

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 25 January 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. Mental Health Workstream on the STP
2. Staff Survey
3. Lord Carter's Visit
4. Contract update
5. NHS Leadership Recognition

Regional updates

6. Northumberland ACO
7. Perinatal MH Community Services Development Fund

National updates

8. Strengthening the Mental Health Response for People at Risk of Radicalisation

Outcome required: For information

Chief Executive's Report

25 January 2017

Trust updates

1. Mental Health Workstream of the STP

A mental health workstream has now been established as one of the four workstreams within the Northumberland Tyne and Wear North Durham STP footprint. John Lawlor is the Lead Sponsor with the possibility of a CCG Chief Operating Officer sharing that responsibility. James Duncan and Dr Rajesh Nadkarni have been actively involved in coordinating the work of this workstream. A Steering Group has been established and a workshop has been planned for the 24 February 2017. The workshop will have invited representation from all NHS Providers, Commissioners, Local Authorities, Primary Care and the Voluntary Sector. This will assist in identifying the key mental health priorities for implementation for the footprint.

2. Staff Survey

The Survey opened on the 21 September and closed on 2 December – a full ten weeks. 6171 surveys were issued, 2768 were returned giving a final response rate of 45%. This was the average rate for Mental Health Trusts that used Quality Health, our new survey provider.

The results show steady improvements in all areas. Almost all indicators are better than the Quality Health Comparators. However we need to be clear that this is the first time that we have used them as a survey provider and therefore the first time that we have been compared against their comparison group. We have made improvements in all of the areas which we identified for improvement in 2015 – notably around reporting of bullying and harassment, but there is still room for improvement in these areas. With a good set of results as ever we need to consider the scores that are 'average'. It is suggested that we look for themes from the ranked problem scores and then look at the details in each section to pinpoint actions.

Suggested themes are:

- Presenteeism
- Work-related stress
- Communication between Senior Managers and Staff
- Continuation of work on addressing bullying and harassment and physical Violence
- Quality of appraisals

We will also take measures to attempt to improve our response rate for the 2017 Staff Survey. Final reports are awaited and full analysis will be brought to a future meeting before the year end.

3. Lord Carter's Visit

With the expansion of Lord Carter's review of Operational Productivity and Performance in Acute Hospitals, in Community Health and Mental Health Services, Lord Carter and his team have requested to visit NTW on 15 February to understand more about NTW and how we operate. Discussions will be focussed around the planning, reviewing and collecting of performance data and specifying the benchmarking criteria for an "optimal model" Community Healthcare / Mental Healthcare Trust.

4. Contract Update

The planning guidance for 2017-18 was issued late 2016, earlier than in previous planning cycles, to facilitate contract sign off by 23 December 2016 and allow enhanced planning prior to the start of the new financial year.

All CCGs have applied 2.1% uplift, 2% efficiency and 2.5% CQUIN – of which, 1% of the CQUIN money is to be withheld as a reserve dependent upon STP progress and compliance with agreed control totals.

Five Year Forward View for Mental Health (FYFV): No funding has been given for specific elements of the FYFV, but priorities have been included in the Service Development and Improvement Plan. Initiatives that were supported non-recurrently in previous years have been supported recurrently in most CCGs, for example CYPS and Liaison. NHS England has supported the development of a new specialist Outreach Team to support the Transforming Care agenda. Newcastle Gateshead CCG, North Tyneside CCG and South Tyneside CCG have reflected outturn in the contract value agreed for variable elements of their contract.

We have yet to receive an offer from Northumberland and discussions are ongoing. A further update will be provided next month.

5. NHS Leadership Recognition

We are delighted that NTW has two shortlisted finalists in this year's North East NHS Leadership Recognition Awards, which will be announced at a ceremony at The Biscuit Factory, Newcastle on 25 January.

They are: Victoria Edmundson-Brown for NHS Leading and Developing People of the Year. Victoria is Pathway Manager for the Sunderland North Community Team, Community Group. Alnwick Unit, Forensic Services, Specialist Care at Northgate Hospital for NHS Leading Service Improvement & Innovation of the Year. Regional winners are entered for the annual NHS Leadership Academy national awards.

