NHS
Yorkshire and the Humber
Clinical Senate

Clinical Senate Review

for

Vale of York CCG on

Mental Health Services

Final Version

January 2018

Clinical Senate Reviews are designed to ensure that proposals for large scale change and reconfiguration are sound and evidence-based, in the best interest of patients and will improve the quality, safety and sustainability of care.

Clinical Senates are independent non statutory advisory bodies hosted by NHS England. Implementation of the guidance is the responsibility of local commissioners, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of access. Nothing in the review should be interpreted in a way which would be inconsistent with compliance with those duties.

Yorkshire and the Humber Clinical Senate
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Version Control

Document Version	Date	Comments	Drafted by
Draft Version 0.1	January 2018	Initial draft report incorporating Expert Panel comments	J Poole
Draft Version 0.2	January 2018	Revised following feedback from the panel on the first draft	J Poole
Revised final draft	January 2018	Revised following comment from the January Senate Council	J Poole
Final Draft	January 2018	No comments from commissioning leads to the revised final draft	J Poole

Chair's Foreword

1.1 The Yorkshire and the Humber Clinical Senate thanks Vale of York CCG for involving the Senate in the review of the future of their mental health services. I would like to thank the expert clinicians who have worked with us on this review.

1.2 We fully support York CCG in their long term ambitions to transform mental health services for their population. It is always difficult to be brought in to advise on a proposal where there has already been much discussion and agreement reached with local stakeholders. In this review the documentation shared with the Senate was not able to describe the vision in the same detail as reflected in the local discussions. We have therefore focused our attention on areas where we advise that commissioners need to further develop their description of the mental health model of care for the population of the Vale of York.

2. Summary of Key Recommendations

2.1 The key recommendations from this report are summarised below:

- To further describe the increase in the planned beds, the approach to engaging the community in the mental health inpatient facility and how the physical and mental health services will be integrated.
- To further develop the mental health strategy to demonstrate the linkages across the themes outlined and to clearly articulate the vision for mental health services for the whole population and how the inpatient facility fits into that approach.
- To address some of the central stands of the Trieste model in the description for the Vale of York, including the difference in the approach to the inpatient facility, to more clearly demonstrate the connections to the Trieste model.
- To expand on the description of the community service to describe the services as a whole systems approach from prevention through to recovery and rehabilitation.
- To provide further information on the planned workforce for the community, its skill mix and how this workforce can be developed and expanded given the national shortages in mental health staff.
- To further develop the description of Primary Care Home to reflect the alignment of this with the mental health community model.

3. Background

Clinical Area

3.1 York CCG have been working with their provider Tees Esk and Wear Valley Foundation Trust (TEWV) to transform mental health services across the Vale of York. Following the closure of Bootham Park Hospital in September 2015 all the mental health estate and facilities across the Vale of York have been reviewed and an approach taken to develop community hubs across York and Selby and develop a single site modern mental health inpatient facility in York. It is planned that the hospital will be completed and opened by December 2019. This work is intended to enhance and redesign both community and bed based services in order to provide a comprehensive mental health offer to the population of the Vale of York.

Role of the Senate

3.2 The CCG has stated that the advice from the Clinical Senate will provide a quality check within the NHS England gateway process regarding the development of a new mental health hospital and a new model of care in York following the public consultation which took place in October 2016 to January 2017.

3.3 In their discussions the Senate has focused on providing a response to the following question:

Does the Senate feel that the approach towards new models of care is the best way forward for the Vale of York and how could the local system expedite the changes in a clinically safe and effective manner? Part of the developing models of care involve the development of a new mental health hospital with 72 beds.

The local system will focus on early identification and intervention as well as building resilience along the recovery pathway are there any models of care known to the Senate which they would recommend as exemplars of integrated holistic care and that the Vale of York could learn from?

