

RCPsych Northern Ireland
Executive Committee Strategy Day Minutes
Wednesday 11 March 2020 @ 1300

In attendance: Dr Lynch (Chair); Dr Doherty (V Chair); Dr Moore (Finance Officer); Dr Trimble (Policy Officer); Dr Lewis (ETC Officer) and Drs Wilson, Nix, Dawson, McMaster, East, Largey, Somerville, Pinto and McGurgan.

Also attended: Emma Allen, Thomas McKeever and Barry Flynn.

Apologies:

Introduction – Future Governance

EA and GL gave an overview of the current arrangements for the College in NI in both governance and staffing matters, particularly within the context of Devolved Nation status.

EA emphasised to members that the varied role of RCPsych NI, whilst mirroring the services delivered in London, needed to be managed more effectively to enable staff to provide a better membership experience.

EA spoke to a range of slides which outlined proposed changes to the governance arrangements and sought the members' views in this regard.

Members' Comments

- **SMT**

Clarity required on the role of SMT and whether it's there to assist or control the chair's agenda. GL explained that it was there to assist, and that a Terms of Reference would be developed by SMT, with input from the Chair.

A suggestion was made that RCPsych NI should explore further the delivery of enhanced communications (skype, Slack etc) to maximise the ability of all members to attend meetings virtually and make decisions quickly, where applicable.

- **SIGs / Thematic or Specialist Committees**

Question: Is there a governance issue in that specialist groups might act independently of a faculty's viewpoint? EA / GL to speak to honorary members about this & report back at next Devolved Council meeting.

The link between a specialist committee and a faculty needs to be clear, also specialist committees need to have a clear purpose and timescale, together with a remit and reporting mechanism.

Question: Would the possibility exist that the faculties could incorporate the work of the 'specialist committees' i.e., the work of perinatal within the General Adult faculty and what would be the reporting mechanisms to keep a faculty chair apprised of the work of such committees? EA / GL to speak to honorary members about this & report back at next Devolved Council meeting.

- **User/Carer Input**

In response to a query from Dr Pinto, EA clarified the future role of the above with regard to revised College policy and that recruitment strategies of patient and carers are in place for Summer 2020.

- **General Comment**

Clarity required on the status of Associate Specialists in the local College.

The Members agreed, in principle, to adopt the amendments to the governance arrangements, as outlined, subject to further amendment and consultation with the wider membership, with a view to final consideration at the Executive Committee scheduled for June.

Policy Discussion

Dr Lynch reminded members that the DoH was working on a Mental Health Strategy, on which the College would be requested to comment upon regarding its views on what should be priority for MH in Northern Ireland. The DoH will be working on the Strategy for April 2021 based on key actions identified. It was emphasised that the members should aim to identify achievable outcomes within specific themes that could be delivered over a 3-5-year outcomes, subject to cost implications. The difficulties identified included:

- ✓ *the lack of joined-up services across the five NI Trusts*
- ✓ *the disparity also of services within the Trusts*
- ✓ *the high levels of bureaucracy within practice*
- ✓ *the lack of recruitment and retention across branches of psychiatry locally*
- ✓ *the understaffing of community MH teams across NI*
- ✓ *unrealistic expectations*
- ✓ *Current gaps in service*
- ✓ *Accessing data*
- ✓ *Improving accessibility to psychological services*

- **Beds Crisis**

General discussion ensued during which a range of issues were raised. The current beds crisis in acute care which should be the focus for any targeted campaign, with the issue of bed numbers versus the effective delivery of community services. This was raised within the context of the pressures between primary and secondary care.

- **Informal suggestions**

1. That the College could argue for the establishment of an 85% bed occupancy figure.
2. That the College should argue for a targeted workforce strategic workforce planning model for psychiatry.
3. That the College should argue for evidence-based treatment and that members should promote treatment for mental illness as opposed to awareness – it was noted that community-based services should not be funded to the detriment of psychiatry as a primary profession.
4. The point was made that addiction should not be treated independently of any underlying mental illness, rather treatment on a wholistic basis..... i.e., the role of psychiatry should be central....There was general agreement that this might be explored in a strategy ..

Subject to further discussion.

The session ended at 1540.