

Northumberland Tyne and Wear NHS Foundation Trust
Board of Directors Meeting

Meeting Date: 25 January 2017

Title and Author of Paper: Final 5 Year Strategy 2017-2022
James Duncan: Director of Finance and Deputy Chief Executive

Executive Lead: James Duncan: Director of Finance and Deputy Chief Executive

Paper for Debate, Decision or Information: Information

Key Points to Note:

- The Board started the process of developing a new 5 Year Strategy for the Trust in July 2015 and decided we should take an inclusive approach in developing our Strategy. A “bottom up” approach to the development of the Strategy followed with the three Groups developing their own 5 Year Strategies. Over the last year we have supported a process of wider engagement, and conversations with the aim of supporting our engagement with staff, service users, carers and the Council of Governors to enable real “buy in” and ownership of our Strategy.
- The final 5 Year Strategy reflects not only the key strategies and policies which affect us but the specific feedback from those involved, which has helped us shape this Strategy, identify what is important and determine our Strategic Ambitions. The 5 Year Strategy has been the subject of several iterations and the Board of Directors reviewed the draft 5 Year Strategy and Service Development Strategy in December following which minor amendments have been made and the proposed vision has been the subject of a further review by the Executive Directors.
- The Board of Directors are asked to:
 - Approve the Final 5 Year Strategy 2017-2022 (Appendix 1)
 - Approve the Service Development Strategy 2017-2022 (Appendix 2)
 - Note that the Supporting Strategies are to be presented to the Board of Directors in a rolling programme from February 2017 to April 2017. (Appendix 3).
- A Project Plan is being developed relating to a programme of activities to share and launch the new Strategy with service users, carers, staff and partners.

Risks Highlighted to Board: The risks associated with the new 5 Year Strategy and the Trust’s Operational Plan 2017/19 will be reviewed and reflected in an updated Board Assurance Framework and Corporate Risk Register.

Does this affect any Board Assurance Framework/Corporate Risks?: Yes-as above.

Equal Opportunities, Legal and Other Implications: Supports Equal Opportunities, Legal and Policy Developments.

Outcome Required: Approval of Final 5 Year Strategy 2017-2022 and Service Development Strategy 2017-2022.

Link to Policies and Strategies: NHS 5 Year Forward View for Mental Health (2015)

Appendix 1

Northumberland, Tyne and Wear 
NHS Foundation Trust

**Working together, supporting people, supporting
communities -improving lives**

Our Strategy for 2017 to 2022

Version 13
01/2017

About us

Northumberland, Tyne and Wear NHS Foundation Trust was established in 2006 and we provide a wide range of mental health, learning disability and neuro-rehabilitation services to a population of 1.4 million people in the North East of England. We are now one of the largest mental health and disability organisations in the country with an income of approximately £300 million. We employ over 6,000 staff, operate from over 60 sites and provide a range of comprehensive services including some regional and national services.

In September 2016 the CQC rated our Trust as “outstanding” and we became one of only two non-acute trusts in England to be awarded an overall rating of outstanding.

Shaping our Strategy-Together

The Board agreed in 2015 that the time was right to review our strategy and doing this we have taken into account key themes within national and local strategies that are relevant to the people using our services, carers, our staff and our organisation as a whole.

From the start the Board agreed that we should take a “bottom up” approach to refreshing our strategy and over the last eighteen months we have tried to involve lots of people in lots of different ways including:

- Service Users and Carers
- Our staff
- Our 3 clinical Groups
- The Council of Governors
- The Board

The involvement work included the design of a series of Coats of Arms by service users, carers and staff illustrating the essence of the Trust and four examples of this work are shown in Appendix 1. Whilst the design of the Coats of Arms varied there were common themes across many of the posters including person/people centred, recovery, pathway, support, wellbeing, quality, expertise, listening.

The specific feedback from all of those involved has helped us shape this strategy, identify what is important and determine our Strategic Ambitions.

We thank everyone who helped us with this important work.

Some key facts

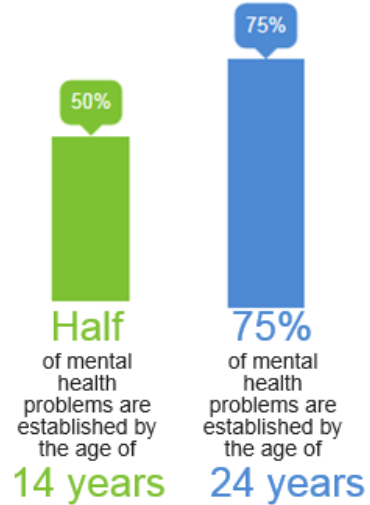
Here are some facts about the world around us...



Poor mental health has a social and economic cost of **£105 billion a year**

The North East has some of the highest rates of mental illness in England

By 2030 it is estimated that there will be approximately **two million** more adults in the UK with a mental health problem than there were in 2013

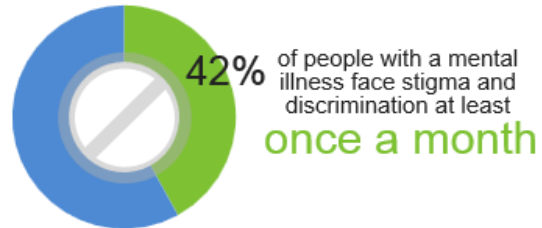


1 in 4 adults are diagnosed with a mental illness at some stage in their life



1 in 4 (26%) young people in the UK experience suicidal thoughts

9 out of 10 people in prison have mental health or a drug and alcohol problem



Suicide is rising and is the leading cause of death for **Men aged 15-49**



People with a learning disability in England on average die **16 years** earlier than the rest of the population

1 in 5 mothers suffer from depression with the costs of perinatal mental ill health estimated at **£1.8 billion**



Over **4 million** people in England have a neurological condition

Over **40%** of people with a neurological condition do not think that local services work well together

15.4 million people in England (over a quarter of the population) have a long term condition, and are at a far higher risk of developing mental health problems than the rest of the population

The world around us

The key strategies and policies which affect us and have influenced our thinking about our strategy include:

-The NHS –Five Year Forward View (2014):

- Sets out a vision for the future of the NHS Services and articulates why change is needed, what that change might look like and how it can be achieved.
- Recognises that physical and mental health are closely linked and that over the next five years the NHS must drive towards an equal response to mental and physical health and towards the two being treated together the ambition being to achieve genuine parity of esteem between physical and mental health by 2020.

- Future in mind: Promoting, protecting and improving our children and young people’s mental health and wellbeing (2015)

- Promotes resilience, prevention and early intervention.
- Improved access to effective support-a system without tiers.
- Care for the most vulnerable.

- Services to people with neurological conditions: progress review 2015-16 House of Commons Committee of Public Accounts

- Recommends addressing the wide variation across the country in services and outcomes for people with neurological conditions and everyone with a long term condition, including a neurological condition should be offered a personalised care plan.

-Transforming Care for People with Learning Disabilities - Next Steps (2015)

- Requires the acceleration of the transformation of these services including developing a clearer model for health and care services, closing inappropriate and outmoded inpatient facilities and establishing stronger support in the community.

-The Five Year Forward View for Mental Health (2016)

Priority actions by 2020/21 include:

- A 7 day NHS-right care, right time, right quality;
- An integrated mental and physical health approach;
- Promoting good mental health and preventing poor mental health-helping people lead better lives as equal citizens. This includes prevention at key moments in life, supporting employment and creating mentally healthy communities.

- At the heart of health-Realising the value of people and communities (2016)

The Project confirms that evidence from research and practice demonstrates the benefits of person-and community centred approaches across three dimensions:

- Mental and physical health wellbeing.
- NHS sustainability.
- Wider social outcomes.