Process of the Review

3.4 The Terms of Reference were agreed in November 2017 and are available at Appendix 3. The supporting documentation was received by the Senate and distributed to the Expert Panel in late October. During November and December the Senate panel shared comments on the documents by email and supplemented this with 2 clinical discussions by teleconference and a teleconference with the commissioners to provide opportunity to further improve our understanding of the proposals. Following discussion with the commissioners the panel received additional evidence to help with our understanding of the community proposals. The commissioners agreed to an extended time frame to provide time for the panel to consider this additional evidence. Once a consensus was reached on the draft report it was sent to the commissioner for comment on 19th January.

3.5 Commissioners are given 10 working days to respond with any comments on the accuracy of the report. The report is to be ratified by the Senate Council at their January meeting.

4. Evidence Base

4.1 Formed in March 2015, the independent Mental Health Taskforce brought together health and care leaders, people who use services and experts in the field to create a Five Year Forward View for Mental Health for the NHS in England.[1] This national strategy, which covers care and support for all ages, was published in February 2016 and signifies the first time there has been a strategic approach to improving mental health outcomes across the health and care system, in partnership with the health arm's length bodies.

4.2 In July 2016, NHS England published an Implementation Plan[2] to set out the actions required to deliver the Five Year Forward View for Mental Health. The

[1] The Five Year Forward View for Mental Health, A report from the Independent Mental Health Taskforce to the NHS in England, February 2016.

[2] Implementing the Five Year Forward View for Mental Health, NHS England, July 2016

Implementation Plan brings together all the health delivery partners to ensure there is cross-system working to meet the recommendations made by the Taskforce.

4.3 It is this guidance that the Senate has drawn upon in the development of this report.

5. Recommendations

5.1 Our recommendations first focus on the following part of the question:

Does the Senate feel that the approach towards new models of care is the best way forward for the Vale of York and how could the local system expedite the changes in a clinically safe and effective manner? Part of the developing models of care involve the development of a new mental health hospital with 72 beds.

Overview

5.2 The CCG have described how they would like to adopt the whole person, whole life, whole community approach like that in Trieste, Italy, as their new model of care for mental health services and the Senate is in full support of this approach.

5.3 We understand that there has already been a considerable amount of transformation in mental health services, particularly in the reduction in the estate and bed base since Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) became the provider for the Vale of York. It is also noted that TEWV came into this contract at a difficult time, following the CQC instruction that Bootham Park hospital was not suitable to remain as an inpatient unit. This decision, combined with the quality of the other estate, has necessitated a focus on the inpatient mental health services with the commitment to build a new facility by 2020. Following public consultation the CCG are committed to building a 72 bedded multi ward hospital at the Haxby Road site.

5.4 The documentation received reflects this focus on inpatient care and presents a secondary care model for severe mental health illness rather than a model for the emotional and mental health of the whole population of York. The information provided to the Senate about the existing and developing community services was helpful but in our view was still not able to set out a clear vision for the future model of care of Mental Health services in the Vale of York. **The key difficulty for the Senate is how the focus on the inpatient facility does not seem to clearly fit with the Trieste approach and the documentation fails to explain how the inpatient facility relates to the community services**. The Senate recognises that the community model is in much earlier development than the inpatient model, however this apparent disconnect between the community model and the inpatient model needs to be addressed in the description of the services. The Senate has therefore focussed its advice on the areas where we recommend that the CCG develop their description of the mental health service for the population of the Vale of York.

The Trieste Approach

5.5 The Senate is in agreement that the Trieste model is a very impressive approach towards social inclusion, empowerment and citizenship in mental health. It seems to look at the entire mental (including emotional and social) health of a fixed population with low thresholds for access. This approach aligns with the developing thinking in health and social care in this country about new ways of delivering physical and mental health care like Person Centred Care, Shared Decision Making and Place Based systems of care. There are however many cultural differences between Italy and the UK, including in their model of social care, which the CCG will need to consider in adopting the Trieste approach.

5.6 The Senate recommends that the commissioners could do more to reflect the Trieste model in their description of the York model. The most obvious difference is in how Trieste has mainly community based psychiatric beds with a small number allocated in a General Hospital where the Vale of York CCG are building a central site for mental health inpatient services. We recognise that the bed numbers for the population are not that greatly different between Trieste and York however the difference between smaller locality based units and a central site is significant to the model. We recommend that commissioners acknowledge this difference and explain how it is consistent with the Trieste model that they are working towards.

