

**Northumberland, Tyne and Wear NHS Foundation Trust**

**Board of Directors Meeting**

**Meeting Date:** 22 February 2017

**Title and Author of Paper:** Chief Executive's Report  
John Lawlor, Chief Executive

**Paper for Debate, Decision or Information:** Information

**Key Points to Note:**

**Trust updates**

1. Annual NTW Shining a Light Staff Awards
2. Claire Murdoch, National Director for MH at NHS England
3. Community Children, Young Peoples Service Receive National Accreditation
4. Deciding Together

**Regional updates**

5. STP Mental Health Transformation and Delivery Programme
6. Locality Updates

**National updates**

7. Carter Review
8. Conflicts of interest guidance published
9. Strategic Partnership with NHSI to develop a national improvement model for Mental Health
10. Developing People / Improving Care

**Outcome required:** For information

# Chief Executive's Report

22 February 2017

## Trust updates

### 1. Annual NTW Shining a Light Staff Awards

The 2017 Shining a Light staff award ceremony will be taking place on Friday 24 March. This is a much looked forward to annual event which provides an opportunity to celebrate and showcase some of the fantastic work which our staff have undertaken in the last year. This year we have a total of 12 categories and after judging more than 500 entries, the shortlist was announced earlier this month. The winner of each category is already determined but will be a closely guarded secret over the next few weeks whilst final preparations get underway. We will be hosting the awards in a new, larger venue (Newcastle Civic Centre) and look forward to being joined by Board members on the evening. We are grateful to external sponsors for their support.

### 2. Claire Murdoch, National Director for MH at NHS England

Trust representatives were invited to present and attend a workshop arranged by the Mental Health Clinical Network across the North East and Cumbria to support a visit by Claire Murdoch, National Director for Mental Health for NHSE. It was an opportunity to showcase some of the ground-breaking work we are doing across the area, but also to share some of our challenges. Claire was also able to brief on her own and the national priorities. There is a clear intention to hold CCGs to account for their levels of investment in mental health, and the "Mental Health Dashboard" is now available giving comparative information on investment and delivery across the country. This will be the subject of a future Board development session.

Claire also reinforced the priorities for delivering the Five Year Forward View, and recognised some of the challenges around the requirement to respond in short timescales for non-recurring funding to pump-prime initiatives. Nationally this is being looked at so a clearer roadmap with timescales can be developed for the coming years. Further policy announcements are expected soon around secure pathways for children and young people and adult forensic pathways. It was a useful session and again represented an opportunity to engage with and influence the national agenda.

### 3. Community Children, Young Peoples Service Receive National Accreditation

Our CYPS services in South Tyneside and Sunderland and Newcastle/Gateshead CYPS have achieved national accreditation from the Quality Network for Community CAMHS. This is good news as all our Community CYPS now have national accreditation. This is testament to the dedication and hard work of our staff, the quality of the services being delivered and supports the CQC Outstanding outcome.

### 4. Deciding Together

A workshop took place on taking forward the outcome of the "Deciding Together" consultation on 1 February, involving officers from the key organisations involved. This workshop reviewed the barriers to progress, and what could be done

to overcome these. It was a very productive meeting which developed a proposal to take the Deciding Together work forward under the auspices of the Accountable Officers Group across Newcastle and Gateshead. This would both emphasise the priority given to this work, ensure multi-organisational buy in and test the developing integrated model of working across the locality.

A nine month programme of work under the banner of “Delivering Together” was outlined to develop the final design of the whole system model to be implemented, guided by the outcome of the consultation. The design process will use the principles of co-production involving all stakeholders including users and carers. The proposal is being considered at the Accountable Officers’ meeting on 24 February and pending approval, detailed work will then commence on the programme of work. This will be led by Julie Ross, Transformation Director across the Newcastle and Gateshead Partnership.

