



Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

Annual magazine 2025

Listening. Learning. Leading.

Our model of care and support



With **YOU** in mind

“I just bottled it all up”

Paul
Helped by NHS Talking Therapies

NHS Talking Therapies can help

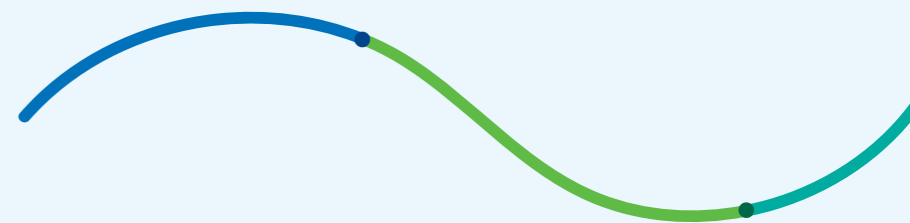
Struggling with feelings of depression, excessive worry, social anxiety, post-traumatic stress or obsessions and compulsions? A trained clinician can help.

The service is effective, confidential and free.

Your GP can refer you or refer yourself at nhs.uk/talk



Welcome



Welcome from our Chief Executive.....	4
A message from our Chair.....	6
Our model of care and support.....	8
Trauma-informed Practice and Approaches (TIPA).....	10
Tackling health inequalities.....	14

Community transformation stories	Bringing mental health support closer to home	18
	New ways of working: Hope Haven	22
	Working together for better neighbourhood health	26

The importance of research.....	28
A new service for people living with complex psychosis.....	30
Employment support service.....	32
Spotlight on our Trust charity.....	34
CNTW membership.....	38

Welcome from James Duncan



I'm pleased to introduce this annual magazine, which brings together a series of articles exploring our evolving model of care and support – a key part of how we're transforming how we deliver care across our services.

We launched our strategy With You in Mind in 2023 which we developed with the help and support of our workforce, service users and carers, our partners and the public.

When we were developing our strategy, it became clear from what people told us that systems and processes were often getting in the way of delivering high-quality care. We also know that across the wider NHS, our health and care systems have become disjointed, and stretched to their limit as demand for services continues to grow. But we also know that we have the opportunity, and the responsibility, to respond with compassion, innovation and collaboration.

With You in Mind sets out our five strategic ambitions to deliver safe, high-quality care every day and to improve our inpatient and community services. And this year, we have developed and launched our new Model of Care and Support. This is the framework for how we will achieve these ambitions. It focuses on providing care that breaks down traditional barriers between services and puts people at the centre of their care. It will shape how we develop our clinical services and pathways over the next three to five years.

Our model of care and support is about understanding people as individuals, supporting them to stay well, and working together to deliver care that is timely, effective and rooted in dignity.

The model is built around five key pillars: understanding and prevention, community treatment, long-term complex needs, urgent and crisis care, and inpatient care. Each pillar is designed to reflect what matters most to the people we serve. It's about creating the conditions in which people, teams and communities can thrive.

This annual magazine shares progress, insights and reflections from across the organisation. It highlights the work already underway, the challenges we're tackling, and the ideas we're developing together. You'll hear from colleagues leading different areas, and I hope you'll see how your voice, your experience and your expertise are shaping this journey.

We're not aiming for perfection overnight. But we are committed to learning, improving and delivering care that is joined-up, person-centred and future-facing. That means continuing to listen to our service users, carers, staff and partners, and being open to change.

So please, take time to read, reflect and get involved. Whether you're working on the frontline, in support services, or in leadership, your contribution matters. And if you have ideas, questions or feedback, I encourage you to share them.

Together, we can build a model of care and support that truly works, with you, and for you.

James Duncan

Chief Executive

A message from our Chair, Darren Best



As Chair of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, (CNTW) I'm proud to introduce this year's annual magazine. It's produced at a time of significant transformation across the NHS.

CNTW remains committed to providing the best possible care for the people we serve, however the ways in which we develop and deliver services has and will continue to transform and change. That said, those are just words, I recognise that real change, doesn't come from words, or strategy documents alone. It comes from people. From relationships. From listening deeply, and responding with compassion, professionalism, skill and determination.

This year, the NHS has introduced a 10-year health plan for England: Fit for the Future. It is a significant shift and one that I believe speaks to the very heart of what we're here to do. It's about moving away from fragmented systems and towards something more connected, recognising that mental health care must be shaped not just by clinical expertise, but by lived experience, community connections and trust.