5.7 There are other central features of the Trieste model which are absent from the description of the York model – for example in the approach to personal budgets and in the clinical staffing. The Trieste model is based on a large number of clinicians working in the population (23 psychiatrist and 111 nurses for 236,393 population) and it isn't clear if it is the intention for the CCG to match those numbers. It would be helpful if the CCG could address some of these central strands of the Trieste model in their description for the Vale of York in order to more clearly make those connections in approach.

Recommendation: Commissioners to address some of the central stands of the Trieste model in their description for the Vale of York, including the difference in the approach to the inpatient facility, to more clearly demonstrate the connections to the Trieste model.

The Community Model

5.8 The Senate is aware of the investments that have been made in the community buildings infrastructure and the documentation references the clinical developments that have been undertaken to improve access to assessment, the resetting of thresholds for care, and improvements in early intervention and prevention. We welcome the development of the mental health access and wellbeing team, the development of community hubs and the extension in crisis services and rehabilitation and recovery services. The Senate is supportive of these initiatives and we welcome your ongoing work to integrate the community approach.

5.9 In discussion you also clarified that you have a good approach to transition between children and adult services. You described the transitional panel which develops a passport for the patient so that the process of transition is very clear and allows for some double running of services. We welcome the wide concept of transition within the Child and Adolescent Mental Health Services (CAMHS) community team.

5.10 We also clarified in discussion that you are aware of the significant challenge of integrating IT systems to ensure flexibility of working across teams and the smooth flow of information to ensure high quality patient care. You have confirmed that there is a separate work stream and documentation on this issue which contains more detailed information about the developments that have been made.

5.11 Generally however, from the information provided, the panel still struggled to fully understand the community model and how it will deliver on its aim to support people to remain in their own home or community. If commissioners have worked through the detail of the model (the community pathways, the social integration, the range of therapies, the staffing of the community hubs, the links across providers, the relationship with the voluntary sector, the relationship of the inpatient provision to primary care and intermediate mental health services) then as yet it is not full articulated in the documentation. It would be very helpful for commissioners to describe the service as a whole systems approach from prevention through to recovery and rehabilitation.

Recommendation: To expand on the description of the community service to describe the services as a whole systems approach from prevention through to recovery and rehabilitation.

The Staffing Model

5.12 From the documentation provided the panel were unclear on the planned workforce for the community, its skill mix and how this workforce can be developed and expanded given the national shortages across a number of mental health roles. These shortages are well documented nationally across community and inpatient mental health services but these recruitment challenges are not referred to by the CCG. In discussion commissioners described how this new model will be attractive for staff and the intention is to create new roles and opportunities for non-medical prescribing including nurse prescribing, psychological assistants and peer support workers for example. The discussion with commissioners was helpful in improving our understanding of the staffing intentions but the Senate advises that this needs to be reflected in the documentation with greater acknowledgement of the difficulties in York and nationally in recruiting to mental health roles.

Recommendation: To provide further information on the planned workforce for the community, its skill mix and how this workforce can be developed and expanded given the national shortages in mental health staff.

The Inpatient Services

5.13 Following the public consultation the Senate understands that the CCG are committed to building a mental health hospital on the Haxby Road site. The documentation provided to the Senate refers to a 60 bedded hospital but in response to the public consultation the proposal has been increased to 72 beds (4 wards at 18 beds each). The Senate understands that there will be section 136 rooms in the facility but that Psychiatric Intensive Care Unit (PICU) will continue to be provided out of area. It is noted that this approach to PICU is not in keeping with the direction of policy and could be considered as an out of area placement. It is also noted that the proposal for 2 mixed sex wards across organic and non-organic conditions is out of kilter with national policy. We understand that on the mixed wards there are separate male and female areas but there is a shared lounge and dining area.

