

Mandate

From:
One Northern Devon LCP

To:
Northern Local Mental Health, Learning Disability and Neuro-diversity Partnership Group

Background

The One Northern Devon LCP wants to help deliver the mental health-related priorities of OND LCP, and for the people of Northern Devon with Mental Health (functional & organic), Learning Disability and Neuro-diversity needs across all age ranges.

Statutory services have explicit responsibilities but by working in partnership with all partners in the locality we can develop better statutory services, better community resources, better interventions across all partners, and better inform partners' work to reduce the health and social inequalities that accrue to those with mental health problems, Learning Disability and Neurodiversity.

To deliver this effectively and efficiently each organisation within the locality needs to provide collaboration and mutual support – with leadership from the LCP to support the development of resilience within our communities.

Objectives

This group will:

- Work with the Northern LCP Board / programme group to agree local priorities and develop a mental health related locality plans following population needs focusing on the development and delivery of integrated services and support at a local level.
- Have sight on the priorities outlined by the Provider Collaborative (Mental Health, Learning Disability and Neuro-diversity - MHLDN), other statutory partners, and all partners represented on the OND Board – understanding how the OND LCP MH partnership group can offer additional value for the population it serves.
- Understand how Education, Employment, Housing and other partners can be supported to deliver better mental health care within the discharge of their responsibilities.
- Understand how health inequalities are represented within the population with a particular focus on those with mental health problems, Learning Disability, and Neurodiversity and work to address them.

In order to:

- Further develop those local plans in accordance with approved strategies, processes and protocols and consistent with NHS Devon and local priorities and plans.
- Share implementation plans from contributory organisations that members represent at a system level at an early stage within the group – seeking collaboration, new ways of working to maximise effective implementation across a PCN and locality so that the locality understands the county wide and regional situation.
- Liaise with relevant bodies such as the provider collaborative MHLDN senate, work streams to deliver an informed, North Devon perspective to those bodies so that the county and region understand the local situation.
- Map existing resources within the locality, identify gaps in that provision and make proposals within and without Northern Devon for their resolution by escalating to the appropriate body when required resources are out of the scope.
- Link with, and enhance citizen led community services applicable to those with mental health needs, identifying potential/existing funding that could support community development and providing oversight and cohesion of community development and services to meet identified need.
- The group will operate with the guiding principles of:
 - Accountability: whilst members of the programme group are responsible for delivery against their individual organisations objective, including statutory requirements, we are ultimately accountable to the public, to people who use our services and their families/ carers, to our workforce, to each other, to our wider system partners, our regulators.
 - Information-informed, innovative, evidence-based, sustainable: mental health support will lead system-wide innovation, using data and intelligence and the best evidence available, to continuously improve people's emotional well-being and mental health.
 - Shaped by people with lived experience: we will ensure that the voice of lived experience, including people with direct experience of mental health problems and their families or carers, resonates through all that we do. We will co-produce our plans and actions with people at all stages of development and implementation.
 - Safe and high quality: we will work to ensure that our system offers safe, effective, and well-experienced support, care, and treatment
 - Sustainable and efficient: we will recognise that efficient services enable us to do more with the funding available; where possible we will do things once to optimise our efficiency and impact whilst ensuring efficiency and delivery of best practice standards.
 - Promotion and prevention: all offers of health and care support must make the most of opportunities to prevent health problems and promote health and wellbeing.
 - Based in communities: whenever safe and sustainable, support will be available in neighbourhoods and communities, responsive to where and how people want to access it.

- Accessible and responsive to need: people will have timely access to support which meets their needs, the support will be flexible and responsive, stepping up and down as their needs change.
- Personalised and holistic: support offered will be timely and will recognise and respond to the whole person, including their strengths, to deliver the most effective outcomes and experiences.
- Integrated and co-ordinated and collaborative: support will be based on the organising principle of what is best for the person, it will be integrated and co-ordinated across the whole system of care in accordance with this principle.
- Equity of access, experience, and outcome, systematically identifying and minimising inequality: support will be responsive and accessible to all with little unwarranted variation in access, experience, or outcome across our population and geography.

Governance

Chair (s)	
Deputy Chair	
Attendance	<ul style="list-style-type: none"> • Attendance to be monitored and logged • Any member missing three consecutive meetings or more than 30% of annual meetings will have their membership reviewed by the Chair. • Any person who attends on behalf of a key member must be fully briefed and able to participate in decision making. It is the responsibility of all members every meeting – not to just send apologies
Frequency of meetings	<ul style="list-style-type: none"> • Monthly • Extraordinary meetings may be called to allow matters of urgent business to be addressed. • The timescales may also require decisions to be made by Chair’s delegated authority. • On occasion other meetings or committees may make decisions ordinarily made at this meeting, where this happens there is the same expectation with regard to scrutiny or bids, tenders and business cases. • Cancellation or re-scheduling of meetings will be by prior approval of the Chair or by agreement of the group at a preceding meeting.
Quorum	<ul style="list-style-type: none"> • The Chair or one of their deputies • Primary care representative • Specialist Mental Health Community Mental Health representative • Person with lived experience/Expert by experience/Care Representative • DMHA representation • VCSE collaborative representation
Administration	<ul style="list-style-type: none"> • An Action Log will be maintained (with log numbers and titles) including a Red Amber Green rating. • A review of the Action Log will be undertaken by group members ahead of each meeting and updated

	<ul style="list-style-type: none"> • An Attendance Log will be maintained and is updated as appropriate after each meeting to ensure the meeting adheres to the required frequency of attendance by members. Record details: non-attendance, annual leave, sickness, deputies and other attendees. • LCP Administrator will maintain this record and it will form part of the standard meetings pack • A partner will commit to providing administrative support – diary management, calendar invites, action minuting etc on a rotating basis • A partner will commit to providing a suitable venue on a rotating basis
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Reporting Arrangements

Reports to	Northern LCP Programme Group Via members – to their respective organisation
Receives from	

Membership

Member Title / Role	Name
Lived Experience representative/ Carer Representative	
Primary Care / PCN representation:	
Adult Core Team Representation	
Older Adult Core Team Representation	
Mental Health Adult/OPMH Urgent Care	
Talk Works (IAPT)	
Children's Mental Health Service Representative	
Voluntary & Community, Social Enterprise (VCSE) representative <ul style="list-style-type: none"> • Devon Mental Health Alliance • Other VCFSE 	
Learning Disability Service	
Neuro-diversity Services	
Public Health Representative	
Adult Social Care	
Housing	
Education	
Employer organisation	
Specialist Drug & Alcohol - Together	
Acute / Out-Patient Physical Health Care	
Community Safety Partnership	
Business administrative support	
Review by	Within the first 6 months, then annually