

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

**Board of Directors Meeting**

**Meeting Date:** 27 September 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. Northern Pride and Mela
2. Staff Survey Launch
3. Pedometer Challenge
4. Investor in Apprentice Award

**Regional updates**

5. The North East and Cumbria Transforming Care Board
6. Newcastle Gateshead Deciding Together, Delivering Together
7. Gateshead Accountable Care Partnership

**National updates**

8. Mental Health Workforce Plan from Health Education England
9. NHS Quarter 1 Report.
10. Higher Level Responsible Officer Quality Review Meeting 8<sup>th</sup> September 2017

**Outcome required:** For information

## Chief Executive's Report

27 September 2017

### Trust updates

#### 1. Northern Pride and Mela

Northern Pride celebrated their tenth birthday this year with a fantastic celebration over the weekend of Friday 21 July – Sunday 23 July. There was a good representation at the event by the Trust and this year for the first time, we had members of our new LGBT + Network working on our HR recruitment stall. As a Trust, we are proud to support the LGBT+ community, but having staff members of the LGBT+ community there, networking and being visible, was a big step forward in demonstrating our commitment to becoming a more inclusive employer.

On Sunday 27 and Monday 28 August, the Trust was in attendance at the Newcastle Mela for the first time, promoting the Trust as a place to work. The Mela is a celebration of Pakistani, Bengali, Indian and other South Asian cultures. The Trust stall attracted a lot of attention over the two days of the event, with many people expressing interest in finding out more about working for the Trust but also finding out more about the services which we offer.

#### 2. Staff Survey Launch

The 2017 Staff Survey was launched on Mon 18 September 2017 and is again being co-ordinated by Quality Health. As in previous years we have decided to survey all of our staff. Those working in inpatient areas and Estates and Facilities have received paper copies of the survey and the remaining staff have received the questionnaire via e-mail.

This year there are two prizes on offer to those that complete the survey: the first prize is £1000 and the second prize is a tablet- fireHD10 donated by healthcare staff discounts.

Several reminders are scheduled throughout the period of the survey and progress reports will be discussed on a weekly basis through Business Delivery Group and Executive Directors.

#### 3. Pedometer Challenge

The Trust held its bi-annual pedometer challenge over July/August. The purpose of which was to highlight the health benefits of walking and to promote some competitive fun between teams of 4 over 4 weeks.

61 teams from all areas of the Trust initially registered for the challenge and 55 teams completed. The teams walked a total of **63,281,728** steps which equates to **29,962** miles over the 4 week period. This compares to 43 teams who registered and 38 completed the 2015 challenge and walked **48,178,641** steps which equates to **22,811** miles. This year collectively our teams walked seven million miles more than the miles covered in the 2015 challenge!

The Top 3 winning teams:

1<sup>st</sup> place – Night Owls with **(Northgate)** 4,573,048 steps

2<sup>nd</sup> place – Beadnell Beauties **(St Georges Park)** with 2,632,676 steps,

3<sup>rd</sup> place - 7 Plasters for 7 Blisters with **(NTW Solutions)** 1,788,746.00 steps

#### **4. Investor in Apprentice Award**

North East NHS Staff are celebrating after receiving an Investor in Apprenticeship Award from the North East Apprenticeship Ambassador Network. We are the only mental health and disability NHS Trust in the North East to have received this award. The award is given to employers who have demonstrated a high level of commitment to promoting apprenticeships and employing apprentices.

The award was presented by the Education and Skills Funding Agency (ESFA), the government agency responsible for funding education and training for children, young people and adults.

### **Regional updates**

#### **5. The North East and Cumbria Transforming Care Board**

The North East and Cumbria Transforming Care Board is reviewing its working arrangements to try to re-focus the work it is undertaking to improve services for people with learning disabilities and autism.