5.14 The Senate applauds how the CCG are clearly responding to public concerns but whereas the calculations for the 60 bedded hospital were clearly set out in the documentation through the PRAMHS calculation there was no explanation of the rationale to increase the number to 72 beds or the potential impact of this increased bed based investment in the funding available for the community service.

5.15 In discussion with commissioners we understand that the 18 bedded wards give more flexibility to respond to the changing catchment geography (the inclusion of Pocklington), the increasing age of the population and to accommodate patients with Learning Disabilities in the future. When asked if this additional investment in the inpatient facility would compromise the out of hospital care budget it was confirmed that this was not the case. The reduction in the 5 inpatient units in York to the new hospital will bring economies achieved through centralising services in one building.

5.16 There is opportunity with this new build to create a state of the art mental health resource and the Senate welcomed the collaboration with the neighbouring campus which will bring additional outdoor space. However the separate build is counter to the national trend of co-locating physical and mental health services and there are risks to the decision to build a separate mental health hospital.

5.17 Of key concern for the Senate is the potential stigma attached to a separate mental health resource which the trend of co – locating physical and mental health services has been effective in reducing. We discussed this concern with you and you confirmed that you are sighted on the risks and the need to engage the city and the local community in supporting the mental health facility. The Senate also raised concerns with you about how a separate build increases the difficulty of creating an effective interface between mental and physical health care. In discussion you confirmed that you are very clear about the need for the interface between physical and mental health to be effective and gave examples of how community mental health teams are aligning with GP federations for example in the liaison service for Long Term Conditions.

5.18 The Five Year Forward View for Mental Health for the NHS in England was the product of wide ranging engagement with people with personal experience of mental health issues, families, carers and professionals as well as the review of clinical and economic evidence. Over 20,000 people gave their views to the taskforce and improvements in integrated physical and mental health care and challenging stigma were within the people's top priorities as to how the mental health system needs to change.

5.19 The approach to these issues is not articulated within the documentation and the Senate recommends that further information is provided on the ways in which you have explored the ways of building emotional and mental health resilience into the management of people with physical long term conditions and improving the physical health of people with severe mental health problems.

Recommendation: To further describe the increase in the planned beds, the approach to engaging the community in the mental health facility and how the physical and mental health services will be integrated.

The Links with Place Based Care

5.20 The Senate thanks the commissioners for the additional information provided on the Primary Care Home model which describes a model of cross sector, community based, place based care. We recognise that it is your intention to have place based teams with integration between primary care and the community mental health teams working in community hubs. We understand that there are challenges to the approach of looking after a population with non-threshold based care due to the contracting arrangements and the Senate agrees that the information in the primary care home model is encouraging and is the right direction of travel.

5.21 As described earlier in this report the Senate is concerned that having a separate stand-alone mental health facility goes against the national trend of place based care for a defined population, with increasingly shared budgets, looking at patients as whole people with physical and mental health problems at the same time. The model currently reads more as a model for secondary care mental health, with referral in, thresholds and case-loads. Although the Primary Care Home information provides some assurance that this is not the approach it is still difficult to get a sense that the mental health community model is aligned with Primary Care Home and how the primary care mental health services or Improving Access to Psychological Therapies (IAPT) services are integrated with the TEWV services. It would be helpful to further develop the description of the Primary Care Home to address these points and demonstrate how commissioners will ensure that these two systems will not develop in isolation and how the health professionals will link into secondary care.

The Areas for Development in the Strategy

5.22 The Senate thanks commissioners for providing the draft of the mental health strategy. The strategy is a work in progress and clearly follows national trends and policy. We agree that the themes within the strategy are reasonable however we recommend that in your further development of this strategy you more clearly present

the linkages across the themes, how organisations will be working together (the connection with the Local Authority and housing for example) and demonstrate how these parts will connect to present a whole system approach to mental health services. It is this collaborative pathway, agreed with all stakeholders, which will lead to the success of the service.

5.23 Although we welcomed sight of this early draft of the strategy it did not address the earlier concerns raised by the Senate about the missing substance of the community services, the lack of clarity about the mental health services for the whole population and how the large single inpatient facility (which is not referenced in the strategy) fits into the approach. We remain unable to fit the information together to fully understand the whole population mental health strategy.