The Challenges

As the NHS strives to improve the quality of current services and to live up to the high expectations of patients and the public, we must have regard to today's challenges and anticipate the challenges of the future.

People are living longer and while this is good news an ageing population presents a number of serious challenges for the health and social care system.

People with one or more long term conditions are already the most important source of demand for NHS services.

By 2021, the number of people living with dementia in the UK is projected to exceed one million and dementia is estimated to cost the NHS local authorities and families £23 billion a year.

The cost of providing care is getting more expensive. The NHS now provides a much more extensive and sophisticated range of treatments and procedures than could ever have been envisaged when it was established. New drugs, technologies and therapies have made a major contribution to curing disease and extending the length and quality of people's lives.

The NHS is however facing these challenges at a time of unprecedented austerity and adjusting to an era of much tighter public finances. In addition financially challenged local authorities have reduced their spend on social care, impacting on the demand for health services, including our services. There are also shortfalls in the available workforce including medical, nursing and other staff groups.

To meet these challenges, health and social care services must change fundamentally. This means everyone working differently and smarter. It means altering or completely reshaping services giving people better quality and experience for less money. It means reinvesting any money saved in more and better services and so extending access to care.

Only by getting everyone involved and working together will a network of services be provided which can meet the changing needs of people in the 21st century within the limits of the budgets available.

Northumberland, Tyne and Wear and North Durham Sustainability Transformation Plan (2016)

The Northumberland, Tyne and Wear and North Durham Sustainability Transformation Plan (NTWDSTP) is a Plan developed by a new collaboration of organisations delivering Health and Social Care across the region covering a total population of 1.5 million residents across:

Newcastle Gateshead
North Tyneside and Northumberland
South Tyneside and Sunderland
North Durham

We have been actively involved in the development of the NTWDSTP ensuring that the “voice” and needs of those that we provide services to are taken into account and we influence the Plan and priorities.

The stark reality is that if all of the health and social care organisations across Northumberland Tyne and Wear and Durham do not work together “joining up” and improving care pathways and the way services are provided the NHS financial gap coupled with that of our local authorities’ financial constraints, if left unaddressed, will cause a decline in our local services resulting in an unsustainable health and care system.

Doing nothing and all health and social care organisations continuing to work as we all currently do is not an option.

The overriding theme of the NTWDSTP is ensuring parity of esteem across the region. The Plan has three priorities;

- Priority One-**Scale up Prevention, Health and Wellbeing** to improve the health of people in our area.
- Priority Two-Improving care and quality of services through **Out of Hospital Collaboration and the Optimal Use of the Acute Sector.**
- Priority Three-**Closing the financial gap**, which by 2021, if we did nothing to resolve the situation would be, £641million.

Our Vision and Values

Our vision is as follows:

“To be a leader in the delivery of high quality care and a champion for those we serve”

Our vision is underpinned by a set of core values which we refreshed during 2013, in consultation with a range of partners, including service users, carers, staff and governors.

Our values ensure that we will strive to provide the best care, delivered by the best people, to achieve the best outcomes. Our concerns are quality and safety and we will ensure that our values are reflected in all we do:

Caring and compassionate
Put ourselves in other people's shoes

Listen and offer hope

Focus on recovery

Be approachable

Be sensitive and considerate

Be helpful

Go the extra mile

Respectful

Value the skill and contribution of others

Give respect to all people

Respect and embrace difference

Encourage innovation and be open to new ideas

Work together and value our partners

Honest and transparent

Have no secrets

Be open and truthful

Accept what is wrong and strive to put it right

Share information

Be accountable for our actions

Our Quality Goals-

We initially identified our Quality Goals in 2009, drawing upon feedback from patients, staff and our partners. Following feedback from those involved in developing this strategy we have reviewed and updated our Quality Goals. Our Quality Goals are based upon the Darzi principles of safety, patient experience and clinical effectiveness.

<u>Quality Goal One</u>	<u>Quality Goal Two</u>	<u>Quality Goal Three</u>
Keeping you safe	Working with you, your carers and your family to support your journey	Ensuring the right services are in the right place at the right time to meet all your health and wellbeing needs
In 5 years time what would success look like?		
<ul style="list-style-type: none"> • Learning from experience; • Openness in reporting; • Demonstrating improvement; • Reduction in incidents of harm; • Smooth transitions from one service to another; • Better suicide prevention. 	<ul style="list-style-type: none"> • Working together with service users, carers and communities; • Principles of the Triangle of Care embedded; • Co-production at all levels; • Improved positive service user and carer feedback; • Seamless care across all partners-no barriers; • Wellness Recovery Action Plans (WRAP) embedded; • Supporting resilience in people and communities. 	<ul style="list-style-type: none"> • Service users “living better for longer”; • Evidence based care consistently provided; • Meaningful outcomes; • Timely access to 24/7 services, in accordance with need; • Care close to home and elimination of out of area placements; • An integrated approach to meeting physical, mental health and social care needs.

These Quality Goals are the three things that will help us achieve our vision, are familiar to our service users, patients, carers, staff and partners and provide the overarching framework for this Strategy.

We will deliver our vision and three Quality Goals by meeting our Strategic Ambitions.

**Strategic Ambition One:
Working together with service users and carers we will
provide excellent care, supporting people on their personal
journey to wellbeing.**

Why is this important?

Those involved in helping us shape this strategy overwhelmingly agreed that service users and carers should be at the centre of everything we do.

Involvement has a positive impact upon service user health and well-being.

What did people tell us?

When we asked people about what was a “must do” over the next five years they told us:

“ Communication between staff, service users, carers and families”

“Co-Production”

When we asked people: “what good would look like in five years time” these are some of the recurring words people used:

Meaningful Outcomes

7 Day services

Responsive

Co-production

Recovery

Evidence Based

Local Services

Accessible

Person Centred

We have looked at the key strategies and policies which affect us and listened to what people have said. The tables on pages 10-12 summarise what we will do over the next five years to achieve Strategic Ambition One.

STRATEGIC AMBITION ONE

Working together with service users and carers we will provide excellent care, supporting people on their personal journey to health and wellbeing.

WHERE ARE WE NOW?

We know we need to improve the recording and use of outcome measures and the way we involve people in their care. As a part of our Transformation of Community Services new community evidence based care pathways have been introduced across the South of Tyne. Work is ongoing in the introduction of new community pathways into Northumberland, North Tyneside, Newcastle and Gateshead.

In 2015 81% of those who responded said they would recommend the service they received to their friends and family.

WHERE WE WANT TO BE	HOW WE WILL GET THERE	PROPOSED TIMELINE				
		Year 1	Year 2	Year 3	Year 4	Year 5
Service users and carers have a positive experience of our services and recommend the care delivered by the Trust.	Embed the principles of co-production in all decision making.	→	→			
	Ensure staff formulate personalised and detailed care plans and that they are used consistently to inform them of a patient's care.*CQC recommendation	→				
	Achieve an increase in the use of Peer Support.	→	→	→	→	→
	Implement the Trust's Positive and Safe Strategy and ensure that the use of mechanical restraint is used in exceptional circumstances when it is in the best interests of the patient and provides the least restrictive intervention.* CQC recommendation	→	→			
Our services comply with national and local access, quality and 24/7 crisis response standards.	Provide accessible, local, 7 day services, including access to 24/7 crisis response and integrated crisis response with single point of access.	→	→			

WHERE WE WANT TO BE	HOW WE WILL GET THERE	PROPOSED TIMELINE				
		Year 1	Year 2	Year 3	Year 4	Year 5
A comprehensive set of care pathways are established.	Provide high quality efficient services which comply with local, regional and national quality goals and standards.					
	Ensure person centred care is the focus of all plans and decisions relating to Transforming Care for People with Learning Disabilities and Autism.					
	Eliminate out of area placements for non specialist acute care.					
Deliver meaningful outcomes which demonstrate effectiveness.	Develop meaningful outcomes, in partnership with service users and carers and in compliance with speciality and national guidance.					

