

## **Leeds and York Partnership NHS Foundation Trust Update for Scrutiny Board 16<sup>th</sup> February 2016.**

### **1. Introduction**

This paper provides a brief overview of key issues and developments within LYPFT over the last two months.

### **2. Changes in leadership**

In December 2015, and after 10 years as Chief Executive, Chris Butler stepped down from his role to pursue other endeavours. Chris joined what was Leeds Mental Health Teaching NHS Trust as its Chief Executive in January 2005, and continued his appointment as Chief Executive following our authorisation as an NHS Foundation Trust in 2007. Chris has always been a strong advocate for mental health and learning disability service users and their carers, and he will be greatly missed within the Trust and across the city.

Jill Copeland, who has worked with the Trust for over six years, most recently as Deputy Chief Executive and Chief Operating Officer, has been appointed as Interim Chief Executive, beginning in her role on 1 January 2016. A recruitment process for a new permanent chief executive will be underway soon.

### **3. Impact of NHS planning guidance**

The NHS planning guidance 'Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21' was published in December. Two of the nine 'must do' requirements in the planning guidance are related to LYPFT services:

- Achieve and maintain the two new mental health access standards: more than 50 percent of people experiencing a first episode of psychosis will commence treatment with a NICE approved care package within two weeks of referral; 75 percent of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within six weeks of referral, with 95 percent treated within 18 weeks. Continue to meet a dementia diagnosis rate of at least two-thirds of the estimated number of people with dementia. (Number 7)
- Deliver actions set out in local plans to transform care for people with learning disabilities, including implementing enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy. (Number 8)

There is also a requirement to improve mental health services in line with the Mental Health Taskforce report, which has yet to be published.

Along with all NHS and social care partners, we are busy developing our Operational Plan for 2016/17. In January 2016 the Board considered our priorities for 2016/17 which would not only continue to improve the outcomes we deliver, but also begin to provide a foundation in which we developed our new Trust strategy. The priorities that shape our 2016/17 Operational Plan are:

1. Supporting frontline staff to improve people's health and lives
2. Delivering care that meets essential quality standards
3. Promoting learning and engagement
4. Working with partners to develop a clear plan for the Trust's future direction

We will be testing these priorities with our staff during March through a series of listening events with the Interim Chief Executive. We have also identified our cost improvement plans for 2016/17, which includes subjecting them to a robust quality impact assessment.

The Leeds health and social care economy is also required to work together to develop a place-based plan as part of a West Yorkshire-wide Sustainability and Transformation Plan (STP) for submission in June 2016. The Leeds plan will be focused on new ways of working across the health and social care system, and we are seeing this as an opportunity to also revisit and refresh our own Five Year Strategy which we are aiming to launch in September of this year.

#### **4. Five Year Forward View: New Models of Care**

We have been working closely with the three clinical commissioning groups (CCGs) in Leeds to develop integrated models of care in response to the Five Year Forward View. Prototype models are being developed in each of the CCGs with a focus on services being wrapped around federations of GP practices, building on the integrated neighbourhood teams. We are involved at varying levels in each of these developments and we see them as providing an opportunity to take a far more holistic approach to health needs. For example better integrating the needs of people with physical health conditions, particularly long term conditions, with good mental health support, while ensuring those people with mental health issues receive good physical health interventions should be in everyone's best interests.

We are working closely with Leeds Community Healthcare, Adult Social Care and GP provider services to develop these new integrated models; and are also working with LCH to see where we can share "back office" functions to make better use of our resources.

#### **5. Transforming care for people with learning disabilities**

We are seeing changes to the population we serve with learning disabilities. Inpatient care demand has been reducing in recent years while community service support is increasing year on year. Commissioners in Leeds report a high volume of learning disability service users in receipt of NHS fully funded continuing care, while we expect to see the national Transforming Care programme of work, led by NHS England will work towards replacing unnecessary hospital admissions and lengthy stays with community-based care that provide intensive support.

The local Transforming Care Partnership in Leeds is being led by Leeds North CCG and is currently being established. The scope will also consider the need to develop a comprehensive learning disabilities strategy for Leeds. We currently have a number of

work-streams underway which closely link with the Transforming Care agenda. These include: quality improvements to our acute assessment and treatment inpatient service and our health respite service; a full review of our community LD services focusing on delivering improved, modern community models; work relating to a review of all service users placed out of area in specialist LD placements (including secure care); and the development of a new pilot model of respite care across the city.

## **6. Quality and Performance**

Following publication of the CQC Inspection report in January 2015 the Trust developed a responsive action which addressed the compliance set out by the CQC. The action plan was submitted and accepted by the CQC in February 2015 and was subsequently shared with the Scrutiny Committee. The implementation of the action plan has been managed by the Trust's CQC Fundamental Standards Group, which is chaired by an Executive Director, and reports to the Board via our Quality Committee. Completion of the action plan is now at an advanced stage and we are due to meet with CQC in February 2016 to provide them with assurance following our actions.

The Trust has also established a system of Quality Reviews, designed to provide ongoing assurance of its compliance with the Fundamental Standards.

## **7. Recruitment**

Over 150 nurses and health support workers were interviewed for vacancies across the Trust in January as part of an innovative new recruitment campaign. The prospective employees were invited to apply for a range of opportunities and they all came together to be assessed at a large recruitment event at Elland Road stadium. The Trust has been carrying a number of nursing vacancies across the Trust for a while and trying to fill them on an ad hoc basis. This approach has focused more in promotion to attract candidates, including producing short videos of our staff talking about their roles at the Trust. This worked really well and we have had around 500 candidates apply; and made over 70 offers of employment following our January event. Our next recruitment event will take place in April.