Recommendation: To further develop the mental health strategy to demonstrate the linkages across the themes outlined and to clearly articulate the vision for mental health services for the whole population and how the inpatient facility fits into that approach.

5.24 Consideration is now given to the second part of the question. The local system will focus on early identification and intervention as well as building resilience along the recovery pathway, are there any models of care known to the Senate which they would recommend as exemplars of integrated holistic care and that the Vale of York could learn from?

5.25 The Senate recommends that the CCG focus on the examples of good practice highlighted within the **"**Five Year Forward View for Mental Health for the NHS in England" and also within the NHS England guidance "Leading Change, Adding Value, A Framework for all Nursing, Midwifery and Care Staff"[3]. The Senate also recommends that the CCG consider the "Stocktake of local strategic planning arrangements for the prevention of mental health problems"[4] which provides a high-level summary of how local areas are currently incorporating mental health promotion and prevention of mental ill-health in their planning processes. The stocktake was undertaken by the Kings Fund on commission from Public Health England. The panel also recommend examples of good practice in the mental health pathways in Sunderland and in Bradford and can provide further details to commissioners upon request.

[3] "Leading Change/ Adding Value, A Framework for all Nursing, Midwifery and Care Staff" , NHS England, May 2016
[4] Stocktake of local strategic planning arrangements for the prevention of mental health problems Summary report", The Kings Fund, August 2017.

6. Summary and Conclusions

6.1 There has been a considerable amount of transformation already within mental health services in the Vale of York and we very much support the CCGs intention to adopt the Trieste model which describes a very impressive approach towards social inclusion, empowerment and citizenship in mental health.

6.2 However, in the view of the Senate, the documentation received does not reflect this approach but rather presents a focus on a secondary care model for severe mental health illness rather than a model for the emotional and mental health of the whole population of York. Our recommendations focus on how to expand the information provided to reflect this whole system approach as it is this collaborative pathway which will lead to the success of the service.

6.3 We recommend that commissioners address some of the central stands of the Trieste model in the description for the Vale of York to more clearly demonstrate the connections to the Trieste model and to demonstrate how the separate inpatient facility fits with that approach. We recommend improved detail on the description and staffing of the community model, developing the description to reflect the approach to place based care. We also recommend that the description of the inpatient facility further describes the approach to engaging the community in the mental health inpatient facility and how the physical and mental health services will be integrated. We recognise that the mental health strategy is in the early stages of development and whilst we are in agreement with the themes we recommend that the commissioners focus on the linkages across those themes to really describe the vision for mental health services for the whole population.

6.4 We hope that this report assists commissioners in the further development of their mental health model.

APPENDICES

Appendix 1

LIST OF INDEPENDENT CLINICAL REVIEW PANEL MEMBERS

Council Members

Jeff Perring, Vice Chair of the Yorkshire and the Humber Clinical Senate Council and Chair of this Panel

Rebecca Bentley, Nursing Professional & Non-Medical Prescribing Lead, Bradford District Care Trust

John Baker, Professor of Mental Health Nursing, Leeds University

Stephen Elsmere, Lay representative

Assembly Members

Sue Cash, Lay representative

Clinicians from Other Senates

Jean Jenkins, Freelance consultant (Previously Clinical Director for Transformation and Commissioning, NHS South Cheshire CCG)

Nieves Mercadillo, Consultant Psychiatrist. Adult Inpatient Units, Northwest Boroughs Healthcare NHS FT

Kathy Roberts, Chief Executive**,** Association of Mental Health Providers

Appendix 2

PANEL MEMBERS' DECLARATION OF INTERESTS

Name	Job Title	Organisation	Date of Declaration	Reason for Declaration	Date of Response	Proposed way of Managing Conflict
Jean Jenkins	Freelance Consultant		06-Dec-17	Jean has a contract from 8th December to provide clinical input into a review of The Retreat in York.This is a private in-patient unit for people with mental health problems in York.	20-Dec-17	The clinical advice that Jean is providing to The Retreat does not compromise her ability to provide independent clinical advice to the Vale of York CCG proposals. It has been agreed that this additional contract with The Retreat has no impact on Jean's participation in the Vale of York CCG review. Jean will abide by the confidentiality agreement and not disclose any information to parties outside of the Expert Panel.

