

## Responding to the Senate report and recommendations

The Senate report as positive about the clinical models, the scale of engagement and the co-production approach employed to generate the plans set out in the PCBC. The report included five recommendations which were discussed in a post-review meeting with Senate leads. The table below summarises the system response to the Senate recommendations.

Feedback from the Clinical Senate	System response
<p><b>1. Equality Impact Assessment</b> - The importance of completing the planned Equality Impact Assessment robustly.</p>	<p>In December we drew together a number of strands of our work to complete an Equality Impact Assessment.</p> <p>We completed work on some detailed analysis of our service users which is included as appendix five. We used this analysis, alongside the demographic information in chapter two, to inform an Equality Impact Assessment of our plans and Business Case.</p> <p>We bought in external support to undertake the Equality Impact Assessment. This was to bring independence and expertise to the EIA process.</p> <p>The Equality Impact Assessment was undertaken through a workshop approach with VCS organisations focused on equalities within Leicester, Leicestershire and Rutland. The outcome of the workshop was shared with the participants for comment.</p> <p>The final EIA analysis has been used to inform our consultation plans.</p> <p>We have agreed to continue to work with these equality focused VCS partners through the consultation, to review the consultation feedback and in implementing our service changes.</p>
<p><b>2. Models, outcomes and post-implementation evaluation</b> - Clarify the proposals in terms of intended model and intended outcomes, including addressing existing issues such as long</p>	<p>Each new or changed service model in the PCBC sets out the planned changes and intended outcomes. The PCBC and draft consultation material contain a series of case studies to bring to life the expected changes to access, service co-ordination and outcomes.</p>

<p>wait and current performance shortfall. Consider the post-implementation evaluation strategy.</p>	<p>A separate annex has been developed and shared with NHS England drawing together in one place the expected outcomes and measures that the SUTG Steering Group will use during the implementation and post-implementation phases. These focus on access, meeting targets, reducing long waits, reducing inappropriate presentations or moving to compliance with NICE models.</p> <p>The post implementation evaluations strategy will be set out in the Decision-making Business Case once final models are agreed based on the consultation feedback received.</p>
<p><b>3. Demand, workforce, broadening interventions and clinical risk</b> - Clarify expected demand, capacity, workforce requirements, ensuring that the implementation plan addresses existing long wait, service integration and performance shortfall issues. Clarify the broadening of potential interventions and how clinical risk will be managed.</p>	<p>A core theme of the planned service changes is to improve access and the join up of services in the LLR system. The majority of the investment being made is focused on additional workforce including roles based with partners outside of the traditional models particularly in the VCS.</p> <p>The PCBC sets out the broadening of planned interventions for both UEC mental health and in integrating community mental health. The investment plans in the PCBC are focused on earlier intervention with a broader range of partners and a wider range of community based offerings.</p> <p>Chapters 5, 6, 7 and 8 of the PCBC set out the proposals to broaden the potential interventions and workforce investment.</p> <p>Through the East Midlands Alliance for Mental Health the Trust and system have been involved in developing a detailed model of demand and capacity and the impact of Covid. The scenarios include changes to the vehicle of service delivery and changes to workforce. Work continues with partners to benchmark activity trends, to feed in local and national intelligence, to consider the scale of Covid related catch up and Covid generated new demand.</p> <p>An LLR system group has been established to look at other national demand and activity models and the outputs of this group will be fed into the implementation plans and ICS Steering Group.</p> <p>A key step ahead of the Decision-making Business Case is to agree and sign off the clinical quality and safety go-live triggers. We have discussed go-live triggers with our clinical leads and agreed that the Leicestershire Adult Mental Health Quality and Safety Forum will oversee the finalisation of a set of go-live quality and safety checks by July and then oversee their application. The</p>

	<p>triggers will be used to agree whether and when to go ahead with a service change and can be used to pause implementation.</p> <p>A system group has been established to look at new models of demand and capacity being shared nationally. This group will be used to determine whether new information needs to be considered by the Quality and Safety Forum as they oversee clinical risk in implementation.</p>
<p>4. <b>Left-shift</b> – clarify in the PCBC the increased focus on earlier intervention, prevention, earlier diagnosis, evidence based intervention, focus on recovery and resilience.</p>	<p>The PCBC includes information on the planned left-shift for UEC Mental Health and for the integration of Community Mental Health services. We have set out in the service descriptors and in the case studies the plans for earlier intervention, earlier diagnosis, multi-disciplinary review, closer working with partners to widen the range of possible interventions, the focus on recovery and building resilience. These are the principles that underpin Step Up to Great Mental Health.</p> <p>As set out in the PCBC, a number of the changes in how services are organised and offered will form the underpinning baseline for the full roll out of our neighbourhood and place based plans over the next three years.</p> <p>Chapters 5, 6, 7 and 8 set out our left-shift and neighbourhood/place/PCN plans. The changes set out in the PCBC are a crucial underpinning to our broader neighbourhood goals as we apply the learning from the pilot areas to the wider LLR geography.</p>
<p>5. <b>Quality and safety triggers</b> - Monitor and model future demand on an on-going basis to inform quality and safety triggers to ensure implementation is undertaken in a safe way.</p>	<p>As noted in points three and four above, we will develop a final set of quality and safety triggers that are reviewed by a senior group of clinicians on an on-going basis to drive go-live/pause decisions. The safe implementation of our plans is crucial, and we will set out the full detail in our Decision-making Business Case once we have received feedback via the consultation on the precise nature of the models to be implemented.</p>