It places those who use our services, their families and our staff at the heart of everything we do. It asks us to move beyond traditional boundaries and embrace a more integrated, personalised and preventative approach to mental health care. This means deepening our commitment to co-production, trauma-informed practice and community-based support, designing services that truly reflect the diversity of our population and respond to the realities of people's lives, not just their diagnoses. This also means working more closely with partners across health and social care, education and the voluntary sector to create seamless pathways that promote wellbeing and resilience.

We know that mental health doesn't exist in isolation, the new 10-year health plan recognises this by encouraging systems that are flexible, inclusive and rooted in local need. It challenges us to think differently about access, equity and outcomes and to ensure that every person receives the right care, in the right place, at the right time.

This year, we've already seen encouraging progress. We have introduced a new model of care, which aligns to the NHS 10-year health plan. Our teams have embraced new ways of working, strengthened relationships with community organisations and developed innovative approaches to early intervention and crisis support.

But perhaps most importantly, we've sought to listen and listen carefully. We've listened to service users who've told us what recovery means for them. We've listened to staff who've shared ideas for improving care and we have listened to carers and families who remind us that compassion and continuity are just as vital as clinical expertise.

As we move forward, our model of care offers us more than a framework, it offers us a shared vision of mental health care that is compassionate, inclusive and rooted in the lived experiences of those we serve working together in shaping a future where every person feels supported, valued and heard.

Thank you for your continued support, your trust and your commitment to improving mental health care. Together, we are making a meaningful difference, and I look forward to what we will achieve in the year ahead.

Darren Best

Chair

Model of care and support

Help and treatment for people with mental health and wellbeing needs, learning disability, neurodivergence, or neurological disorders.

In 2023, CNTW launched our strategy, 'With You in Mind.' When we were developing our strategy, it became clear from what people told us that systems and processes were often getting in the way of delivering high-quality care. Our health and care systems have become disjointed, and stretched to their limit as demand grows.

'With You in Mind' sets out our five strategic ambitions to deliver safe, high-quality care every day and to improve our inpatient and community services.

Our model of care is the framework for how we will achieve these ambitions. It focuses on providing care that breaks down traditional barriers between services and puts people at the centre of their care. It will shape how we develop our clinical services and pathways over the next three to five years.

Our model of care also aligns closely with the goals of the NHS 10 year Health Plan for England: Fit for the future.



Inpatient care

Services for people who require additional treatment within an inpatient setting.

Understanding you and helping you to stay well

This will happen by closely working with:

- You and your needs
- Family, friends, carers, peers
- Education
- Voluntary sector
- Social care
- Work and activities
- Housing and benefits
- Primary care, GPs
- Physical health
- Other partners



Community treatment

Services for people in the community receiving evidence-based treatment.



Long term complex needs

Services for people in the community with severe mental health needs and other complex needs.



Urgent and crisis care

Services for people in the community with urgent needs.

Trauma-informed Practice and Approaches (TIPA)

the bedrock of delivering the new model of care and support

Dr Rebecca Courtney-Walker
Lead Consultant Clinical Psychologist, Trust Lead for TIPA

Where does TIPA come from?

In 2014, the Substance Abuse and Mental Health Administration department in the United States set out the first framework for describing the concept of trauma and guidance for responding within public health systems. They defined trauma as:

“Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual wellbeing.”

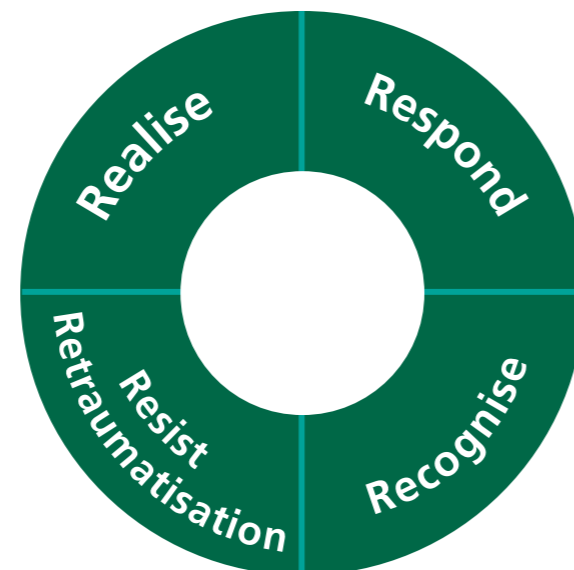
A trauma-informed approach begins by understanding what has happened to a person – and recognising the impact of those experiences. It shifts the focus away from blame, guilt or shame, and instead acknowledges the role of trauma in shaping a person’s life and wellbeing.

How is TIPA applied in the new model of care and support?

TIPA isn’t a complicated concept, but it can be challenging to implement as it requires systemwide commitment. At its core, it follows four Rs:

- Realise how common the trauma is
- Recognise its impact
- Respond appropriately
- Resist re-traumatisation

It also draws on seven guiding principles that shape how services are designed and delivered.