Appendix 3

NHS
Yorkshire and the Humber
Clinical Senate

CLINICAL REVIEW

TERMS OF REFERENCE

TITLE: Mental Health Services, Vale of York CCG

Sponsoring Organisation: Vale of York CCG

Terms of reference agreed by: Paul Howatson, Head of Joint Programmes at Vale of York CCG and Joanne Poole, Senate Manager, Yorkshire and the Humber Clinical Senate

Date: 8th November 2017

1. CLINICAL REVIEW TEAM MEMBERS

Clinical Senate Review Chair: Jeff Perring, Vice Chair of the Yorkshire and the Humber Clinical Senate Council

Citizen Representatives: Sue Cash and Stephen Elsmere

Senate Review Clinical Team Members:

Name	Job Title
John Baker	Senate Council member and Professor of Mental Health Nursing, Leeds University
Rebecca Bentley	Senate Council member and Nursing Professional Lead and non medical prescribing lead, Bradford District Care FT
Jean Jenkins	Freelance consultant (Previously Clinical Director for Transformation and Commissioning, NHS South Cheshire CCG
Nieves Mercadillo	Consultant Psychiatrist. Adult Inpatient Units, Northwest Boroughs Healthcare NHS FT
Kathy Roberts	Chief Executive, Association of Mental Health Providers [Formerly MHPF]

2. AIMS AND OBJECTIVES OF THE REVIEW

Question: Does the Senate feel that the approach towards new models of care is the best way forward for the Vale of York and how could the local system expedite the changes in a clinically safe and effective manner? Part of the developing models of care involve the development of a new mental health hospital with 72 beds.

The local system will focus on early identification and intervention as well as building resilience along the recovery pathway are there any models of care known to the Senate which they would recommend as exemplars of integrated holistic care and that the Vale of York could learn from?

Objectives of the clinical review (from the information provided by the commissioning sponsor): For the Clinical Senate to provide a quality check within the NHS England gateway process regarding the development of a new mental health hospital and a new model of care in York following the public consultation which took place in October 2016 to January 2017.

Scope of the review: The Clinical Senate will focus their review on the above 2 questions based on the information provided in the documentation. The clinical panel will supplement their understanding of the model through discussion with commissioners.

3. TIMELINE AND KEY PROCESSES

Receive the Topic Request form: 18th October

Agree the Terms of Reference: by 15th November

Receive the evidence and distribute to review team: Evidence received on 18th October and distributed on 26th October. Additional evidence received following the teleconference with commissioners.

Teleconferences: The first Clinical Panel teleconference is scheduled for 17th November. The teleconference with commissioners is scheduled for 27th November with further clinical panel teleconferences on 4th and 14th December.

Draft report submitted to commissioners: 19th January

Commissioner Comments Received: within 10 working days of the draft report being received

Senate Council ratification; at the January Council meeting

Final report agreed: 5th February 2018

Publication of the report on the website: to be agreed with commissioners

4. REPORTING ARRANGEMENTS

The clinical review team will report to the Senate Council who will agree the report and be accountable for the advice contained in the final report. The report will be given to the sponsoring commissioner and a process for the handling of the report and the publication of the findings will be agreed.

5. EVIDENCE TO BE CONSIDERED

The review will consider the following key evidence:

1. The new hospital consultation report
2. Notes for the Senate on the bed base and community developments
3. Report to the CCG on community developments
4. Plan on a page
5. The report from the 2nd Vale of York International Mental Health Collaborating Network Symposium (including embedded documents as follows)

- Action plan learning set
- Earlier symposium reports
- Trieste presentation
- York Trieste collaborative agreement

6. Mental Health Strategy for York 2018-2023 V2
7. Joint Health and Wellbeing Strategy
8. Primary Care Home Plan on a Page V2

The review team will review the evidence within this documentation and supplement their understanding with a clinical discussion.