## **Regional updates**

### **5. STP Mental Health Transformation and Delivery Programme**

Plans are now underway to take forward the four key programmes identified within the Northumberland, Tyne and Wear with North Durham Sustainability and Transformation Plan. The four programmes are Optimising Acute Care, Neighbourhoods and Communities, Upscaling Health Prevention and Wellbeing and Mental Health. As reported to the Board before, the Mental Health workstream is intended to be a cross-cutting workstreams working with and complementing the three other programmes and ensuring that the plans across the STP are working on the principle of “no health without mental health”.

A workshop has been held with Chief Executives and Clinical Leaders across Cumbria and the North East to raise the profile of the mental health work, and identify priorities. A wider workshop for stakeholders across the NTWD STP patch is planned for Friday 17 February to enable wider engagement and develop emerging priorities for the programme. An update will be provided to the Board following the workshop.

### **6. Locality Updates**

#### **Newcastle, Gateshead Statement of Intent**

A workshop was held on 27 January with the Accountable Officers of the CCG, two Local Authorities, and three NHS provider organisations to consider how to take forward our joint agenda. As part of this, the Accountable Officers signed their shared ‘Statement of Intent’ describing a commitment to working together across organisational boundaries to improve population health and care outcomes. The document sets out the objectives of the partnership, the principles by which it will work and establishes the concept of distributed leadership whereby organisations take the lead on delivering programmes on behalf of all partners.

The detailed programme of work to be delivered and the governance arrangements to enable and support this were also discussed and proposals for adoption are now being drawn up for approval by the AO partnership. This represents a clear commitment to working together to improve the health and wellbeing outcomes for the

people of Newcastle and Gateshead, working together as equals in a Care Partnership Model.

*A copy of the statement of intent is attached as Appendix A.*

## **Sunderland Memorandum of Understanding (MoU)**

The All Together Better Sunderland Vanguard Programme has been in place since 2014 and has had significant success in addressing key challenges and moving towards an integrated future state through the integration and delivery of Recovery at Home, Community Integrated Teams and Enhanced Primary Care services across Sunderland. As progress continues to be made at local level with the establishment of a sustainable integrated health and social care model for Out of Hospital services, key commissioner and provider leaders have affirmed the substantial progress made to date and made a commitment to explore the potential development of a single provider integrated vehicle for the delivery of Community Care Services (both health and social care) as a next step.

Exploring the creation of a single Community Care organisation within Sunderland is considered to be one of the ways to continue our journey of integration in Sunderland and to address the 3 key health and social care gaps identified in the 5 Year Forward

View:-

1. addressing the overlap, duplication and inconsistencies in patient and service user care across health and social care
2. improving outcomes for people by addressing the health and well-being gap
3. widening financial gaps within both commissioner and provider organisations.

Health and Social Care Commissioners have expressed a clear intent to commission integrated Community Care/Out of Hospital services supported by one contract with one provider in order to realise the local strategic ambition of a Multi-specialty Community Provider (MCP) leading, developing and delivering an effective integrated Out of Hospital and Community Care model in Sunderland.

In response to this, managerial and clinical leaders across local providers and commissioners have indicated their commitment to the vision to establish and deliver a single integrated MCP with a strong clinical voice in Sunderland and have signalled their intent to work jointly with commissioner leaders to explore the concept and feasibility of this.

A Joint Senior Leadership Group comprising key leaders from both commissioner and provider organisations (of which NTW is one) has been established and will lead the development work required to prepare a Business Case which will then provide the basis for more detailed discussion and engagement with relevant stakeholders.

Each organisation has signed a Memorandum of Understanding to work together to explore the feasibility of this development for Sunderland through the vehicle of the Joint Leadership Group.

## **Northumberland Accountable Care Organisation**

Discussions continue in pursuit of an ACO model in Northumberland. Whilst key partners are involved an agreed framework is not yet in place to allow the shadow arrangements to proceed from 1 April. The revised timescale will become clearer when the milestones to enable a Full Business Case to be submitted. This time will allow further discussion and negotiation in relation to developing the overall framework and to resolve the current financial challenges within Northumberland.