As part of this work an Operational Delivery Network (ODN) has been established that will bring together clinicians working in the field from across the patch to develop practise in a coordinated manner. I am pleased to report that Dr Gill Bell who is a child forensic psychiatrist with NTW and recently appointed Associate Medical Director in the Secure Services Clinical Business Unit has been appointed as the Chair of this new network

#### **6. Newcastle Gateshead Deciding Together, Delivering Together**

As the Board are aware, in June 2016, following public consultation, decisions were taken around services in Newcastle and Gateshead:

- Creation of new inpatient facilities at Newcastle's St Nicholas' Hospital, and the opportunity to innovate a wider range of improved and new community services
- Closure of Gateshead's standalone Tranwell Unit, as well as the Hadrian Clinic in Newcastle
- Older people's services in Newcastle consolidated at St Nicholas' Hospital, closing wards based on the former Newcastle General Hospital site
- Development of new and enhanced services that will create a better way for people to be supported and cared for in their own communities, minimising the need for inpatient care because new innovative services will support people when needed

Following this process, it has proved difficult to move the proposals forward due to:

- Increasing financial challenge facing our local health and care economies in the face of the national context of continued austerity

- Significant restrictions in capital availability
- Diversion of effort in the context of the development of Sustainability and Transformation Plans

In order to progress the work, further stakeholder workshops took place in February and July of this year, which have confirmed a widened scope – this now also includes:

- Older people's mental health services in Gateshead
- Third sector mental health services, and the wider community and voluntary sector
- Social care and other local authority services
- Interface with GP services
- Interface with employment and housing

It was agreed that a number of design workshops would take place through September and October, focusing on the design of community pathways. At the same time further work would be done on the development of the business case for in-patient services, with the aim to bring an outline business case for the future of Mental Health Services for adults to individual Boards and Accountable Officers by December

Design Principles were identified at the stakeholder workshops to guide the development of the work, and the first of the week long workshops, on getting access to help, took place on the week beginning 4<sup>th</sup> September. Further design workshops are taking place as outlined below - each will have an open feedback session at the end of the week, on the following dates/times, where people can hear about the design as it develops and give us their views

- Friday 22 September at 3 pm, at the Collingwood Suite, Royal Station Hotel, Newcastle, NE1 5DH
- Friday 6 October at 3 pm, at the Angel Inn, Longbank View, Low Eighton, Gateshead, NE9 7UB
- Friday 20 October at 3 pm, at the Collingwood Suite, Royal Station Hotel, Newcastle, NE1 5DH

In addition, Healthwatch Newcastle and Healthwatch Gateshead are running 'fringe' events that will allow more members of the public, experts by experience, and voluntary and community sector representatives to make their voices heard and contribute to the new service design.

Board members will be kept informed of developments over the next two months and are welcome to join the report out sessions for the design workshops as detailed above

## **7. Gateshead Accountable Care Partnership**

Over the summer, discussions have continued about shaping the approach to integrated care across Gateshead. This has culminated in a position paper outlining the jointly agreed way forward. This has been considered and supported at the Health and Wellbeing Board for Gateshead, and reviewed through Executive Directors and the Corporate Decisions Team, within the Trust. It sets out a commitment for organisations to work together to create an integrated care system. It

does not commit to any form of organisational change, but does look to create an integrated system of governance, an approach to joint strategic commissioning of services, and the creation of an alliance of providers.

This alliance of partners will be operated through the Gateshead Care Partnership, established as the contracting vehicle for delivering community services in Gateshead, but now extended to include NTW and to further the wider aims of the partnership. The position paper outlining this approach is attached.

## **National updates**

### **8. Mental Health Workforce Plan from Health Education England**

[Stepping Forward to 2021: Mental Health Workforce Plan for England](#) has been published. The workforce action plan comes from Health Education England and has been developed to support the delivery of the Five Year Forward View for Mental Health. This plan provides immense opportunity and not inconsiderable challenge, to bolster, augment and reshape, the mental health workforce and to deliver more and better care to patients.

Commissioners and providers have a pivotal role in delivering the plan with staff and wider partners. STPs, supported by regions, will drive progress across local footprints taking account of the availability of skills.