6. REPORT

The draft clinical senate report will be made available to the sponsoring organisation for fact checking prior to publication. Comments/ correction must be received within 10 working days.

The report will not be amended if further evidence is submitted at a later date. Submission of later evidence will result in a second report being published by the Senate rather than the amendment of the original report.

The draft final report will require formal ratification by the Senate Council prior to publication.

7. COMMUNICATION AND MEDIA HANDLING

The final report will be disseminated to the commissioning sponsor, provider, NHS England (if this is an assurance report) and made available on the senate website. Publication will be agreed with the commissioning sponsor.

8. RESOURCES

The Yorkshire and the Humber clinical senate will provide administrative support to the clinical review team, including setting up the meetings and other duties as appropriate.

The clinical review team will request any additional resources, including the commissioning of any further work, from the sponsoring organisation.

9. ACCOUNTABILITY AND GOVERNANCE

The clinical review team is part of the Yorkshire and the Humber Clinical Senate accountability and governance structure.

The Yorkshire and the Humber clinical senate is a non-statutory advisory body and will submit the report to the sponsoring organisation.

The sponsoring organisation remains accountable for decision making but the review report may wish to draw attention to any risks that the sponsoring organisation may wish to fully consider and address before progressing their proposals.

10. FUNCTIONS, RESPONSIBILITIES AND ROLES

The **sponsoring organisation** will

i. provide the clinical review panel with agreed evidence. Background information may include, among other things, relevant data and activity, internal and external reviews and audits, impact assessments, relevant workforce information and population projection, evidence of alignment with national, regional and local strategies and guidance. The sponsoring organisation will provide any other additional background information requested by the clinical review team.
ii. respond within the agreed timescale to the draft report on matter of factual inaccuracy.
iii. undertake not to attempt to unduly influence any members of the clinical review team during the review.
iv. submit the final report to NHS England for inclusion in its formal service change assurance process if applicable

Clinical senate council and the **sponsoring organisation** will:

i. agree the terms of reference for the clinical review, including scope, timelines, methodology and reporting arrangements.

Clinical senate council will:

i. appoint a clinical review team, this may be formed by members of the senate, external experts, and / or others with relevant expertise. It will appoint a chair or lead member.
ii. endorse the terms of reference, timetable and methodology for the review
iii. consider the review recommendations and report (and may wish to make further recommendations)
iv. provide suitable support to the team and
v. submit the final report to the sponsoring organisation

Clinical review team will:

i. undertake its review in line the methodology agreed in the terms of reference
ii. follow the report template and provide the sponsoring organisation with a draft report to check for factual inaccuracies.
iii. submit the draft report to clinical senate council for comments and will consider any such comments and incorporate relevant amendments to the report. The team will subsequently submit final draft of the report to the Clinical Senate Council.
iv. keep accurate notes of meetings.

Clinical review team members will undertake to:

i. commit fully to the review and attend all briefings, meetings, interviews, and panels etc. that are part of the review (as defined in methodology).
ii. contribute fully to the process and review report
iii. ensure that the report accurately represents the consensus of opinion of the clinical review team
iv. comply with a confidentiality agreement and not discuss the scope of the review nor the content of the draft or final report with anyone not immediately involved in it. Additionally they will declare, to the chair or lead member of the clinical review team and the clinical senate manager, any conflict of interest prior to the start of the review and /or materialise during the review.

END

Appendix 4

EVIDENCE PROVIDED FOR THE REVIEW

The CCG provided the following documentation to the Senate for consideration:

1. The new hospital consultation report
2. Notes for the Senate on the bed base and community developments
3. Report to the CCG on community developments
4. Plan on a page
5. The report from the 2nd Vale of York International Mental Health Collaborating Network Symposium (including embedded documents as follows)

- Action plan learning set
- Earlier symposium reports
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6. Mental Health Strategy for York 2018-2023 V2
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