MAJOR SERVICE DEVELOPMENTS CONTRIBUTING TO STRATEGIC AMBITION ONE

MAJOR SERVICE DEVELOPMENT	PROPOSED TIMELINE				
	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
<p align="center">Delivering excellence in In Patient Care</p> <p>We will ensure over the next five years that in-patient care is provided in fit for purpose facilities, with common standards of care and support, responsively over a 7 day week, within the constraints of the resources available to us.</p>	→				
<p align="center">Great Care In Your Community</p> <p>We will roll out new community evidence based care pathways across Northumberland, North Tyneside, Newcastle and Gateshead and ensure that our community services work alongside our partners to ensure people's holistic needs are met.</p>	→				
<p>We will deliver community services which demonstrably deliver value for money in terms of productivity and outcomes.</p>					→
<p align="center">Building the right support- Transforming services for people with learning disabilities and autism</p> <p>We will close the agreed number of adult secure beds, in line with the national programme.</p>	→				
<p>We will work to ensure a patch wide approach to improving services for people with a learning disability and autism, using our expertise alongside partners to transform the services across the whole pathway in all localities.</p>					→
<p>We will develop our provision of world class in- patient services for people with autism with the most complex needs in the country.</p>	→				

Strategic Ambition Two:

With people, communities and partners, together we will promote prevention, early intervention and resilience.

Why is this important?

The Five Year Forward View stresses that the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depends on a radical upgrade in prevention and public health. This is an integral part of the NTWDSTP.

Employment is also vital to health and should be recognised as an outcome. The NHS must play a greater role in supporting people to find or keep a job. Housing is critical to the prevention of mental health problems and the promotion of recovery. Those in the criminal justice system experiencing mental health problems need better support with agencies working together to provide the right support.

Ending stigma around mental ill health and disability is vital.

What did people tell us?

Service users, carers and staff told us that they want us to lead, be courageous, tackle stigma and use our expertise and knowledge.

When we asked people about what was a “must do” over the next five years they told us:

“Promotion, Prevention and Resilience”

“Partnership Working”

When we asked people: “what good would look like in five years time” these are some of the recurring words people used:

Partnership Working

Independence

Healthy

No Stigma

Collaboration

Working with Communities

Community Engagement

Wellbeing

We have looked at the key strategies and policies which affect us and listened to what people have said. The tables on pages 14-16 summarise what we will do over the next five years to achieve Strategic Ambition Two.

STRATEGIC AMBITION TWO

With people, communities and partners, together we will promote prevention, early intervention and resilience.

WHERE ARE WE NOW?

Locally there are significant pressures on Children and Young People’s Tier 3 services. Children and young people are not receiving the care they require at lower tiers/when they require it so when referred to our services their condition has deteriorated and they require high levels of intervention and can’t be treated quickly.

The Trust provides IAPT services to adults, in partnership with third sector partners, in Sunderland and Newcastle. Our Children and Young People’s services have been fortunate in participating in the national roll out of the Children and Young People’s IAPT programme. There is a national commitment to the expansion of IAPT services.

The principles underpinning the Trust’s Transformation of Community Services is to ensure the right services are in the right place at the right time for the right person with our new community pathways including access to care when a person is in crisis including through an Initial Response Service.

WHERE WE WANT TO BE	HOW WE WILL GET THERE	PROPOSED TIMELINE				
		Year 1	Year 2	Year 3	Year 4	Year 5
Children and young people to have quick access to high quality mental health and learning disability services when they need it.	Redesign existing pathways improving access to high quality mental health services for children and young people.		→			
	Be actively involved in mental health promotion in schools and with vulnerable groups, such as those in local authority care.					→
	Be actively involved in parenting programmes, in partnership with the local authority.					→
Easy access to psychological support for people who need it.	Increase access to IAPT services for children, young people and adults including those living with long term conditions and older people living with common mental health problems, which impacts on their physical health.		→			

WHERE WE WANT TO BE	HOW WE WILL GET THERE	PROPOSED TIMELINE				
		Year 1	Year 2	Year 3	Year 4	Year 5
More people living with mental health problems and disabilities to find or stay in work.	Work with partners in the public, private, third sector and carer groups supporting those living with mental health problems and disabilities to find or stay in work.					→
	Positively promote employment opportunities within the Trust for those living with mental illness and disabilities.					→
Improvements in the quality of life outcomes for people living with mental health problems and disabilities	Champion the promotion, prevention and resilience agenda for those with mental health problems and disabilities locally, regionally and nationally.					→
	Maintain dementia diagnosis rates and ensure support is available for people with a diagnosis of dementia.		→			
Reduction in suicides	Influence the public health agenda for suicide prevention locally and regionally contributing to the development and implementation of the Suicide Prevention Plans, which support a year on year reduction in suicide rates across Northumberland, Tyne and Wear.					→
Easy access to crisis response services.	Increase access to Early Intervention Psychosis Services (EIP).				→	
	Establish Initial Response Services as a part of the introduction of new community pathways.	→				
As a part of the health and justice pathway, improve access to liaison and diversion services.	Liaison and diversion services to be increased to reach 75% of the population.				→	
An end to the stigma around mental ill health and disabilities.	Be actively involved in local, regional and national campaigns with service user and carer groups in tackling stigma.					→

MAJOR SERVICE DEVELOPMENTS CONTRIBUTING TO STRATEGIC AMBITION TWO					
MAJOR SERVICE DEVELOPMENT	PROPOSED TIMELINE				
	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
<p>Building resilience for people and communities</p> <p>We will, as an integral part of the NTWDSTP, play a leading role with partners in developing a patch wide approach to building resilience for people and communities.</p> <p>We will work with all partners and agencies to enable people, their families, carers and communities to better manage mental illness, including its precursors, and disability.</p>					
					→
<p>Our Future for Children and Young People- improved access to community services</p> <p>We will promote and play an integral part in delivering a system wide approach to improving services for children and young people, collaborating with all partners.</p>					
					→

Strategic Ambition Three:

Working with partners there will be “no health without mental health” and services will be “joined up”.

Why is this important?

The Five Year Forward View stresses the need to make physical and mental health care equally important and says that by 2020/21, at least 280,000 people living with severe mental health problems should have their physical health needs met. They should be offered screening and secondary prevention reflecting their higher risk of poor physical health.

At least 4 million of the 15 million people in England with a long term physical health condition also have a mental health problem. The interdependency of mental health and physical health has significant implications for individual patients.

In a survey published by the Neurological Alliance in January 2015, 42% of people said that the different people treating them worked well only some of the time or never.

Poorly coordinated care could often result in people going back to hospital, which cost the NHS money.

People with a learning disability in England on average die 16 years earlier than the rest of the population.

Addressing the inequality arising from the lack of an integrated approach to mental health and physical health needs, and as a result improving the health of our local populations and reducing the need for hospital admissions, is an integral aim of the NTWDSTP.

What did people tell us?

When we asked people about what was a “must do” over the next five years they told us:

“Stop the division between mind and body”

“Use your expertise to bring on others- acute hospitals, other organisations and agencies”

When we asked people: “what good would look like in five years time” these are some of the recurring words people used:

Signposting

Educate

Pathways

No barriers

Making a difference

Partnership

Joined up map of care and support

Parity of esteem

We have looked at the key strategies and policies which affect us and listened to what people have said. The tables on pages 18-20 summarise what we will do over the next five years to achieve Strategic Ambition Three.