Realising the prevalence of trauma

Trauma and adversity are widespread

- A recent YouGov poll commissioned by Healthwatch UK found that 50–70% of the general population will experience at least one trauma in their lifetime.
- The World Health Organization (WHO) reported that 70% of 50,000 people surveyed internationally had experienced trauma.
- Among people with psychiatric diagnoses, estimates range from 69–91%.

This can also have an impact on the development of long-term physical health conditions. Although we know not everyone has a history of trauma, we need to anticipate the possibility of it. We know that everyone benefits from trauma-informed services and if they aren’t trauma informed, people will struggle to access them.

Recognising the signs of trauma

Trauma can affect people in many ways. This includes a broad range of difficulties such as sleeping, regulating emotions, being hypervigilant to threats, and unusual experiences such as hallucinations. It can have other impacts such as over-working, striving for perfection, and over-exercising. These things are often praised but can be a trauma response. We need to ensure that we are asking people whether they have experienced trauma. This can include a broad spectrum of traumas such as maltreatment, war or natural disaster and can also include things like the loss of a loved one or a traumatic divorce. Poverty and adversity can also have a traumatic impact on a person.

Responding with trauma-informed principles

We must respond using the seven principles and an approach that takes account of a person’s experience of trauma. This includes systemwide responses in how we develop and deliver our services. It’s not just about delivering psychological therapies but also about having safe environments to deliver services in. It’s about the policies, processes and pathways and how we support staff and organisations as part of a trauma-informed culture.

Resisting re-traumatisation

Proactively preventing harm in everything we do and minimising the use of restrictive practice. This means being inclusive as exclusion or rejection can re-traumatise people. It means acknowledging the impact of power on disempowered groups, reducing prejudice and following the principle of cultural competence. It means customising care and acknowledging, respecting, and integrating cultural values, beliefs, and practices into our approaches.

The new approach is purposeful but also protects people’s human rights. This includes reducing the use of restrictive interventions, increasing delivery of treatment in the community wherever possible. Alternatives to hospital such as crisis beds in the community and treatment at home are a key element of this. If people do need admission to hospital, this means reducing the level of intrusion and aiming not to use physical or environmental restrictions.

Embedding the other principles

A trauma-informed approach is required across the whole model. There is a need for collaboration across systems so that support is accessible to all. The new model of care and support is designed to ensure that our local population can move across different pillars and providers to get person-led care at the right time and place with the right response. All service users should feel that they are the leaders of their care, ensuring that 'No decision is made about me, without me' and supporting the coproduction of future developments.

The focus on prevention in the model empowers individuals to develop strengths and resources. This is vital as most long-term mental health problems begin in adolescence, with 75% of mental illnesses starting before a person's 18th birthday. If we can provide trauma-informed approaches and preventative interventions earlier, we can reduce the development of more severe mental illnesses. We can also empower people with more significant mental health difficulties to understand and manage their symptoms more effectively and have greater access to community resources to support them in their recovery journey.

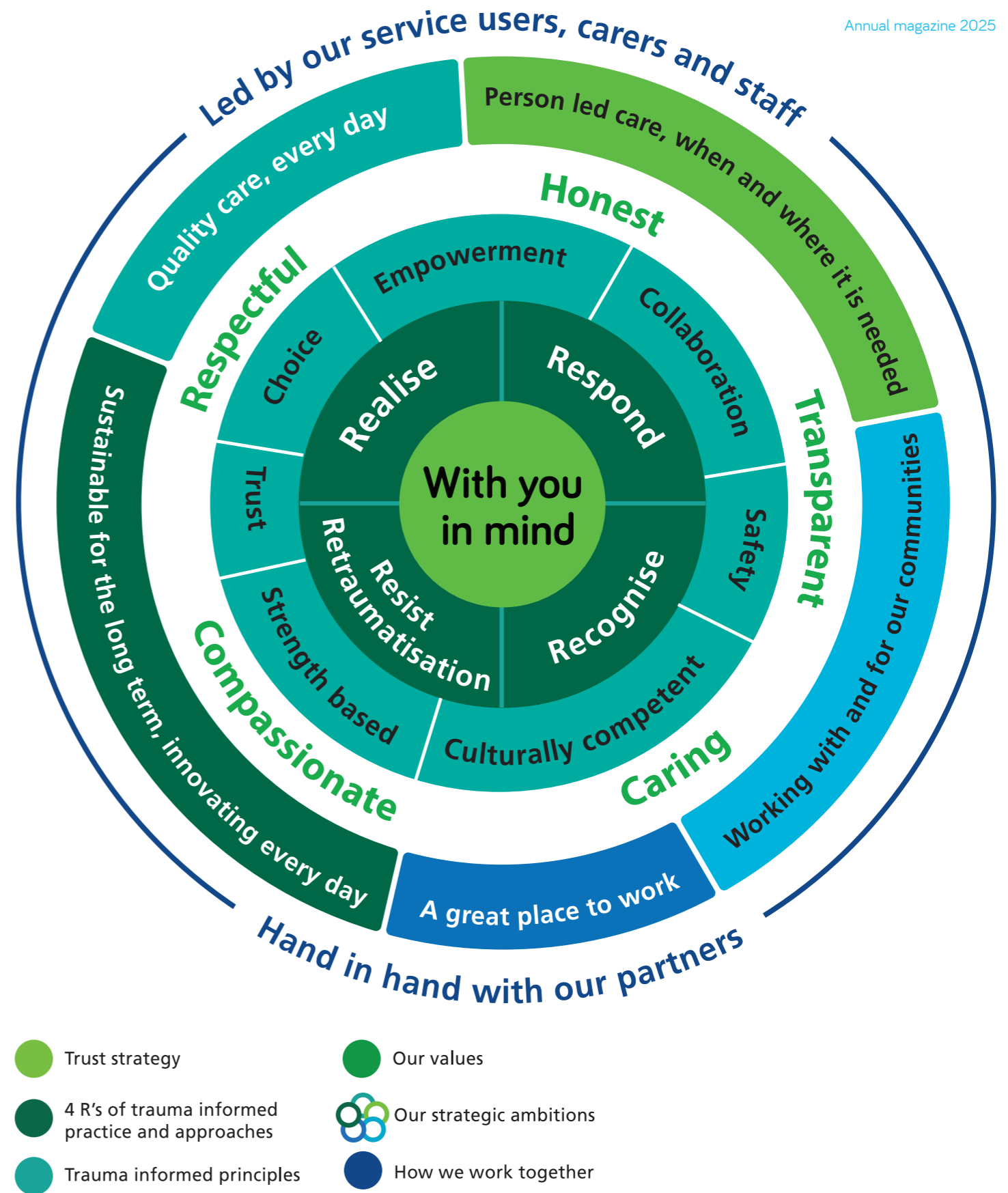
Giving people more choice about where and how they want to receive their care is also part of the new model. The offer in primary care and the voluntary sector has grown significantly, which includes access to recovery colleges and wellbeing hubs. We are rolling out Trauma-Informed Practice training within CNTW. Our partners at Everyturn and Home Group are also trained in this, supporting a consistent approach. The increase in Pathway Navigators and GP Wellbeing coaches also empowers people to develop strengths and increase wellbeing. The new model also

includes the need for access to enhanced psychological therapies but we need to ensure that the therapies we offer are targeted for our population and their needs.

“ Because of the impact of trauma, it can be very difficult for people to trust services and feel safe. Trust is something that needs to be earned. We need to use the power of connection with empathy and compassion to create safety and trustworthiness. ”

We also need to think about how we make our environments feel safe from physical, sensory and sexual threat. The new model has an emphasis on the coproduction of safety plans to ensure they are individualised. It also emphasises the need for people to have the foundation of safety in their own world. We recognise the need for people to have the safety of a stable place to live, access to food, hygiene, essentials such as heating and clothing, and sufficient money for a phone or to get transportation to access services. Without this, people will find it very difficult to engage.

Ultimately, trauma-informed practice is the golden thread that empowers us to work hand in hand with our partners to deliver the model of care and support. Delivering quality care every day, that is person-led, where it is needed; working with and for our communities, led by our service users, carers and staff to create a system that is innovative and sustainable. It also helps us to make CNTW a great place to work.



Tackling health inequalities

In the NHS we often focus on providing universal health services, making sure the same care and support is available everywhere. In our current system, people with the most resources – stable income, housing, access to transport, support networks etc. – are able to benefit more from the services we offer.

This widens the gap between the best and worst off, worsening health inequalities.

Jane Welch, Health Equity Lead, tells us more...



To close the gap, we need to work in partnership with our communities to make sure people from all backgrounds are accessing support, experiencing high-quality care, and seeing their health improve as a result.

By focusing on reducing variation in access, experience and outcomes, we can ensure an inclusive approach to the delivery of our Model of Care and its four pillars:

- Understanding you and helping you stay well – building trust with marginalised communities, understanding their needs, and committing to working in partnership to prevent crisis.
- Community treatment – working with underserved groups to address barriers to accessing support in the community and making sure the care we deliver is tailored to their needs.
- Long-term complex needs – adopting a holistic approach to understand and support people with multiple characteristics or experiences linked to worse health outcomes, and those with multiple long-term conditions.
- Urgent and crisis care – sustained outreach into communities to build confidence in community services and reach the most vulnerable individuals earlier.

Working in partnership to tackle unfair differences in health

We are working with communities to tackle unfair differences in our services and improve health outcomes for underserved groups, including:

- Understanding and tackling barriers which prevent people from marginalised ethnic groups from coming to their appointment.
- Working to improve the physical health of patients from the most deprived backgrounds who also face discrimination because of their identity or other forms of disadvantage.
- Deepening our connections into local communities and supporting them to thrive, by improving access to quality jobs with the Trust for people from disadvantaged backgrounds.



Our model of care and support will allow us to accelerate some of the changes we need to make to tackle unfair differences in our services, including:

- Delivering access to support in community venues, ensuring services are welcoming and accessible to people from diverse backgrounds as part of the Neighbourhood Health Model.
- Integrated working with physical healthcare providers, faith and voluntary sector organisations, and other public services to meet the holistic needs of each individual.
- Working in partnership with communities to deliver tailored awareness-raising and prevention activities.
- Supporting staff to deliver culturally competent, trauma-informed care.

Measuring our impact

To make sure we deliver on our commitments to make our services fairer and more inclusive, we must prioritise partnership working with patients, carers, staff and communities over the long-term, making sure that any service changes are guided by lived experience. We also need to keep improving the data we collect about patients' characteristics and backgrounds, to understand and monitor differences in service access, experience and outcomes.

We will be sharing further updates on our health inequalities work in the [Staff Bulletin](#), in our stakeholder newsletters and on the [Trust website](#), including opportunities to get involved.



Here to help

Our mental health self help guides

1 in 6 of us will face mental health challenges. Chances are, you or someone you love will need support.

That's why we've created free, trusted self-help guides on topics like stress, anxiety, depression, and more.

Written by NHS Clinical Psychologists

Informed by real experiences

Packed with practical tools and next steps

They're not a replacement for professional care, but they can help you understand your thoughts and feelings, and find the right support.

selfhelp.cntw.nhs.uk

With **YOU** in mind

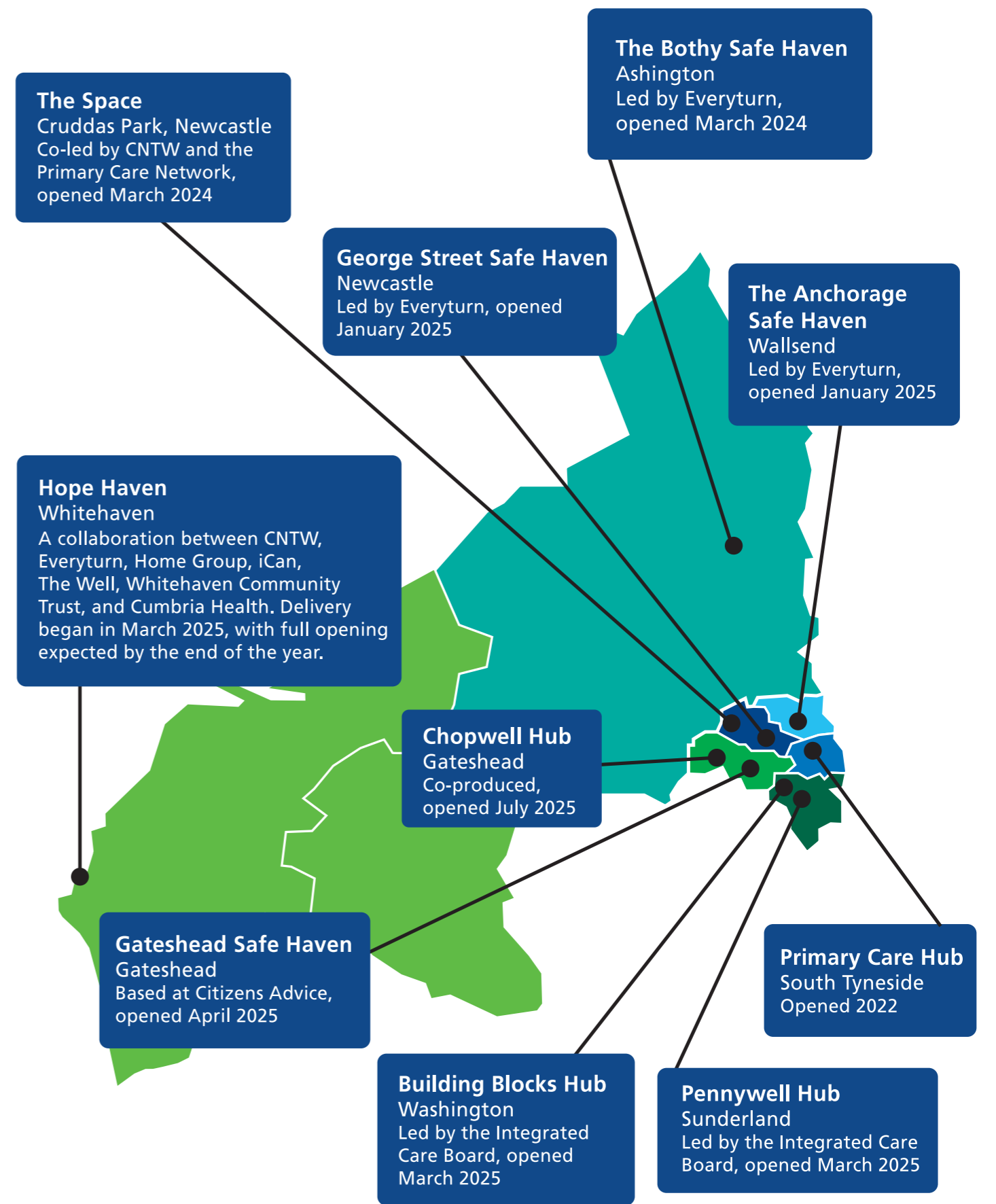




Bringing mental health support closer to home

Across the North East and Cumbria, CNTW teams are helping reshape how mental health and wellbeing support is delivered, with the aim of bringing care into the heart of our communities. This transformation is about making support easier to access, more personalised, and better connected to everyday life.

The Trust is helping to build a growing network of neighbourhood services, which are led by or delivered in partnership with GP practices, voluntary and community organisations (VCSEs), local councils, and other partners. These services offer tailored support in familiar, local settings, and help people stay well and feel more connected.



Listening, understanding, and planning together

To make care more personal and effective, CNTW is using new tools to help people plan their support and track progress. One of these is Dialog+, a care planning tool developed with input from our service users. It helps people talk about what matters most to them and set goals that reflect their needs.

To measure how well care is working, the Trust uses two types of outcome measures:

- **PROMS (Patient Reported Outcome Measures)** – These are completed by the person receiving care, helping them share how they feel and what’s changed over time.
- **CROMS (Clinician Rated Outcome Measures)** – These are completed by the clinician, offering a professional view of progress.

Together, these tools help ensure care is working and that people feel heard and understood.

Feedback has been overwhelmingly positive:

- 98% of staff said the Patient Reported Outcome Measure was straightforward to use.
- 84% found it efficient.
- Service users shared that they felt “listened to and understood,” and appreciated knowing what would happen next.



A holistic approach to risk and recovery

The Trust has moved away from traditional checklist-style risk assessments. Instead, we now use a Bio-Psycho-Social framework, which is a more rounded approach that looks at someone’s physical health, mental wellbeing, and social circumstances. This helps teams understand the full picture and offer better support.



Innovations in complex care

For people with more complex needs, new services are being developed:

- A community-based clozapine service is being introduced, allowing people to access this important medication safely without needing to go into hospital.
- A new assertive outreach model is being designed to support nearly 400 people who may need extra help, such as those who’ve missed appointments or medication. Clinicians are reviewing care plans to make sure no one is missed and that support is safe, effective, and based in the community.

Dr Sarah Brown, Group Medical Director for the Community Care Group, explains:

“Transformation of community services offers an opportunity to do things differently - bringing care and treatment closer to the person and working with partners to provide social, psychological and psychiatric support in a way that makes sense for them as an individual. It improves access to services and provides a more integrated, holistic approach to care.”

New ways of working



Hope Haven, in Whitehaven, West Cumbria, sees seven partner organisations working together in a radical new way. They are bringing care into a local community, breaking down barriers between services and removing the need for referrals or discharges. It's one of six national pilot 'neighbourhood mental health centres'.

Hope Haven is already delivering community support, short-stay crisis accommodation and a 'virtual safe haven'. It will fully open its hub in the town centre by the end of the year.

Chloe Mann, Place Director for the North at CNTW, reflects on what it's been like so far to be part of this radical new approach...

We can have a greater impact together

I've worked in CNTW community and crisis services for most of my career. People are all individual and lives can be complex; we don't often have just one thing that's impacting on how we're feeling. People will come and tell you their story and be really frustrated that you're the ninth, tenth, eleventh or fifteenth (!) person that they've told that to. As a community practitioner or a nurse in the crisis team, it can feel very disempowering. You can help with one part of their jigsaw. But then you have to send them elsewhere to get their housing problems sorted, or their physical health looked at.

So, the way we are working on Hope Haven feels like a relief. Somebody can come in and tell their story once. Then the person they're telling can quickly pull all these other services and people around to support them. We can have a much greater impact together than any single organisation or team could.

Being part of this national pilot has allowed CNTW to embrace the model of care and support that we're aspiring to achieve across the Trust. Hope Haven spans it all, from very early intervention (being able to walk in and get some advice right away), through to supporting people with severe and enduring needs or who need urgent care (offering a real alternative to hospital admission via the short stay accommodation).

Staying true to a radical new approach

When we were bidding for the national pilot funding, we asked, what did people need? What did people want? And we've tried hard to stay true to what we heard.

It's important to have somebody on your team that keeps bringing you back to the goal of working in a radically different way. It's all too easy to slip back into saying, "we've always done things this way." Moving away from referral and discharge criteria has been challenging for some people.

Working together as equal partners

When we started this work, everybody would default to asking, 'what does CNTW think? What do they want to do?'. We've worked hard to make sure people understand that this isn't a CNTW model. This is a collaborative, community model that we're all equally responsible for. All the key partners have equal responsibility, equal accountability, and equal decision-making.

We've now started to have conversations about how CNTW could work in this way with partners in other areas. In Whitehaven we're already showing that we can engage people in good care and treatment in a very different way.



To find out more, follow @HopeHavenCumbria on Facebook or visit wcmhp.org.uk/hope-haven



Working together for better neighbourhood health

Pasha Tanriverdi
Strategy & Development Director
at Everyturn Mental Health

www.everyturn.org
everyturnmh



At Everyturn Mental Health, we know that mental and physical health outcomes are greater when people feel connected to their community, and that we improve those connections by working across people-centred partnerships. For nearly 40 years, Everyturn has worked closely with NHS, local authority, and voluntary sector partners to co-design and deliver accessible practical, social, and emotional support.

We're proud of our partnerships, which have brought innovative new approaches to neighbourhood health across the North East and North Cumbria. They include the first physical safe havens, which bring mental health crisis support to the high street, and multiagency hubs that provide a single front door to neighbourhood support.

At the core of these services is our understanding that good mental health doesn't exist in isolation – and that we're all responsible for breaking down the silos across systems. This has to be our new shared goal if we're going to effectively deliver the NHS 10 Year Health Plan's three shifts.

Crisis support

Everyturn has provided alternatives to crisis in partnership with CNTW and other community organisations since 2017, built on an understanding that not all crises are clinical. The people we support need alternative emotional, practical, and social support to stay safe. They rely on our close neighbourhood partnerships to access the right support at the right time – including our step-up and step-down arrangements with CNTW's crisis teams.

Our safe havens launched over the last three years to provide drop-in mental health crisis support in the heart of Northumberland, North Tyneside, and Newcastle. We designed these services with local neighbourhood partners including CNTW, North East and North Cumbria ICB, voluntary sector partners, and people with lived experiences. This has included everything from how the safe havens are accessed, their location, their look and feel, and the support we provide to keep people safe.

Multiagency support

We've been proud to partner with CNTW and other community partners to launch two innovative approaches to neighbourhood health, which hosts the support people need in one place:

The Space at Cruddas Park Surgery, Newcastle brings city-wide mental and physical health support under one roof without the need for referral. Partners include CNTW, primary care, local authority, NHS Talking Therapies, and wider community support in one accessible location. Our approach was co-designed across the partnership, led by our multi-agency neighbourhood health team which now aims to expand the model across Newcastle.

Hope Haven is one of six mental health 24/7 community pilots funded by NHS England, which aim to redesign mental health support around community needs. Our partnership, including CNTW, Everyturn, Home Group, iCan Wellbeing Group, The Well, Cumbria Health, and Whitehaven Community Trust, provides people in Copeland with a one-stop-shop for mental health crisis support. We'll be launching the walk-in centre in Whitehaven later this year; in the meantime, we're collaboratively delivering community outreach and virtual support options.

Together with commissioning NHS trusts, voluntary organisations, and peer support groups, we've created services that feel personal, responsive, and rooted in communities. It's a simple model, but it works because it's built around relationships and local knowledge.

Because when we work together – across sectors, across systems, and across neighbourhoods – we achieve better outcomes for whole communities and ensure that no one struggles alone.



The importance of research



Simon Douglas
Director of Research, Innovation and Clinical Effectiveness

Research is an important activity in healthcare. It enables us to understand and improve how our services are performing, test new treatments and provide evidence for commissioners around where funds can be spent most effectively.

There is now clear evidence that healthcare organisations which are more research active deliver a better quality of care and produce better outcomes for their patients, regardless of whether they are in clinical trials or not. It is therefore crucial that we make sure that research is:

- embedded into services
- linked to priorities
- influential in the design and delivery of new services

CNTW is one of the most research-active mental health trusts in England. We have a long history of research in healthcare and a strong track record of securing funding and delivering research which influences care, treatment, policy and practice across the UK. We are also one of the only mental health trusts to sponsor clinical trials of medicines.

Key research areas for CNTW include dementia (in particular Dementia with Lewy Bodies), mood disorders, autism and psychosis with significant numbers of trials in all of these specialities.

Further key areas include research into Huntington’s disease, psychedelic treatments for mood disorders, interventions for self-harm and suicide prevention, virtual reality treatments for psychosis and multi-agency working across health, local authority and police services.

While clinical research trials (generally known as randomised control trials RCTs) are the gold standard in providing evidence for decisions on treatment provision (e.g. NICE guidance and recommendations), we also focus efforts on making sure that our local services, especially new ones, are designed with evaluation and evidence in mind. This helps us to understand when innovations work – and when they do not – enabling decisions about the future of services to be made.

Case study: Evaluating the Hope Haven project

Hope Haven is a new community wellbeing initiative located in Whitehaven, West Cumbria, designed to transform access to mental health and wellbeing support. It is one of six ‘neighbourhood mental health centres’, part of a national pilot of this new approach. The project sees partners working together in a radical new way; bringing care into a local community, breaking down barriers between services and removing the need for referrals or discharges.

The team at CNTW have designed a bespoke complimentary evaluation model that aligns with organisational priorities. This evaluation focuses on understanding the effectiveness of the different components of the hub. We will be monitoring usage by local residents, short term and longer-term impacts, staff and service user experiences and partnership working.

Gathering this additional data will provide CNTW with more in-depth understanding on how the community model is working and being integrated, its strengths, areas of improvement and regional impact. This will also help to focus resources more effectively and efficiently.





A new service for people living with complex psychosis

Psychosis Review and Community Clozapine Initiation Service (PRECCIS)

Most people referred for mental health rehabilitation services have complex psychosis. Many people with complex psychosis experience a complex range of mental and physical health problems. These can have severe, negative effects on a person's day-to-day functioning, social and interpersonal skills, and their ability to be in employment. These problems often make it difficult for people to be discharged home following an admission to hospital, or they struggle with continuing to live independently at home.

CNTW's Chief Pharmacist Tim Donaldson explains more...

Clozapine, a second-generation antipsychotic, is the only medicine known to be effective in reducing symptoms and the risk of relapse in adults with treatment-resistant schizophrenia (TRS). It has been shown to reduce the need for hospital admissions and out-patient appointments. It is currently licensed for use in people whose illness has not responded to at least two other antipsychotic drugs.

Traditionally, because it requires gradual dose increases and close monitoring during the first few weeks, many service users are admitted to hospital for clozapine to be started or restarted.

Despite being recommended in NICE guidance, research has shown that clozapine is widely under-used, particularly here in the North East and North Cumbria region.

Therefore, identifying TRS and offering clozapine treatment to more people is a development priority for our community services for schizophrenia.

In line with the NHS 10 year Health Plan and our strategy 'With you in mind', we are setting up a new specialist community team, the Psychosis Review and Community Clozapine Initiation Service (PRECCIS). This means more people with TRS or complex psychosis can be offered clozapine whilst continuing to live in the community. Adult service users who might benefit from clozapine will be referred to the PRECCIS team from Community Treatment Teams.

The new team is made up of medical, nursing and pharmacy professionals, with particular expertise in supporting people receiving clozapine treatment. It will use the latest 'micro-sampling' technologies, so that finger-prick blood tests, like those used by people with diabetes, can be provided.

The PRECCIS clinic will be based at Collingwood Court at St Nicholas Hospital in Gosforth. The service will be rolled out in two phases. Phase one, which is planned to be launched in February 2026, will cover Newcastle and Gateshead only. Phase two will cover the entire North Cumbria, Northumberland, Tyne and Wear area.



St Nicholas Hospital, Gosforth, Newcastle

If you have any questions about this exciting development, or would like to be involved, please get in touch: yourvoice@cntw.nhs.uk



“My Employment Specialist is always there to drive things forward. I couldn't have done this without their support.”

Everyone has the right to a good job if they would like it and research shows that good employment is linked to better physical and mental health, while unemployment or poor-quality work can be harmful to health. John Bolland, Individual Placement and Support Service Lead, tells us more...

At CNTW, we're proud to provide a specialist employment support service to people receiving care and treatment from our Community Mental Health Teams, