenditure savings on CAMHS have been distributed to help to offset the reduced income for providers that have fixed and sunk costs.

The CAMHS report to the September Alliance Board highlighted the significant progress made to reach a position in which the waiting list for a bed has not been above one young person over the previous quarter. Overall admissions reduced again, as did the number of admissions of young people with a diagnosis of learning disabilities and/or autism.

The CAMHS collaborative is progressing a bed review involving input from a Public Health consultant. The review should report by the end of the year.

9.5 Adult Eating Disorders Collaborative

The Alliance Board in September reviewed the progress made by the Adult Eating Disorders Collaborative. This included detail on the Waterlily approach which continues to deliver positive outcomes and has now been rolled out across the region.

The Waterlily Inpatient Prevention Pilot is an intensive 12-16 weekday programme, that is mainly delivered virtually to patients with anorexia nervosa. The programme delivers practical and psychoeducational groups along with therapeutic 1:1 interventions, for referred patients with the primary aim of restoring weight alongside delivering treatment and preventing inpatient admission.

9.6 Aggregating the Collaborative updates

Each Collaborative provides a detailed assurance update to the Alliance Board. Following the September Board meeting, the updates were aggregated into two documents to be shared in confidence with the Alliance provider Boards. This is intended to increase understanding of the work, risks, issues and successes of the regional Collaboratives.

9.7 ICB delegation of Specialised Services commissioning from NHS England

The Alliance was invited to nominate a senior lead to join an NHS England Delegation Working Group for the Midlands region. The group is considering options for the delegation of the commissioning function currently run by NHS England. The CEOs agreed to nominate Paul Sheldon, the Director lead for the CAMHS and Adult Eating Disorder Collaboratives and Chief Finance Officer at Northamptonshire Healthcare.

9.8 Phase two for the regional collaboratives

The Alliance CEOs held a face to face meeting in Leicester in mid-September which focused on the opportunities for joint bed planning and a phase two for the regional Specialised Services collaboratives.

The phase two collaborative discussions included a review of the Impact Collaborative Hub review commissioned by NHS England. The CEOs also discussed opportunities for the future provision of Collaborative hub support across the East Midlands, and the governance of the Collaboratives and Alliance.

The Alliance Board agreed that key strategic issues and decisions should be presented for CEO review and agreement prior to final decisions being taken at the relevant Collaborative Board.

The list of issues includes:

- Investment of discretionary funding and the commitment of underspends

- Changes to bed provision
- Changes to pricing/payment mechanisms
- Changes to Hub support arrangements
- Changes to Collaborative governance or leadership arrangements
- Any other decisions that might bind or contradict the position of other regional Collaboratives or individual providers

Strategy Directors and Chief Finance Officers will meet face to face in Leicester on 8 November to take forward the CEO requests in relation to an Alliance bed plan, hub support for the regional Collaboratives and ICB delegation.

10. Alliance Communications

A further Alliance newsletter was published in October 2024. The Communications team also developed a case study of the CAMHS Tier 3.5 service and the positive impact on admissions and out of area placements in the East Midlands and a film from the Alliance learning event. The website (www.eastmidlandsalliance.org.uk) provides a hub for information about the Alliance and the provider collaboratives.

11. Alliance plan for 2024/25

The learning event in September included discussions on the progress made in implementing the Alliance annual plan for 2024/25. The CEO group reviewed the comments and agreed updates to the plan. A further review of progress will take place at the Alliance Board in December with an initial discussion of priorities for 2025/26.

12. Actions and recommendations

The Boards of the Alliance providers are asked to note the progress made under each strategic objective and receive the updates from each regional mental health collaborative.