There has never been a better time to work in mental health or more career choices or routes to entry into the sector. Promoting this, attracting new staff, valuing existing staff and delivering the commitments in the plan will be paramount.

Through the regions NHSE, NHSI and HEE will be sending out more detail on how we can support and monitor delivery. There is much innovation and creativity around workforce already and we will help share and build on what works. We will arrange a range of opportunities to share best practice, learn more and support each other.

## **National update**

### **9. NHS Quarter 1 Report**

NHS Improvement published its quarterly review of NHS performance up to 30<sup>th</sup> June on 1<sup>st</sup> September 2017. Operationally, the position across the NHS remains extremely challenging. The number of elective patients waiting for NHS treatment in England has exceeded 3.6 million for the first time since the waiting time target was introduced in August 2007. Historically this was due to demand for treatment exceeding the capacity available but in recent months GP referrals have started to reduce.

The increase in occupancy is in part a result of increased emergency pressure, where the sector has seen a 3.81% increase in emergency admissions via A&E compared to the same period last year. There has also been a lack of progress in reducing delayed discharges. Since the government announced £1 billion investment for adult social care in March 2017, the level of delayed transfers of care has increased. To address this, it will be essential for local health and care systems to work together to ensure sufficient beds are available so that patients can continue to rely on safe, high quality care over the busy winter period.

Despite this, data shows that A&E performance of 90.29% at quarter 1 has met the national ambition of delivering 90% by September 2017.

From a financial perspective NHS providers ended the quarter with a deficit of £736m overall against a plan of £704m. While this was broadly in line with plan, it must be noted that the year end plan is for an overall deficit of £523m, showing that savings plans are expected to be delivered through the latter part of the year. Taken alongside the operational pressures being experienced in advance of winter this represents another very challenging position for the NHS. The full report can be found at:

[https://improvement.nhs.uk/uploads/documents/Performance\\_of\\_the\\_NHS\\_Provider\\_sector\\_month\\_ended\\_30\\_June\\_2017\\_report\\_-\\_1\\_Sept\\_2017.pdf](https://improvement.nhs.uk/uploads/documents/Performance_of_the_NHS_Provider_sector_month_ended_30_June_2017_report_-_1_Sept_2017.pdf)

## **10 Higher Level Responsible Officer Quality Review Meeting 8<sup>th</sup> September 2017**

NHS England invited the Revalidation Team for a Quality review on the 8<sup>th</sup> September 2017. They commented on a number of good processes the Trust had implemented/were looking to implement as follows:

- Recognised the Trust were doing very well via CQC outcomes
- Happy and supportive of the Revalidation & Appraisal Work Plan for 2017/18 and asked for a copy
- Impressed with the Employment Checklist used for recruiting substantive and Agency medics. This was specifically commented on by the Lay member and we were asked to forward copies for NHS England's evidence of good practice file
- Further impressed with the review of our Appraisal & Job Planning Policies in particular the Handling Concerns Policy (HCAD) and the supportive process the Trust have included prior to instigating any formal process. NHS England again asked for copies to share within the Medical Revalidation Networks
- NHS England recognised the ability and development of the Trust's Revalidation Team in particular the work the Trust had implemented to support new doctors to the NHS/Trust. In particular the work to support Overseas doctors who had not engaged in the Appraisal/Revalidation Process before coming to the UK

The meeting was very constructive and the Team was extremely proud to be the first Trust to date to have no action plan following a review with NHS England; indeed, NHS England has taken away points of good practice from the discussions.

# **Developing an Integrated Health and Care System for Gateshead**

## **Background Paper**

### **1. Introduction**

In December 2014 a meeting of the Gateshead system leaders took place and the principles of a whole system approach to the commissioning and delivery of health and care services was debated and agreed in principle. The model under consideration had been proposed by Ian Renwick and was a clear statement from GHNT that we were interested in exploring what became known nationally as “New Models of Care”. Through 2015 and 2016 relationships across the system have been strengthened and developed and with the GCP acquisition of community services in 2016 a number of system dynamics have changed. However, the development of a system approach as discussed in 2014 made little material progress until recent weeks.

On 28 April 2017 the Accountable Officers for the Gateshead Health and Care Local Economy met to explore the extent to which there was an appetite across health and care sectors and among both commissioners and providers to develop an integrated approach to the commissioning, delivery and development of health and care services in the Gateshead area.

Organisations represented were: GHNT, NGCCG, NTW, CBC and Gateshead Council. There was unanimous agreement among those present that it was the right thing for the people of Gateshead that we should work in an integrated way and wherever possible organisational interests should not hinder this. It was agreed that providers would develop a proposal for consideration by the commissioning organisations and commissioners would develop a proposal for consideration by providers. Subject to the degree of common ground further work would be considered.

Since that first meeting the providers, as represented by the Gateshead Care Partnership (GCP) Board have met twice to explore opportunities in more detail. This has included first inviting NTW to join the meeting and subsequently agreeing that they would be formally invited to join the Partnership. This has now been concluded. The commissioners have also met to consider their position.

At the 3<sup>rd</sup> meeting of the Accountable Officers and their teams, held on 21 July, papers from both providers and commissioners were considered and it was agreed that all parties were unanimously of the opinion that the work to develop a Gateshead Integrated Health and Care System should be formalised and that a paper outlining the proposed approach would be taken to the September meeting of the Gateshead Health and Wellbeing Board.

### **2. Provider Proposals**

Two system development days have been held with the GCP board and there is consensus that by working together to deliver health and care services the providers will be better placed to develop services in a way that breaks down traditional organisation boundaries and allows new models of care to be developed in ways that are patient/person focussed rather than organisationally structured. By aligning resources in this way the expectation is that greater efficiency will be achieved allowing waste (staff time and financial) to be taken out of the system.

GCP is already tasked by the AOs with delivering the People, Communities and Care model in line with the STP Communities and Neighbourhoods workstream. The proposed approach goes significantly beyond this aiming to encompass most provider delivered

services within the framework including acute care, community care, mental health, some primary care (over and above those contained within core PMS and GMS contracts) delivered services as well as elements of social care.

### **3. Commissioner Proposals**

The CCG and Council have indicated they are interested in exploring an approach that changes significantly the strategic commissioning arrangements in Gateshead. While the details of content and timescales are to be developed the concept would be an outcomes based contract with responsibility for delivering services held by an alliance of provider organisations. As with the provider assumptions, commissioners are keen to explore a comprehensive approach that includes delivery of acute, community, mental health, some primary care (over and above core PMS and GMS) and social care.

The notes shared by the commissioners are attached.

### **4. How does this fit with the STP?**

While there is a convergence of the STPs in Cumbria and the North East into a single “oversight” arrangement there is currently no move to develop standard delivery models at a locality level. The principles remain that local delivery of service meeting local need should be at the heart of the STP arrangements. Only those areas that will benefit from a wider system approach should be designed and delivered on that basis. There is an expectation that local systems will ensure the integrated and seamless delivery of care and support. Within the STP we therefore see the continuing development of the Northumbria ACO, the tender process for a large MCP in Sunderland a new model of care in North Tyneside based on the MCP model and the public consultation on service reconfiguration across South Tyneside and Sunderland. In this context the proposed integrated Gateshead system meets the core system requirements while ensuring that a model fit for purpose in Gateshead is put in place.

The Neighbourhoods and Communities programme within the STP is concentrating on standardising outcome measures and sharing good practice. Delivery is expected to be at locality level. In Gateshead this model has been launched as the People, Place and Community model and responsibility has already been delegated by accountable officers to GCP.

The Optimising the Acute Sector programme concentrates on standardising delivery of hospital based services as well as considering their long term sustainability and configuration. The proposed Gateshead system will continue to work as part of this programme.

The Mental Health workstream is concentrating on delivery of the Five Year Forward View and the recent Treat as One publication. GHNT as the provider of older people’s mental health and NTW as partners in GCP, ensures that the Gateshead system is well placed to be at the forefront of developing the STP blueprint.

The Prevention workstream will develop and evolve across the combined STP footprints. By working together as an integrated system we believe Gateshead will be well placed to take a new and innovative approach to the prevention agenda.

The STP seeks to find ways of making the health and care system financially sustainable. By working collectively together to avoid duplication, take out waste and use our workforce



creatively the belief is that the Gateshead system will deliver efficiency though this may be absorbed by the demographic growth. Further work is required to understand this.

## **5. How does this fit with the Newcastle Gateshead Acute Care Collaboration?**

The acute care collaboration is covered by the NTWD STP and seen as an example of good practice. The proposed approach will not detract from this. The integrated Gateshead system will encompass primary care, community care, secondary care and mental health delivery. Work across the acute system will continue and feed in to the overall programme for the Gateshead system concentrating on acute services where there are areas of shared benefit.

## **6. How does this fit with NTWs strategic Ambitions?**

The Trust has six strategic ambitions.

1. Working together with service users and carers we will provide excellent care, supporting people on their personal journey to wellbeing.
2. With people, communities and partners ,together we will promote prevention ,early intervention and resilience.
3. Working with partners there will be “no health without mental health” and services will be “joined up”
4. Our Services will be sustainable and deliver real value to the people who use them.
5. The Trust will be a centre of excellence for mental health and disability.
6. The Trust will be regarded as a great place to work.

This proposal sits squarely with strategic ambitions 2 and 3s and we would aim to ensure that as these proposals develop, that they are tested against our other four strategic ambitions to ensure consistency. By engaging fully with this work we can shape the proposal to ensure that the mental health needs of the population of Gateshead are fully reflected in the agreed way forward.

## **How will this work financially?**

The financial model has not yet been developed. A working group is being convened to explore what options could be available. A clear understanding will be required of how the financial profiles will work at a system level and to support statutory requirements. It is expected that new financial models will be developed and that the current tariff arrangement is unlikely to remain in place. The risks associated with new approaches will be assessed as part of the work to develop options.

It is expected that the integrated approach will create opportunities to remove waste from the system but at the same time the increasing demographic pressure will need to be contained. With all care providers in the delivery model including primary care it is expected that demand management would be the responsibility of the providers.

## **7. How will the governance operate?**

The governance arrangements are still to be worked through. There is agreement that all statutory bodies will retain their statutory roles and responsibilities – this is also the cleanest solution with existing legislative frameworks. Organisational form will be decided once the detail on services to be delivered has been developed. There will be work done to look at how this can be delivered.

Procurement law may determine how some of this will develop. However, there are already examples of the Competition and Markets Authority taking a different view of competition legislation in the light of the financial challenges facing the NHS and the primacy of the requirement to work in the interests of patients. The developing proposals will be built as far as possible on the principles of collaboration and partnership, within existing organisational footprints

The current discussions have indicated that the move towards such a new system delivery model will be evolutionary but with a view to incorporating all acute, community, mental health and social care together with some primary care services. The governance model proposed will be designed to meet the expected end point.

Questions have been asked about how we will engage with the public and also with the voluntary sector. Healthwatch has expressed an interest in working with u on public engagement and this is yet to be explored.

There are many hundreds of voluntary organisations in Gateshead offering services that could support our approach. Further consideration is required to determine how these opportunities can be built in to our approach.

## **8. Next Steps and Action Required**

A joint paper from the Gateshead health and care accountable officers will be discussed at the Gateshead Health and Wellbeing Board on 8 September. This will propose formalising what has been an informal discussion to date and putting in place the programme management arrangements needed to develop a firm proposal. The CCG aspires to move towards the new model in early 2018-19. The extent to which this will be possible is still to be explored.

Prior to the Health and Wellbeing Board on 8 September a paper for partner boards has been prepared by Julie Ross the Director of Integration for Gateshead Newcastle. In this she asks organisations to feedback on a series of questions and to confirm their support for the proposed approach.