

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

**Board of Directors Meeting**

**Meeting Date:** 28 June 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. Wave 2 New Care Model Site for Tertiary Mental Health Services
2. Professor Michael West Presentation – 5 June 2017
3. Operational Management Structure Update
4. Health and Wellbeing

**Regional updates**

5. STP Mental Health Workstream
6. ACS for NE and North Cumbria

**National updates**

7. NHS Providers Report
8. 2016-17 NHS Financial Performance

**Outcome required:** For information

# Chief Executive's Report

28 June 2017

## Trust updates

### 1. Wave 2 New Care Model Site for Tertiary Mental Health Services

The NHS Planning Guidance 2016/17-2020/21 identified the opportunity for areas to express an interest in 'secondary mental health providers managing care budgets for tertiary mental health services'. In 2016/17, more than 100 organisations, from both the NHS and independent sector, responded to a call for applications. Following a rigorous selection process, six sites were selected for wave 1 and these went live on 1 April 2017.

The first wave sites have taken responsibility for more than £350m of expenditure on tertiary mental health services. The six sites plan to save more than £50m over the next two years through admission avoidance, shorter lengths of stay, and repatriating patients from out of area placements. These savings will be reinvested in new local services including crisis and home treatment teams; supported housing; other community services; and additional beds.

Building on the enthusiasm and success of wave 1, providers of secondary mental health services were invited to submit formal applications to become part of the second wave of the programme.

This programme is an opportunity for mental health providers and specialised commissioners to work together to share their talent for innovation and transform local tertiary services for the benefit of service users and their families.

Wave 2 of the programme focuses upon those services with the highest levels of activity and expenditure. These services provide the potential for the greatest benefits to service users, as well as the largest savings for local reinvestment. For the second wave therefore, applications from providers of secondary mental health services were invited for the budget management of the following tertiary services:

1. Tier 4 CAMHS services, including children and young people's secure care
2. Secure adult mental health care
3. Adult eating disorder services

#### **Successful applications**

NTW after discussing with partner organisations put in two applications:

1. A joint proposal with Tees Esk and Wear Valleys NHSFT for the North East and Cumbria Adult Secure pathway.
2. A single proposal for the Children and Adolescent Tier 4 pathway across the North East and Cumbria for Learning Disabilities and across Northumberland, Tyne and Wear and Cumbria for Mental Health (complimenting the existing Wave 1 programme across Durham and Tees). Both proposals included Mental Health and Learning Disability Services.

Both applications were successful. The Trust is now in the process of completing a business case for each proposal which is to be submitted by the 4<sup>th</sup> August. The expected go live date is 1<sup>st</sup> October 2017.

## **2. Professor Michael West Presentation - 5 June 2017**

A small number of NTW staff were invited and attended Professor Michael West's talk on June 5<sup>th</sup> 2017. Northumbria FT are one of three national NHS Improvement pilot sites exploring developments in approaches to collective leadership. Professor West has been supporting their work for the past two years. He focused on his most recent King's Fund publication, 'Caring to Change.' May 2017. This pdf document is available free of charge from the King's Fund website.

Professor West sought to answer two key questions: how can we meet the challenges of our time, and how might we do that without compromising the health and well-being of our staff? He identified compassion as a core value, and explored the positive benefits of leaders and managers acting and behaving in a compassionate way, highlighting a considerable body of evidence that suggests a causal link between a compassionate approach to leading and managing staff, enhanced clinical outcomes, a healthier and more resilient group of staff and enhanced team/organisational performance.

He identified key factors that help to build a culture of high quality care and backed this up with more evidence to suggest the importance of organisations like ours:

- Prioritising and developing an inspirational vision and narrative: stating how we intend to deliver high quality, continually improving and compassionate care.
- Involving and managing people effectively by demonstrating compassionate leadership, at all levels.
- Developing a culture of continuous learning, innovation and quality improvement.
- Promoting, enabling and supporting team working.

Professor West made reference to the national NHS Guidance Framework, 'Developing People and Improving Care' (2016) which also highlights the need to lead in a compassionate and inclusive way and reminded us that this framework will be used to regulate health and social care services. Finally, in alignment with our decision to move towards a culture that enables and empowers all staff and teams, he likewise, passionately advocates for and provides evidence to support the adoption of a collective leadership approach, as a way of meeting our challenges. He said that "Leadership development is the most malleable thing we have to influence cultural change: adapting the way we think and behave, to mirror the components of compassion." He describes this as a "how may I help you?" culture.

Whilst there is a need to continually review and refresh our approach to leadership and organisational development, it was comforting to learn that many of the approaches advocated by Professor West seem to be built into the way we do things in NTW. There is a need to reflect more on his talk and to explore the 'Caring to Change' publication and this is being attended to.

### 3. Operational Management Structure Update

The Operational Management Restructure continues. A number of placing meetings and interviews have already taken place and appointments have been made at Group Director level, Associate Director; Associate AHP Director, and Associate Psychological Services Director.

Interviews for the Associate Medical Director roles and remaining Associate Psychological Services Director and Associate AHP Director roles are scheduled to take place over weeks commencing 19<sup>th</sup> and 26<sup>th</sup> June.