The Kings Fund were involved in developing a set of outcome measures to assist in defining the success of the ACO and work continues to ensure that the metrics are sufficiently broad in their scope and ambition.

The Chief Executive and the Executive Director of Nursing and Operations continue to attend the ACO Programme Board to represent the Trust's.

## **National updates**

### **7. Carter Review**

As previously reported to the Board, the Trust has been accepted in the cohort of organisations helping to develop and test the next stage of the work in the Carter Review looking at Mental Health and Community Services. The Carter Review was set up to look at opportunities for increasing productivity and efficiency in the NHS and has already completed its review into the acute sector, where it identified a potential opportunity for savings of up to £5bn.

A workshop took place in London on 7 February attended by James Duncan, Executive Finance Director and Tim Donaldson Chief Pharmacist, which initiated the programme of work. An initial data request has been developed and Trusts have been asked to complete and return by 10 March. It is recognised by the Carter team that their work will need to be adapted for the mental health and community sector, and we will need to ensure that the focus of the work is on care pathways and outcomes. It is likely that this work will be challenging but it is another opportunity for NTW to influence the development of a national programme of work. The Carter team expect a report on the development work, alongside recommendations for taking forward nationally, to be completed by the autumn. They visit the Trust on the 15 February for an introductory meeting and an update will be given at the Board.

*A letter received from Luke Edwards, Director of Sector Development, NHS Improvement is attached as Appendix B*

### **8. Conflicts of interest guidance published**

NHS England has published guidance on managing conflicts of interest in the NHS. The guidance is for NHS Trusts and Foundation Trusts, CCGs and NHS England. It covers:

- The common principles and rules for managing conflicts of interest.
- Simple advice to staff and organisations about what to do in common situations.
- Supports good judgement about how interests should be approach and managed.

The guidance comes into force from 1 June 2017 and the Trust will undertake a process to ensure that our policy and process is reviewed. For more information please visit NHS England's website - <https://www.england.nhs.uk/ourwork/coi/>

## **9. Strategic Partnership with NHSI to develop a national improvement model for Mental Health**

NHSI supports both Foundation Trusts and NHS Trusts to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. The Five Year Forward View is a major determinant of future goals and to achieve the ambitions of the Five Year Forward View which include:

- 70,000 more children will access evidence based mental health care interventions.
- Inappropriate out of area placements will be eliminated for adult acute mental health care.
- New models of care for tertiary mental health will deliver quality care, close to home with reduced inpatient spend and increased community provision including for Children and Young People.
- We will see a 10% reduction in suicide and all areas to have a multi-agency suicide prevention plan in place by 2017.

The Prime Minister Theresa May has spoken about the “burning injustice” between mental health and physical health in England and emphasised that “parity means parity”. The Single Oversight Framework now has metrics to support the delivery of the 5YFV and the NHS England and CCG framework aligns with this.

NHSI has also started its mental health work and has recently announced the following commitment to mental health improvement:

- To build a new improvement model to underpin system transformation, using improvement science as the foundations to drive change.
- To develop a pathway approach to service change including demand management, access, assessment, treatment and discharge.
- This will include all aspects of mental health delivery and will support both specialist providers and acute providers to meet the mental health needs of its patients.

Northumberland Tyne and Wear NHS Foundation Trust has been appointed as the strategic partner to support this important work. This work will be undertaken by our consultancy arm, *Trust Innovation*, drawing on the expertise that sits with our organisation and our wider external network.

The next step is to invite trusts that have demonstrated significant quality improvement work to a meeting to be part of the initial thinking and agree how this work is taken forward.

## 10. Developing People / Improving Care

Developing People, Improving Care is a development framework, created under the umbrella of the National Improvement and Leadership Development Board. It applies to all NHS providers. It is based on concept of Continuous Quality Improvement (CQI) not transformation. It is intended 'to close the gaps' identified in the NHS five year forward view and identifies 4 critical required capabilities: system leadership, improvement skills, compassionate-inclusive leadership and talent management. It states that every team 'directing NHS funded work' need to review their people development strategies and revise priorities, systems and budgets to target the 4 critical capabilities.