STRATEGIC AMBITION THREE

Working with partners there will be “no health without mental health ” and services will be “joined up”

WHERE ARE WE NOW?

The Trust has prioritised the focus on the physical healthcare and the health and wellbeing of all of those that use our services supporting a wide range of initiatives. With the support of Commissioners the Trust has developed, in partnership with our partners in local Acute Hospitals, a range of Psychiatric Liaison Services. The level of investment and provision however varies across the localities. The Trust employs a Primary Care Clinical Advisor who provides expert advice regarding strategic development of local Clinical Commissioning Groups, General Practice and relevant clinical networks.

WHERE WE WANT TO BE	HOW WE WILL GET THERE	PROPOSED TIMELINE				
		Year 1	Year 2	Year 3	Year 4	Year 5
Improve the physical health of those with severe mental illness.	Proactively influence primary care and public health to tackle physical health monitoring for those with severe mental illness.	→	→			
Improve the physical health of those with a learning disability.	Facilitate improved access to healthcare for people with learning disability, including annual health checks.	→				→
Improve the mental health of those suffering with long term medical conditions.	Work collaboratively with acute hospitals and community providers to develop integrated pathways for managing mental health issues for those with long term conditions.	→		→		
Support the resilience and wellbeing of carers.	Embed the Triangle of Care and proactively undertake carers assessments, providing access to mental health support where required.	→				

WHERE WE WANT TO BE	HOW WE WILL GET THERE	PROPOSED TIMELINE				
		Year 1	Year 2	Year 3	Year 4	Year 5
Improve access to specialist mental health services to those presenting with mental health problems in acute hospitals.	Further develop liaison services ensuring that all acute hospitals have all age mental health liaison services.				→	
	Work with acute hospital providers to support the NTWDSTP aspiration that all acute providers meet the “core 24” standard for mental health liaison by 2020/21, as part of the Acute Care Optimisation Programme.				→	
Improve the physical health of patients with severe mental illness in our inpatient services.	Further develop physical health monitoring and access to health promotion for patients in our inpatient services.	→	→			
	Enhance the physical health monitoring and treatment skills of mental health professionals.	→	→			
Improve access to specialist perinatal mental health care for mothers, infants and young children.	Support the development of hospital and community perinatal services, aligned with the re-design of maternity services across the NTWDSTP.				→	
	Provide scaffolding to midwifery, obstetric and paediatric services in managing mental health problems.					→
Improve the mental health and wellbeing of older people in residential care homes.	Improve health education, including mental health, training and resilience amongst care home staff and those using them.					→
	Improve access to mental health services for residential care homes supporting older people.					→

MAJOR SERVICE DEVELOPMENT CONTRIBUTING TO STRATEGIC AMBITION THREE

MAJOR SERVICE DEVELOPMENT	PROPOSED TIMELINE				
	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
<p>Enabling the system to support your whole needs</p> <p>We will, as an integral part of the NTWDSTP, promote a patch wide approach to better supporting people’s whole needs, working with all local acute hospitals and community service providers to integrate mental health into physical health pathways.</p>					

**Strategic Ambition Four:
The Trust’s Mental Health and Disability Services will be sustainable and deliver real value to the people who use them.**

Why is this important?

The challenge is clear the population is steadily growing older, there are increasing demands on and expectations of all NHS services, including our services, and innovations. All of this comes at a time of severe financial constraint.

What did people tell us?

When we asked people: “what good would look like in five years time” these are some of the recurring words people used:



We have looked at the key strategies and policies which affect us and listened to what people have said. The tables on pages 22-24 summarise what we will do over the next five years to achieve Strategic Ambition Four.

STRATEGIC AMBITION FOUR

The Trust's Mental Health and Disability services will be sustainable and deliver real value to the people who use them.

WHERE ARE WE NOW?

The Trust has a track record of being a high performing organisation, in both the quality of services provided and its financial performance. Achieving a surplus year on year has enabled us to invest in state of the art facilities for our services. Maintaining stability is however becoming increasingly difficult and going forward we must ensure that our services are sustainable in the long term and offer real value to the people that use them. The Trust is relatively well placed financially going forward into the challenge represented by the next five years, but we recognise that the solutions we have applied over the past five years will not be enough to deliver the financial and sustainability requirements of the next five years.

WHERE WE WANT TO BE	HOW WE WILL GET THERE	PROPOSED TIMELINE				
		Year 1	Year 2	Year 3	Year 4	Year 5
Financially sound and meet all of our financial targets	Consistently drive to improve productivity, year on year.	—————>				
Provide services that offer real value to the people that use them and are sustainable in the long term	Lead on the development of outcome, resource and value measurement.	—————>				
	Develop value focussed information systems accessible to clinicians.	—————>				
	Redesign services that are not sustainable.	—————>				
	Develop our approach to costing and pricing to enable us to understand our value proposition at a Trust, service team and individual patient level.	—————>				

WHERE WE WANT TO BE	HOW WE WILL GET THERE	PROPOSED TIMELINE				
		Year 1	Year 2	Year 3	Year 4	Year 5
Part of a financially sustainable and thriving Sustainability and Transformation patch, operating collaboratively and transparently to deliver high value pathways of care across organisational barriers and mutual organisational sustainability across the patch.	Support continual pathway and service improvement, within our organisation and across organisational boundaries.					→
	Work across the NTWDSTP patch in an open, transparent and collaborative way to ensure the wider sustainability of service and care delivery, in the interests of the local population.					→
Growing our service offering where this supports the underlying sustainability of our organisation and our existing services.	Develop our understanding of value, costs and price for existing and new services. Grow our service offering both geographically and in entering new markets, where we can demonstrably add value and enhance the underlying sustainability of the organisation, the health and care community and the services we offer.					→

MAJOR SERVICE DEVELOPMENTS CONTRIBUTING TO STRATEGIC AMBITION FOUR

MAJOR SERVICE DEVELOPMENT	PROPOSED TIMELINE				
	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
<p>Our Future for Children and Young People-Care for the most vulnerable</p> <p>We will not provide young people’s specialist inpatient services from the current location of Alnwood in the medium term and will re-provide those services from alternative accommodation or exit from the market.</p>			→		
		→			
<p>We will develop a sustainable model of care for children and young people requiring specialist in-patient support.</p>		→			
<p>Delivering Better Forensic Care and Pathways to Recovery</p> <p>We will use our expertise in providing community forensic services to lead on developing whole forensic pathways to recovery.</p>		→			
<p>We will look at bringing our Forensic Inpatient Services together making them more competitive and sustainable in the long term.</p>			→		

Strategic Ambition Five: The Trust will be a centre of excellence for mental health and disability.

Why is this important?

Research and innovation in the NHS are critical to addressing the challenges the NHS faces. The NHS as a whole needs to harness the best of our clinical, research, academic and industry expertise to meet and address these challenges. The 5 Year Forward View recognises that innovation and research is the key to driving change-now and in the future and as such we are committed to playing a leading role in this, to the benefit of everyone. Digital technology has a pivotal role to play in this.

The emergence of advanced digital technologies and the widespread use of smartphones opens up opportunities for treatment and prevention. The technologies now on offer give us the potential to provide a more tailored and person centred approach to care.

What did people tell us?

When we asked people: “what good would look like in five years time” these are some of the recurring words people used:

Experts
Expertise
Lead
Knowledge
Quality
Grow

We have looked at the key strategies and policies which affect us and listened to what people have said. The tables on pages 27-28 summarise what we will do over the next five years to achieve Strategic Ambition Five.

STRATEGIC AMBITION FIVE

The Trust will be a centre of excellence for mental health and disability.

WHERE ARE WE NOW?

We are one of the largest mental health and disability trusts in the country with our clinicians and staff having a wide breadth of experience and skills in many fields. Our services are recognised at a national level and some at an international level. The CQC has rated our services as “outstanding” and we are committed to maintaining this high standard consistently across all of our services and sharing best practice with other organisations.

We are ranked as the fourth most research active Mental Health Trust, on the basis of the number of nationally funded studies. Many of our clinicians are recognised nationally and internationally for their work, including their research and involvement in the development of best practice and guidance, including that developed through the Royal Colleges and National Institute for Healthcare Excellence. Our staff are often responsible for the training of the next generation and help raise the profile of mental health, disability, conditions and treatments.

The Transformation of Services has been at the heart of our Strategy and this work is also now being recognised nationally and, with other organisations seeking to learn from us. We have established Trust Innovation as our brand for providing external support, advice, consultancy and products to the wider NHS and beyond.

Our approach to informatics is seen as a leader across the mental health and disability sector.

We work hard to influence national and local plans and policy, fighting stigma and the need for parity of esteem, valuing mental health equally with physical health.

WHERE WE WANT TO BE	HOW WE WILL GET THERE	PROPOSED TIMELINE				
		Year 1	Year 2	Year 3	Year 4	Year 5
A leader in research, embedding research into practice.	Increase the amount of large scale national and international research which has the potential to change treatments and outcomes for service users, offering service users the opportunity to take part in research which is relevant to them.					→
	Further develop our successful partnerships with Universities and other organisations and be a proactive partner in the Academic Health Science Network for the North East and North Cumbria.					→
	Improve the way research is embedded in our services and ensure that the learning and knowledge from research is acted upon and used to improve and develop services.		→			
	Improve the knowledge, understanding and skills of our staff to enable them to contribute more widely to research in general, and more specifically developing the next generation of key senior researchers and research leaders.					→
A centre of excellence for mental health and disability services, developing Trust Innovation to both export and draw in expertise, knowledge and innovation nationally and internationally.	Develop a centre of excellence for mental health and disability service under the banner of Trust Innovation, providing support and services to other organisations and creating a network of innovation and excellence across organisations providing similar services nationally and internationally.		→			

WHERE WE WANT TO BE	HOW WE WILL GET THERE	PROPOSED TIMELINE				
		Year 1	Year 2	Year 3	Year 4	Year 5
A leader in using technology to connect and empower service users, carers and staff, and in driving increasing value by supporting and enabling continual improvement in productivity.	Ensure that front line teams and clinicians have access to real time, accessible information which supports and drives the understanding and continual improvement of the value we are providing to those who use our services.					→
A key partner within our Sustainability and Transformation footprint, breaking down information barriers across organisations, enabling the delivery of seamless timely and effective care to people and communities.	Provide leading communication technologies to drive improvements in user experience, break down communication barriers within and across organisations, and support the drive for increased productivity.					→
Engaging widely with our population through the widespread use of digital communications	Use our expertise and technology developments to connect and empower service users, carers and staff.					→

Strategic Ambition Six: The Trust will be regarded as a “great place to work”.

Why is this important?

We know our staff are our greatest asset and that we have a talented, passionate and dedicated workforce. Without our staff we could not deliver our diverse range of local, regional and national services. Without our staff we can not meet the significant challenges ahead and design and deliver future services which will provide excellence in patient care and meet service user, carer and public expectations, all delivered in line with our three core values. Flexibility and adaptability of our future workforce is critical; where they work, how they work and who they work with. We want our workforce to be fully equipped with the appropriate skills, knowledge and resources to deliver evidenced based care across new pathways and with partners. Workforce planning must play a fundamental part of what we do and systematically flow from this Strategy and our Strategic Ambitions. Forecasting must also be an integral part of our planning to support our understanding of the current workforce position and what may be needed in the future. A strategic approach to talent management is required to ensure individuals are developed, engaged and retained within the organisation along with continuing our work on embracing equality, diversity and inclusion and further enhancing leadership capacity and capability. We are passionately committed to supporting and empowering staff to improve their own health and wellbeing, supporting the wider health and wellbeing priorities within the NTWDSTP. We must continue to engage our staff, involve them in decision making, listen to their ideas, further empower them to influence and make changes at local level and do all we can to create high levels of job satisfaction and motivation so that the Trust becomes a “great place to work”.

What did people tell us?

Put simply many of those involved in helping us shape this strategy told us that:
“Happy Staff=Good Quality Care”

When we asked people: “what good would look like in five years time”
these are some of the recurring words people used:

Leadership	More staff-“time to care”	happy
mutual respect	two way communication	“believing in the firm”
Engaged		motivated-want to improve

We have looked at the key strategies and policies which affect us and listened to what people have said. The tables on pages 31-33 summarise what we will do over the next five years to achieve Strategic Ambition Six.

STRATEGIC AMBITION SIX

The Trust will be regarded as a “great place to work”

WHERE ARE WE NOW?

In the annual NHS Staff Survey 2015:

The organisation

84% of respondents indicated that they would recommend the organisation as a place to work.

Engagement

Our engagement score increased for the third year running to a score of 3.8, with motivation at work scoring 3.89 and effective team working at 3.84.

Your Job

92% of respondents indicated that they were able to make suggestions to improve the work of the team/department.

Your Managers

76% of respondents indicated that communication between senior management and staff is effective and recognition and value by managers and the organisation scored 3.58.

71% of respondents indicated that Senior Managers involve staff in important decisions.

Your Personal Development

92% of respondents indicated that they had received an appraisal in the last 12 months.

Your Health, Wellbeing and Safety at Work

25% of respondents indicated that they had experienced physical violence from patients/service users, their relatives or other members of the public.

17% of respondents indicated that they had experienced harassment, bullying or abuse from staff.

34% of respondents indicated that they had suffered work related stress.

More generally; we have commissioned new Collective and Clinical Leadership Programmes and these are in their first year of operation. We are an NHS Employers Diversity and Inclusion Partner for the second year running and in 2016 launched BAME, Disability and LGBT networks. We have successfully maintained Investors in People status (including the Health and Well Being standard) and continue to be accredited as a Better Health at Work Employer at the continuing excellence level. Our workforce plan will be used to inform strategic workforce developments going forward.

WHERE WE WANT TO BE	HOW WE WILL GET THERE	PROPOSED TIMELINE				
		Year 1	Year 2	Year 3	Year 4	Year 5
An organisation with an increasingly flexible workforce, working across health and social care, delivering excellence in patient care with greater provision of recovery focused self and whole person care.	Further develop our Workforce Planning approaches and expertise.					→
	Further develop enhanced roles and innovative roles, as a part of the development of career pathways and a flexible workforce.					→
	Be an active partner in the regional Social Partnership Forum.					→
To be recognised as a diverse and representative employer, valuing and embracing diversity in our workforce.	Devolve our approach to EDS2 and WRES, Introducing a number of staff networks and continue with our Diversity and Inclusion Partner Status seeking further alliances to foster best practice.	→	→			
	Better embrace diversity and inclusion within our workforce.					→
To be an organisation with senior leaders who have the capacity and competency to lead and support organisational and cultural change and make the most of their skills and qualities	Continue with a range of leadership programmes.					→
	Develop and sustain a network of Organisational Development Associates.					→
	Expand our use of coaching and develop and sustain a coaching network.					→
	Develop a talent management framework.	→	→			
Individuals and teams are highly engaged, members of highly effective teams and problem solve at a local level when issues arise, in the context of the Trust's devolved decision making and Accountability Framework	Continue to embed our three core values in everything we do.					→
	Undertake at least three organisational wide engagement events each year.					→
	Continue to encourage teams to address concerns at a local level.					→

WHERE WE WANT TO BE	HOW WE WILL GET THERE	PROPOSED TIMELINE				
		Year 1	Year 2	Year 3	Year 4	Year 5
Service improvement and organisational development are integrated and both delivered by clinicians and managers.	Embed World Class Management approach- “bringing the Ward to the Board”		→			
The Trust is regarded as a “great place to work” with more applicants than jobs available, embedded values based recruitment, limited vacancies/ low use of Agency Staff and reductions in turnover.	Continue with a range of recruitment and retention initiatives, embedding values based recruitment and completing a full evaluation with NHS Employers.	→				→
	Take a championing role in the regional Streamlining work.	→				→
We have strong partnerships with trade unions, people feel safe to raise concerns and there are low levels of bullying and harassment.	Commit to a further partnership agreement with Trade Unions.	→				
	Embed the Freedom to Speak Up Guardian and staff networks and continue with all associated proactive communications.	→				→
Exemplary support systems are in place to support the health and wellbeing of our staff.	Embed the Trust’s Health and Wellbeing Strategy and respond to the health needs assessment of our workforce.	→				→
	Continue with our work to be an IIP employer and maintain Better Health at Work continuing excellence.	→				→
	Explore external health and well being best practice.	→				→
	Continue with our strong focus on attendance management.	→				→
	Implement the Trust’s Positive and Safe Strategy.	→				→

WHERE WE WANT TO BE	HOW WE WILL GET THERE	PROPOSED TIMELINE				
		Year 1	Year 2	Year 3	Year 4	Year 5
Staff are educated and equipped with the necessary knowledge and skills to do their jobs.	Further develop relationships with Health Education England with regards to the education of the future Mental Health and Disability workforce.					→
	Continue to build upon the development of the Trust's Training Academy.					→
	Widen participation and expand our apprenticeship offer.					→
	Review and relaunch the appraisal process.	→				
	Undertake a comprehensive skills analysis and further develop the non registered workforce.					→
The Trust is recognised as a progressive employer and we are known as being a 'great place to work'.	Increase our influence at regional and national level and continue to develop successful partnerships.					→
	Move towards a greater recovery focus in all employment practices.					→

Major Service Developments

We have identified eight Major Service Developments which will help us achieve our Strategic Ambitions. These are explained in more detail in our Service Development Strategy document, including why these are important and what the Trust will do.

The eight Major Service Developments are:

1. Delivering excellence in In Patient Care
2. Great Care In Your Community
3. Building the right support- Transforming services for people with learning disabilities and autism
4. Building resilience for people and communities
5. Our Future for Children and Young People-improved access to community services
6. Enabling the system to support your whole needs
7. Our Future for Children and Young People-Care for the most vulnerable
8. Delivering Better Forensic Care and Pathways to Recovery

How will we measure success and report on our progress?

We have set out in this Strategy our Vision, Values and Strategic Ambitions for the next five years. Having set the direction for the Trust for the next five years our Council of Governors and Board of Directors must now ensure that it is delivered.

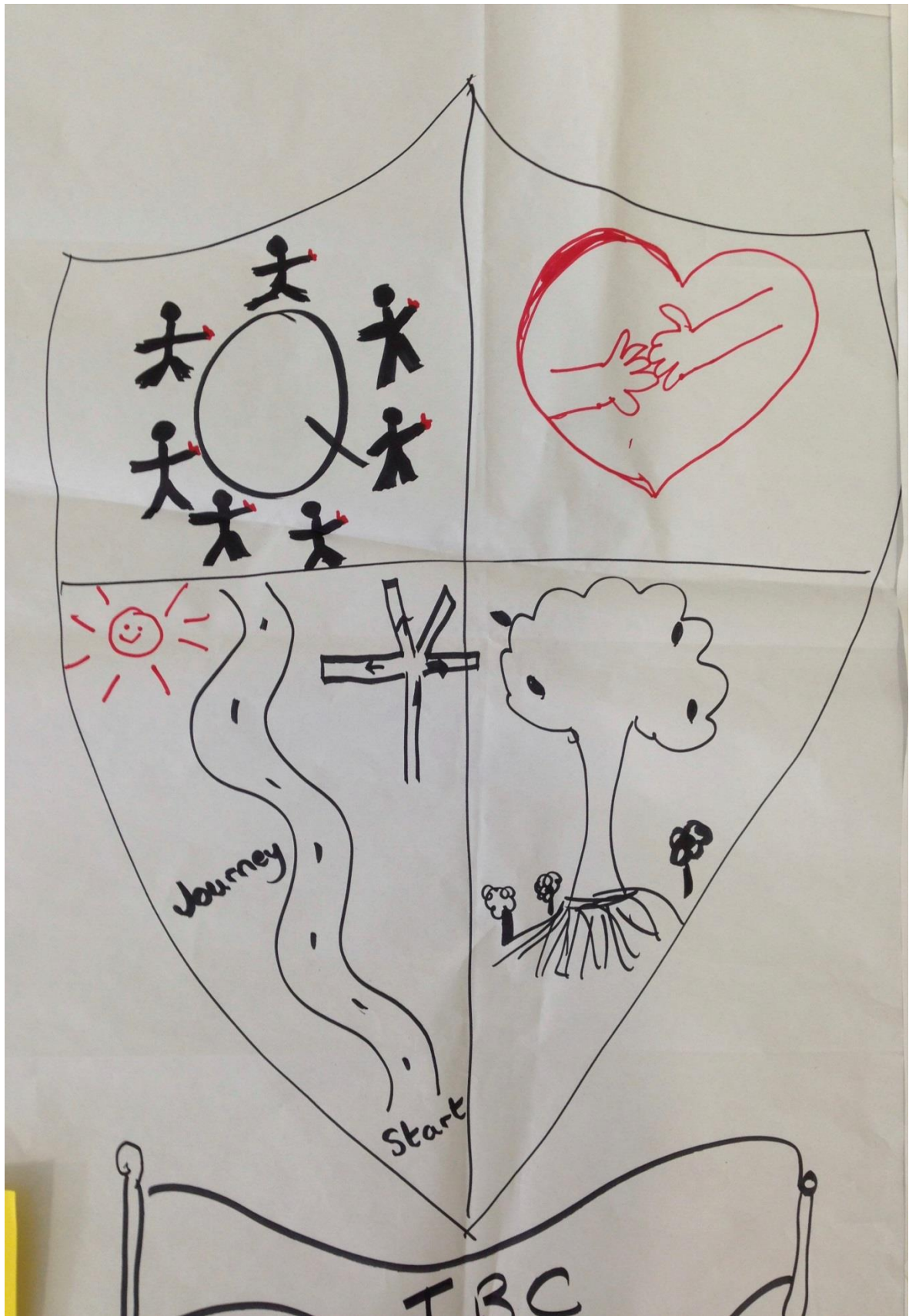
We have set ourselves specific targets which we will use to measure our success in achieving our Ambitions. We will monitor and report to the Council of Governors and Board of Directors on the progress made in delivering this Strategy and include a progress report in our Annual Report.

January 2017

Appendix 1

The essence of Northumberland, Tyne and Wear NHS Foundation Trust









Appendix 2

Northumberland, Tyne and Wear 
NHS Foundation Trust

**Working together, supporting people, supporting
communities-improving lives**

**Our Service Development Strategy
2017 to 2022**

V2
01/2017

About us

Northumberland, Tyne and Wear NHS Foundation Trust was established in 2006 and we provide a wide range of mental health, learning disability and neuro-rehabilitation services to a population of 1.4 million people in the North East of England. We are now one of the largest mental health and disability organisations in the country with an income of approximately £300 million. We employ over 6,000 staff, operate from over 60 sites and provide a range of comprehensive services including some regional and national services.

In September 2016 the CQC rated our Trust as “outstanding” and we became one of only two mental health trusts in England to be awarded an overall rating of outstanding.

Shaping our Strategy-Together

The Board agreed in 2015 that the time was right to review our strategy and in reviewing our strategy we have taken into account key themes within national and local strategies that are relevant to the people using our services, carers our staff and our organisation as a whole.

From the start the Board agreed that we should take a “bottom up” approach to refreshing our strategy and over the last eighteen months we have tried to involve lots of people in lots of different ways including:

- Service Users and Carers
- Our staff
- Our 3 clinical Groups
- The Council of Governors
- The Board

The specific feedback from those involved has helped us shape our Strategy, identify what is important and determine our Strategic Ambitions. [Here is a link to our 5 Year Strategy](#). We thank everyone who helped us with this important work.

In this document we set out:

- Our Vision and Values;
- Our Quality Goals;
- Our six Strategic Ambitions;
- The major Service Developments which will help us achieve our six Strategic Ambitions.

Our Vision and Values

Our vision is as follows:

“To be a leader in the delivery of high quality care and a champion for those we serve”

Our vision is underpinned by a set of core values which we refreshed during 2013, in consultation with a range of partners, including service users, carers, staff and governors.

Our values ensure that we will strive to provide the best care, delivered by the best people, to achieve the best outcomes. Our concerns are quality and safety and we will ensure that our values are reflected in all we do:

Caring and compassionate
Put ourselves in other people's shoes

Listen and offer hope

Focus on recovery

Be approachable

Be sensitive and considerate

Be helpful

Go the extra mile

Respectful

Value the skill and contribution of others

Give respect to all people

Respect and embrace difference

Encourage innovation and be open to new ideas

Work together and value our partners

Honest and transparent

Have no secrets

Be open and truthful

Accept what is wrong and strive to put it right

Share information

Be accountable for our actions

Our Quality Goals

We initially identified our Quality Goals in 2009, drawing upon feedback from patients, staff and our partners. Following feedback from those involved in developing this strategy we have reviewed and updated our Quality Goals. Our Quality Goals are based upon the Darzi principles of safety, patient experience and clinical effectiveness.

<u>Quality Goal One</u>	<u>Quality Goal Two</u>	<u>Quality Goal Three</u>
Keeping you safe	Working with you, your carers and your family to support your journey	Ensuring the right services are in the right place at the right time to meet all your health and wellbeing needs
In 5 years time what would success look like?		
<ul style="list-style-type: none"> • Learning from experience; • Openness in reporting; • Demonstrating improvement; • Reduction in incidents of harm; • Smooth transitions from one service to another; • Better suicide prevention. 	<ul style="list-style-type: none"> • Working together with service users, carers and communities; • Principles of the Triangle of Care embedded; • Co-production at all levels; • Improved positive service user and carer feedback; • Seamless care across all partners-no barriers; • Wellness Recovery Action Plans (WRAP) embedded; • Supporting resilience in people and communities. 	<ul style="list-style-type: none"> • Service users “living better for longer”; • Evidence based care consistently provided; • Meaningful outcomes; • Timely access to 24/7 services, in accordance with need; • Care close to home and elimination of out of area placements; • An integrated approach to meeting physical, mental health and social care needs.

These Quality Goals are the three things that will help us achieve our vision, are familiar to our service users, patients, carers, staff and partners and provide the overarching framework for this Strategy.

Our Strategic Ambitions

We will deliver our vision and three Quality Goals by meeting our Strategic Ambitions:

Strategic Ambition One:

Working together with service users and carers we will provide excellent care, supporting people on their personal journey to wellbeing.

Strategic Ambition Two:

With people, communities and partners, together we will promote prevention, early intervention and resilience.

Strategic Ambition Three:

Working with partners there will be “no health without mental health” and services will be “joined up”.

Strategic Ambition Four:

The Trust’s Mental Health and Disability Services will be sustainable and deliver real value to the people who use them.

Strategic Ambition Five:

The Trust will be a centre of excellence for mental health and disability.

Strategic Ambition Six:

The Trust will be regarded as a “great place to work”.

The Major Service Developments

We have identified eight major service developments which will help us achieve our Strategic Ambitions. These are the big changes that need to happen over the next five years. In this section we explain what the eight big changes are, why they are important and what the Trust will do.

1. Delivering excellence in In Patient Care

WHAT ARE THE ISSUES?

- Only 3-4% of patients in the mental health pathway receive care in an Inpatient Acute Admission ward. A disproportionate amount of money is spent on inpatient services. Inpatient services account for 43% of the money spent and community services account for 57%.
- There is a significant variation in the numbers of admissions, length of stay and readmission rates across different localities.
- There is a significant variation in our ability to provide comprehensive therapies, and in supporting 7 day services across our in-patient configuration.
- The “Deciding Together” consultation for Newcastle Gateshead has resulted in the CCG identifying a preferred option for inpatient services to be based on the St.Nicholas Hospital site. This raises issues for the affordability of services going forward.

WHAT WILL THE TRUST DO?

We will ensure over the next five years that in-patient care is provided in fit for purpose facilities, with common standards of care and support, responsively over a 7 day week, within the constraints of the resources available to us.

THE PROPOSED TIMESCALES

Service Development	2017/18	2018/19	2019/20	2020/21	2021/22
Provide fit for purpose inpatient facilities with common standards of care and support Responsively over a 7 day week, within the constraints of the resources available to us.			→		

2. Great Care In Your Community

WHAT ARE THE ISSUES?

- The Trust’s long standing Strategy for improving services to our local population across Northumberland Tyne and Wear has been on the re-design of community based services, better supporting people on their journey to recovery.
- Our objective is to provide in every locality:
 - Access to care when a person is in crisis
 - Smooth and timely progression through the care journey
 - Better user and care involvement and positive experience of care
 - Co-production of care delivery
 - A good partnership approach with Primary Care, Acute Hospitals and Local Authorities
 - Evidence based care
 - Outcome measures that are meaningful to service users, carers and clinicians
 - The promotion of and support of Recovery Colleges

WHAT WILL THE TRUST DO?

- We will roll out the new community evidenced based pathways across Northumberland, North Tyneside, Newcastle and Gateshead and ensure that our community services work alongside our partners to ensure people’s holistic needs are met.
- We will deliver community services which demonstrably deliver value for money in terms of productivity and outcomes.

THE PROPOSED TIMESCALES

Service Development	2017/18	2018/19	2019/20	2020/21	2021/22
Roll out of the new community evidenced based pathways across Northumberland, North Tyneside, Newcastle and Gateshead.	→				
Deliver community services which demonstrably deliver value for money in terms of productivity and outcomes.					→

3. Building the right support- Transforming services for people with learning disabilities and autism

WHAT ARE THE ISSUES?

- For many years too many people with learning disabilities and/or autism have been or continue to be inappropriately placed in inpatient settings, sometimes a long way away from family and home.
- People with learning disabilities are more likely to die before the age of 50. This is partly because conditions associated with learning disability raise the risk of premature avoidable death.
- Mental ill health is common amongst people with learning disabilities and around 15% of people with a learning disability display “challenging behaviour”
- As well as worse health, people with learning disabilities present a range of common health risks including obesity.

WHAT WILL THE TRUST DO?

- We will close the agreed number of adult secure beds in line with the national programme.
- We will work to ensure a patch wide approach to improving services for people with a learning disability and autism, using our expertise alongside partners, to transform the services across the whole pathway in all localities.
- We will develop our provision of world class in-patient services for people with autism with the most complex needs in the country.

THE PROPOSED TIMESCALES

Service Development	2017/18	2018/19	2019/20	2020/21	2021/22
Close the agreed number of adult secure beds.	→				
Work to ensure a patch wide approach to improving services for people with a learning disability and autism.	→	→	→	→	→
Develop our provision of world class in-patient services for people with autism with the most complex needs in the country	→				

4. Building resilience for people and communities

WHAT ARE THE ISSUES?

- Poor mental health has a social and economic cost of £105 billion a year. 1 in 4 patients of a full time GP requires treatment for a mental health condition. 1 in 5 older people living in the community and 2 in 5 living in care homes suffer from depression. 1 in 4 young people in the UK experience suicidal thoughts. Suicide is rising and is the leading cause of death for men aged 15-49.
- 75% of people with mental health problems receive no support. 90% of people with mental health problems are supported by their GP.
- The employment rate for adults with mental health problems remains unacceptably low.
- Users and carers report that self sustaining recovery is their key goal.

WHAT WILL THE TRUST DO?

- We will, as an integral part of the Northumberland, Tyne and Wear and Durham Sustainability and Transformation Plan, play a leading role with partners in developing a patch wide approach to building resilience for people and communities.
- We will work with all partners and agencies to enable people, their families, carers and communities to better manage mental illness, including its precursors, and disability.

THE PROPOSED TIMESCALES

Service Development	2017/18	2018/19	2019/20	2020/21	2021/22
As an integral part of the NTWDSTP, play a leading role with partners in developing a patch wide approach to building resilience for people and communities.					→
Enable people, their families, carers and communities to better manage mental illness, including its precursors, and disability.					→

5. Our Future for Children and Young People-improved access to community services

WHAT ARE THE ISSUES?

- 1 in 10 children needs support or treatment for mental health problems. 75% of mental health problems in adult life start by the age of 18.
- Children with mental health problems are at greater risk of physical health problems.
- Children with physical health problems also need their mental wellbeing and health supported.
- Mental health problems not only cause distress, but can be associated with significant problems in other aspects of life and affect life chances.
- Children and young people’s mental health problems have become more complex and more of them require specialist support.
- Children and young people and their parents and carers expect the NHS to provide this specialist support where and when it is needed- they do not want lengthy waiting lists.
- The Young Minds Report (2015) says:
 - Services should promote resilience, prevention and early intervention;
 - There needs to be improved access to effective support-a system without tiers;
 - Services should care for the most vulnerable;

WHAT WILL THE TRUST DO?

- We will promote and play an integral part in delivering a system wide approach to improving services for children and young people, collaborating with all partners.

THE PROPOSED TIMESCALES

Service Development	2017/18	2018/19	2019/20	2020/21	2021/22
Promote and play an integral part in delivering a system wide approach to improving services for children and young people, collaborating with all partners					→

6. Enabling the system to support your whole needs

WHAT ARE THE ISSUES?

- Physical and mental health are closely linked.
- People with severe mental illness die on average 15-20 years earlier than other people-one of the greatest health inequalities in England. There is a lack of access to physical healthcare for people with mental health problems.
- People with learning disabilities are more likely to die before the age of 50 than the general population. This is partly because conditions associated with learning disability raise the risk of premature unavoidable death.
- People with long term physical illnesses suffer more complications if they also develop mental health problems.
- There is a significantly higher use of acute hospital beds for physical health care needs across Northumberland Tyne and Wear than the national average.
- There is good evidence that dedicated mental health provision as part of physical health pathways results in better patient outcomes.

WHAT WILL THE TRUST DO?

- We will, as an integral part of the Northumberland, Tyne and Wear and Durham Sustainability and Transformation Plan, promote a patch wide approach to better supporting people's whole needs, working with all local acute hospitals and community service providers to integrate mental health into physical health pathways.

THE PROPOSED TIMESCALES

Service Development	2017/18	2018/19	2019/20	2020/21	2021/22
Promote a patch wide approach to better supporting people's whole needs, working with all local acute hospitals and community service providers to integrate mental health into physical health pathways.					➔

7. Our Future for Children and Young People-Care for the most vulnerable

WHAT ARE THE ISSUES?

- Some young people with mental health problems, including those with a learning disability, have very complex needs and they require specialist support in a bespoke environment. Some of these young people are detained under the Mental Health Act 1983, are at risk of harm to others and local services are unable to meet their specialist needs.
- Only a small number of centres across the country provide the right level of highly specialist multi disciplinary care for young people requiring treatment under the Mental Health Act 1983. Alnwood is only one of two centres in the country which provides highly specialist multi disciplinary care for young women. The other unit is Bluebird House in Southampton.
- Ideally services should be provided as close to home as practical. The Alnwood building is not suitable for providing services to young people.
- Specialist services like those provided at Alnwood are commissioned by NHS England who agree that the key to commissioning the right type of care in the right places is to adopt a whole system approach with the right models of care.

WHAT WILL THE TRUST DO?

- We will not provide young people’s specialist in patient services from the current location of Alnwood in the medium term and will re-provide those services from alternative accommodation or exit from the market.
- We will develop a sustainable model of care for children and young people requiring specialist in-patient support

THE PROPOSED TIMESCALES

Service Development	2017/18	2018/19	2019/20	2020/21	2021/22
Re-provide young people’s in patient services from alternative accommodation or exit from the market.	→	→	→		
Develop a sustainable model of care for children and young people requiring specialist in-patient support.	→	→			

8. Delivering Better Forensic Care and Pathways to Recovery

WHAT ARE THE ISSUES?

- The Trust provides a wide range of Forensic Services including community services, liaison and diversion services, in reach services to prisons and in patient services.
- Our Forensic Inpatient Services are relatively small compared to those provided by others. We are the second smallest provider of Forensic Inpatient Services in the country.
- Our Forensic Inpatient Services are provided across two sites-Northgate and St.Nicholas Hospital and they are more expensive than those provided by other organisations. .
- NHS England commission the services and are considering tendering Forensic Inpatient Services nationally. Due to economies of scale our existing services are not financially sustainable.
- People with a mental illness and a learning disability who have been involved with or in contact with the criminal justice system need access to a whole range of services to support their pathway to recovery.

WHAT WILL THE TRUST DO?

- We will use our expertise in providing community forensic services to lead on developing whole forensic pathways to recovery.
- We will look at bringing our Forensic Inpatient Services together making them more competitive and sustainable in the long term.

THE PROPOSED TIMESCALES

Service Development	2017/18	2018/19	2019/20	2020/21	2021/22
Use our expertise in providing community forensic services to lead on developing whole forensic pathways to recovery.					
Look at bringing our Forensic Inpatient Services together.					

How will we measure success and report on our progress?

We have set out in this document our Vision, Values, Strategic Ambitions and Major Service Developments for the next five years. Having set the direction for the Trust for the next five years our Council of Governors and Board of Directors must now ensure that it is delivered.

We have set ourselves specific targets which we will use to measure our success in achieving our Ambitions. We will monitor and report to the Council of Governors and Board of Directors on the progress made in delivering our overall Strategy and include a progress report in our Annual Report.

January 2017

Appendix 3

Programme for supporting Strategies

Supporting Strategy	Lead
February 2017 CDT-13th Feb (papers 6th Feb) Board -22nd Feb (papers 13th Feb)	
Informatics	Darren McKenna
Innovation	James Duncan
Wellbeing and Recovery	Gary O'Hare
Communications	Caroline Wild
March 2017 CDT-13th March (papers 6th March) Board-22nd March (papers 14th March)	
Workforce and OD (refreshed)	Lisa Crichton Jones
Nursing (refreshed)	Gary O'Hare
Medical Workforce Strategy	Rajesh Nadkarni
Pharmacy and Medicines Management	Tim Donaldson
April 2017 CDT-18th (papers 10th) Board-26th (papers 18th)	
Estate	Malcolm Aiston
Risk Management	Lisa Quinn
Marketing	James Duncan
Clinical Effectiveness	Rajesh Nadkarni /Paula Whitty