Regional updates

6. Northumberland ACO

The Northumberland CCG and Northumbria FT submitted a draft Outline Business Case (OBC) to national regulators. This document has been developed with the involvement of other NHS partners and the Council, including NTW.

The OBC describes two types of members of the ACO Providers' Board: full members and associate members, with both types represented on the ACO Board. The key difference is that associate membership would not provide the organisation with voting rights around the ACO Board table. But equally, it would not require the associate member to explicitly share financial risk with the other Board members.

At this stage, we have indicated our desire to become a full member of the ACO. In the OBC we have decided at this stage to include NTW as an associate member due to the need for more information about what, if any, transitional financial support may be available from national regulators to enable the ACO Board to return the Northumberland system to service and financial balance.

Subject to the feedback received on the OBC, the full business case would be submitted by the end of February, by which time the Board will need to determine, in consultation with Governors, whether to move forward as a full or associate member of the ACO.

Those organisations that decide to remain outside of the ACO would most likely be contracted by the ACO lead provider, Northumbria FT, with the CCG and the Council together taking on a more strategic commissioning role, focused around setting out the key health and service outcomes to be delivered by the ACO Board for the people of Northumberland.

7. Perinatal MH Community Services Development Fund

The Trust has made a successful application to the perinatal mental health community services development fund. The Trust were commended for our collaborative work locally in developing the proposal and for the standard of the application.

Total funding requested for 2016/17 - £ 215,866

Total funding requested for 2017/18 - £ 1,101,157

Total funding requested for 2018/19 - £ 1,414,020

As part of the award, all funded areas are to collect outcomes data (clinical and process), participate in evaluation and share experiences and learning regionally and nationally. And to provide regular (quarterly) progress reports, templates for which will be provided by the NHS England team.

Continued funding for years 2 and 3 will be dependent on NTW providing clear evidence of progress towards our commitments.

This is a significant achievement for the Perinatal Service in NTW.

National updates

8. Strengthening the Mental Health Response for People at Risk of Radicalisation

In November 2016 NHS England wrote to Mental Health CEOs highlighting the increased interest and scrutiny of the potential link between mental health conditions, radicalisation and terrorist activities, following recent incidents in the United Kingdom and across Europe. The letter was to seek support in ensuring that NHS mental health services play their part in supporting individuals at risk of radicalisation to improve their mental health.

It is clear that for the vast majority of people with diagnosable mental health conditions, there is no relationship between that condition and a risk of radicalisation or extremism. However, emerging international evidence suggests that in some cases, specific conditions such as schizophrenia and anti-social personality disorder may contribute to an increased risk or vulnerability. Identifying and treating people rapidly is likely to reduce this risk, as well as improving their own wellbeing.

For Mental Health Trusts, this means ensuring robust processes are in place locally for training of staff. Most recent national figures suggest that 59% of NHS staff working in priority areas (including mental health) have received basic Prevent training and 52% have accessed the Workshop to Raise Awareness of Prevent (WRAP) training – suggesting that more can be done to raise awareness.

Planned e-learning tools, designed specifically for mental health professionals, have been tested by staff focus groups ahead of their wider roll out in November, provide a further opportunity to develop understanding. Prevent training is currently included in the Trust's Safeguarding and Public Protection Training.

It is important that the process for identification and referral of individuals thought to be at risk of radicalisation to the Prevent programme is coherent, effective and well-understood by staff. Two thirds of all referrals from the NHS to the Prevent programme are made by mental health trusts; and therefore there is a particular responsibility for chief executives and their Boards to ensure that such referral processes are sufficient, well-managed, and have relevant clinical oversight.

In light of the importance of this issue, NHS England intends to work rapidly with partners to develop further guidance for mental health services on responding to risks of radicalisation. This will set expectations for the involvement of services in multi-agency processes, as well as the response required in cases where individuals with a mental health condition are considered at risk of radicalisation, based on the available evidence.

Gary O'Hare, is the Executive Lead for the Prevent Programme for NTW.

John Lawlor
Chief Executive