The document sets out a rationale to explain why we need a 'soft approach' to meet the difficult challenges of change. "This is the right response for the challenges of our times." Circumstances will require us to develop people differently. Clinicians "get little support for challenging the perceived boundaries between clinical and managerial roles." Improvement initiatives must be led by compassionate and inclusive leaders – the key to creating engaging cultures. We need to identify, develop and support leaders who have the ability to work in this way (hence the importance of talent management as part of the 4 capabilities).

The framework identifies Five Conditions or Primary Drivers common to high quality systems that interact to create a culture of continuous learning and improvement. For each Primary Driver, there are three secondary drivers and then 13 identified proposed actions. These actions are quite detailed and each will need to be considered. It also identifies who is responsible for the implementation of the actions, the majority of which sit with national bodies but three are identified as being devolved to 'all NHS funded organisations'.

1. We need good Organisational Development capacity and capability
2. We need to develop our own leadership and talent management strategies
3. We need to embed improvement methods into training and development, especially leadership development. This needs to be focused on what we need and want from our leaders and managers.

It also states that those responsible for the implementation of actions in line with this framework at a national, regional and local level will need to track and evaluate the impact of the actions. Additionally it states that "new funding to support these actions will be hard to find," but that the challenge will be in maximizing the return on our investment in people, in making the best use of or pooling the resources that we already have, in developing innovative partnerships with other organisations and in, sharing ideas and experiences.

We are considering the Framework as part of the review and refresh of our Workforce and OD Strategy which will be coming to the Board shortly.

**Appendix A** - Newcastle, Gateshead Statement of Intent  
**Appendix B** - Letter from Luke Edwards, Carter Review

**John Lawlor**  
**Chief Executive**

# **Delivering Better Health and Social Care Outcomes for Newcastle and Gateshead**

## **Statement of Intent January 2017**

### **1. Introduction and Background**

Newcastle and Gateshead face persistent and high levels of health inequality and Council social care budgets are being cut as resources have fallen and are vulnerable to further cuts. Investment in preventative social care and public health, and other areas where there is no statutory duty, are under particularly acute threat.

The NHS in the area is facing a different but no less difficult set of challenges. With service demand rising and constrained budgets within the NHS itself and the impact of reduced social care impacting discharges and other areas, the system is under considerable strain, with falling performance outcomes in some areas and increasing incidences of budget deficits.

Joint working across health and local government including but extending beyond the integration of health and social care could play an important role in reducing budget pressures and improving outcomes. It could also play a role in sustaining and developing the economy of the region. Health and social care are a key part of the economy, in terms not only of employment, but also innovation and as a growing export industry. The issue is how best to enable a whole system approach to be developed which is more robust and fit-for-purpose yet realistic building on the excellent work already underway between a range of health and social care partners in the Newcastle and Gateshead area. The purpose of this Statement of Intent is to provide a framework to enable such changes to be made.

### **2. Parties**

This statement of intent commits all the following parties to the actions set out in this document:

Gateshead Health NHS Foundation Trust  
Gateshead Metropolitan Borough Council  
Newcastle City Council  
Newcastle and Gateshead Clinical Commissioning Group  
Newcastle Upon Tyne Hospitals NHS Foundation Trust  
Northumberland, Tyne & Wear NHS Foundation Trust

### **3. Vision**

The vision of the partners is that Newcastle and Gateshead is a model for how every part of the health social care and third sectors can work together to enable the people they serve to live longer, healthier lives, supported by the very best services available.



