

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS' MEETING

Meeting Date: 22 July 2015

Title and Author of Paper: Trust Programmes Board, Paul McEldon/James Duncan

Paper for Debate, Decision or Information: Information: For information

Key Points to Note:

The attached notes capture the output of the Trust Programme Board held on Monday, 6 July 2015. They should be read in conjunction with the programme dashboards.

Outcome required: For information

Transforming Services Programme Board

The attached dashboards summarise the position across each of the Trust



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%20Dashboards.ppt

Programmes. Highlights and key issues are shown below:

Safety Programme

Douglas Gee presented the Safety closure document but stressed that closure of the Safety programme is not a lessening of the focus on safety. Instead governance and assurance will continue through a sub group of CDT and through Q&P. The work will continue to be taken forward through mature work streams, owned by operational staff and chosen work streams overseen by sign up to safety process.

Community Transformation

There has been a delay in South Tyneside psychosis/non-psychosis team moving into new accommodation in Palmers. The work has been signed-off by all partners and a move date later this year is in place. This move is important to facilitate the full working of the new transformed model as it will mean that the current separate psychosis and non-psychosis teams will be brought together. Work on taking forward implementation of some elements of the model, such as reduction in consultant caseloads, and new assessment model are being put in place ahead of the estate relocation.

Those localities, Newcastle, Gateshead, Northumberland and North Tyneside who have not yet moved to formal implementation of the model are completing a newly designed accommodation template which will inform the design of accommodation needs to support the new ways of working. These will be completed by the end of July to enable accommodation to be designed and in place in line with model implementation timescales.

In Sunderland where operational implementation of the new model has commenced each of the teams, across psychosis/non-psychosis, Cognitive/Functional Frail, Ld, to use the Sunderland Business Development meetings to focus on transformation. This group will be chaired by the Service Manager, and supported by Transformation Programme Manager, and will give a structure and dedicated focus to transformational implementation of the model.

A methodology for the evaluation of medical capacity across Sunderland and South Tyneside has been agreed. A key element to this is to shadow consultant staff to understand the demands on their time, and also how effective new ways of working are operationally with teams. This work will be completed by end of July and then the data will be assessed to inform decision making around future capacity.

Northumberland, North Tyneside, Newcastle and Gateshead

Each of these localities have been focussing on production of future workforce skill mix to deliver the new model moving forwards. Part of this work has included the development of a workforce variance plan to assist with understanding the timeline to be able to move from the current workforce to the future requirements by each locality and across professional groups. This has also included the provision of a financial plan to highlight temporary additional financial resources to support the transition. Each locality has also produced their accommodation template requirements which will be reviewed with Estates to inform future need.

Specialist Care Transformation

Specialist care groups original framework has now been developed as programme definition document. This now better suits the nature of the specialist care work which is more a set of individual projects designed to deliver specific products rather than a set of collective programme-style benefits. (See attached)

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire about 3-16 year olds. It exists in several versions to meet the needs of researchers, clinicians and educationalists. It is identified as a key measure for quality as it is patient reported. It is not yet formally recognised by commissioners so aim this year is to show that it is an effective measure

There had been some confusion regarding contractual arrangements for the delivery of ADHD services. Meetings have now been held with 5 of the 6 CCGs. These have been positive and the only remaining issue is whether there will be individual CCG trajectories or a Trust wide figure. This should be resolved as soon as possible.

External consultants Meridian have been working with staff from Bamburgh Clinic our purpose built medium secure admission, assessment and acute treatment facility looking into ways to increase clinical productivity. Their initial focus has been on Medical staff and has identified a potential £130K saving across the three wards.

Medium secure services will potentially be going out for tender and this a factor in deciding on short term cost reduction plans. NTW is the 2nd smallest provider and hence does not benefit from economies of scale that larger providers have.

Newcastle and Gateshead Update

Following the completion of the engagement exercise on the future of mental health services currently provided by NTW across Newcastle and Gateshead, work is now underway to develop the proposals for full consultation. A steering group is in place, led by Chris Piercy, Director of Nursing and Mental Health lead for Newcastle Gateshead CCG. The programmed timetable is to commence full consultation in September and a significant amount of work is required to deliver this. Currently six potential scenarios for the delivery of services have been identified, each with

different bed configurations. Work is underway on fully describing and costing these models and in particular, particular focus is required in describing community pathways within each scenario. Grahame Ellis will be working with the CCG in the short term to provide additional project management support during this current intensive period of work.

LD Programme

The learning disability (LD) transforming care programme aims to significantly re-shape services for people with LD and/or autism, to ensure that more services are provided in the community and closer to home, with a shift away from long-term hospital care.

NTW has been selected to be one of 5 fast track sites. The fast-tracks will also help shape the approach to transforming learning disability services more widely across England, helping to co-produce:

- the future model of care for people with learning disabilities and/or autism that will describe what good services look like, with clear patient outcomes and standards;
- national planning assumptions for re-designing services to be reflected in planning guidance for 2016/17;
- more flexible ways of using funding to get the best outcomes for individuals;
- the support package from NHS England, to help commissioners deliver service transformation in their areas. awaiting more clarity from national briefing event on 8th July

The sites will bring together organisations across health and care that will benefit from additional technical support from NHS England and have access to a £10 million transformation fund, to accelerate change

Feedback from Service User and Carer Reference Group

Some questions had been raised at Service User and Carer Reference Group meetings about the structures for service user and carer involvement at WGP. It was agreed for Sandra Hutton to organise a meeting with Elaine Fletcher, Service Manager.

This was opened up to members of the Reference Group, some of whom attended. There had been particular questions with regard to the Acquired Brain Injury pathway and a carer attended the meeting.

The feedback has been very positive and service users and carers feel that the issues have been resolved, and they have clarity about how they can be involved in service development at WGP.

As part of the implementation of the new pathways in Sunderland/South Tyneside, and particularly with regard to supporting the reduction of consultant caseloads there has been transformation funding to support a MDT discharge group. This group has consisted of consultant input, discharge facilitator, and two peer support worker

roles, and has been working with consultant staff to identify appropriate service users to access the discharge pathway. This is being monitored via the TIG.

It has been suggested that it would be really useful for the service user and carer reference group to have a joint session with the Trust board. This would facilitate an information sharing/knowledge gaining exercise so that service users and carers could understand the role of the Trust Board, and how it works, and also the Trust Board could meet the service user carer and reference group.

There was much discussion about moving towards NTW becoming smoke free sites. The service user and carer reference group would be keen to know how representatives could become involved in taking this work forward

James Duncan
Deputy Chief Executive

Paul McEldon
Non Executive Director

July 2015