#### **Group Level appointments are as follows:**

- Deputy Director Positive & Safe: Ron Weddle
- Deputy Director NTW Academy: Gail Bayes
- Group Nurse Director Safer Care: Anne Moore
- Director of AHPs and Psychological Services: Esther Cohen Tovee

#### **North Locality:**

Group Director:	Russell Patton
Group Nurse Director:	Jackie Jollands
Group Medical Director:	Steve Moorhead

#### **Central Locality:**

Group Director:	Tim Docking
Group Nurse Director:	David Muir
Group Medical Director:	Jane Carlile

#### **South Locality:**

Group Director:	Sarah Rushbrooke
Group Nurse Director:	Vida Morris
Group Medical Director:	Jonathan Richardson

### 4. Health and Wellbeing

#### ***Pedometer Challenge***

The Trust's 3<sup>rd</sup> Pedometer challenge is scheduled to take place between 31<sup>st</sup> July to 27<sup>th</sup> August 2017. This activity has proven to be very popular and the response thus far has been overwhelming.

The aim of the challenge is to motivate staff to become more physically active and to encourage a healthier lifestyle. Teams of 4 will each be given a pedometer to wear over a 4 week period and record and submit on a weekly basis the number of steps incurred. The Team with the greatest number of steps will be deemed the winner and will receive a prize.

#### ***Health and Wellbeing Survey***

A requirement of the North East's Better Health at Work award is that an organisational wide health and wellbeing survey is conducted biennially. The purpose of this is to obtain baseline health information, to compare results year on year and to provide a focus for future health and wellbeing priorities.

The first survey 2 years ago obtained a 7% response rate which was disappointing and efforts are being made to improve on this. Last year's results informed us amongst other things that weight management was a particular concern. This led to the introduction of Weight Watcher's classes on site, focused weight management campaigns and a running club. Mental health was also raised as a concern and work continues in relation to Resilience Training and Mindfulness.

The survey was launched on 5<sup>th</sup> June and closes 30<sup>th</sup> June.

## **Regional updates**

### **5. STP Mental Health Work-stream**

Discussions are ongoing regarding the governance and structures of the STPs across the North East and North Cumbria. In the light of these discussions it has been determined that a single mental health work stream should be created across the three STPs currently covering this geography. The intention is to create a resource to promote an approach to ensuring "no health without mental health"; gathering an understanding of variation and gap analysis regarding implementation of the five year forward view; developing a resource of best practice in managing integrated physical and mental health care; creating a knowledge and evidence base on using the MH5YFV to close the 3 gaps enshrined in the STP; and to develop model pathways for integrated care.

At a strategic level this will involve developing network of clinical and managerial experts, linking in with AHSN and existing clinical networks, building on emerging networks across physical and mental health in each patch. This will support evidence gathering and resource sharing to promote good practice and share innovation. The aim will also be to create a resource to understand variation at locality/CCG level in terms of implementing the 5 year forward view and develop analysis and evidence to create and support the case for change, including a toolkit for financial and economic analysis.

This work will be supported by a Transformation and Delivery Group for Mental Health for Northumberland Tyne and Wear and North Durham. This will create and support integrated networks involving physical and mental health clinical experts ensuring consideration of mental and physical health needs across all pathways and conditions. This will also create relationships and embed thinking into wider pathway re-design across acute care and across communities and localities. A first workshop for this emerging Transformation and Delivery Group is scheduled to take place on 19<sup>th</sup> July.

The Board will continue to be updated on progress.

### **6. ACS for NE and North Cumbria**

Discussions continue to scope what an Accountable Care System across the region might look like to support commissioners and providers to work in closer partnership at a strategic level to address the challenges set out in Local STPs. Work to engage fuller with Local Authority leaders is underway. Feedback from NHS Improvement and NHS England has been supportive of the broad direction of travel.

## National updates

### 7. NHS Providers Report

NHS Providers have published a new report on the future of commissioning. The report is the first in a new publication series called *Provider Voices*. Within those reports there are views on some of the key issues facing the NHS of leaders from Trusts, as well as those from other parts of the service.

The report is available to view [here](#). This is a useful report that may be helpful in informing the discussions underway across the NE and Cumbria about developing some form of Accountable Care System.

### 8. 2016-17 NHS Financial Performance

The NHS provider sector ended the year with a deficit of £791m compared to the £886m reported at quarter 3. This follows a £2.45bn deficit reported in 2015/16. Taken in line with the underspend across the CCG sector (they were required to hold a contingency of 1% or £800m) this means that the NHS as whole has broken even for the year.

The performance shows a stabilisation of the sector after £1.8bn of Sustainability and Transformation Funding was injected this year to support financial delivery. While this stabilisation is welcome, it needs to be seen in the context of a much lower overall funding settlement for 2018/19 (1.3% compared to 3.8% including STF in 2016/17) and the fact that over £700m of CIPs delivered in 2017/18 were non-recurrent in nature. This will mean significant financial challenges continue to face the sector and the NHS as whole in 2019/20.

An excellent summary report on the position by NHS providers is attached as Appendix 1.