## **4. Objectives**

The objectives of the partners are as follows:

- A continuing and sustained improvement in the health and wellbeing of the people of Newcastle and Gateshead as evidenced by greater longevity and better outcomes from health and care interventions
- Greater equality of outcomes, enabling people from across Newcastle and Gateshead to share in the improvements to the health and care system
- The maintenance and development of the highest quality health and social care
- An appropriately integrated and well planned, effective delivery model for health and social care
- A robust health and social care economy that is efficient in its use of resources
- A delivery system that is responsive to the needs of users in the short term and additionally, in the longer term, supports communities to be more responsible for the achievement of these objectives.

## **5. Principles**

In pursuing the objectives of this Statement of Intent the partners commit themselves to operating within a set of principles. These are as follows:

- A commitment to taking a strategic view of health and social care and the needs of communities, seeking long term improvement in outcomes for Newcastle and Gateshead residents.
- A commitment to protect and support existing high quality provision, managing change in a way that preserves excellent, efficient provision.
- An openness to change on the part of each organisation, with each being led by evidence and strategic ambition as well as budgetary requirement in the formulation and delivery of proposals.
- Subsidiarity will be central to the work of partners. – if something can be done by an existing organisation and it is best placed, it should be.
- Until or unless agreed otherwise, the activity of each partner organisation remains the responsibility of its Board/Council whose decision will be needed to change this.

## **6. Activities**

The partners have agreed to start the process of joint working through a series of work streams bringing together local government and NHS partners. These areas of work are as follows:

### *Finance, Planning and Infrastructure*

The development of financial modelling of the system: mapping existing financial flows across the Newcastle and Gateshead health and social care system, and modelling the impact of individual changes on system performance in order to understand how the impact of funding reductions is likely to impact on services and outcomes.

### *Innovation in Practice*

Leading the development of innovation in practice, and the capacity to change what organisations do, helping organisations plan better, fund and manage their activities, so as to ensure that the process of working together leads to practical and actionable proposals both in the short and longer term including through the development of preventative health and social care.

### *System Re-design*

Developing an analysis of the institutional landscape of the Newcastle and Gateshead Health and Social Care system; understanding the inter-relationships; jointly developing and testing the robustness of different models of health & social care delivery), making a balanced assessment of each and recommendations for one or more models to be considered for further development.

### *Strategy and Communications*

Building an understanding of the drivers of health and social care spending for Newcastle & Gateshead, a ready means of communicating these and leading the development of a plan to engage all parties in responding to these findings.

These areas of work will be led by chief executives with agreed lead roles. Other important supporting work, for example in relation to workforce issues, will be taken forward by the Joint Programme Board, reporting to the Chief Executives.

## **7. Relationship to Regional and National Planning Including the STP**

This Statement of Intent commits the partners to work together in developing a long-term approach to the health and social care economy of Newcastle and Gateshead beyond the timeframe of any individual planning cycle. However, this work must be cognisant of the requirements of national funding bodies including NHS England and in particular at present the requirement for each area to have a Sustainability and Transformation Plan. The partners are committed to an outstanding STP. The initial work undertaken in Newcastle and Gateshead under the terms of this Statement of Intent has informed the development of the regional STP and will assist in its implementation. The same is true in relation to the North East Health and Social Care Commission whose work the partners support and the outcomes of which should be mutually beneficial.

In signing this Statement of Intent, the partners agree to undertake work which will lead to proposals for new and innovative health and social care interventions. This may lead them to wish to revisit the planning assumptions of any and all national and regional bodies, making representations to National Government bodies for changes in funding, targets, regulation and reward to enable them to better to serve the interests of the people of Newcastle and Gateshead.

## 8 Governance

In signing the statement of intent, the Chief Executives of all partners acknowledge and agree both that: all substantive decisions relating to the future health and social care of Newcastle and Gateshead remain the responsibility of the Boards of Governance and Councils; and, that proposals for substantive change will need to be brought before these in the usual manner. However, to facilitate this, and to engender a new level of cooperation between partners, the Chief Executives agree to undertake the work needed to formulate a new light touch governance mechanism at which representatives of the governance bodies of every partner can meet and agree the recommendations of each will take to its constituent body for recommended decision.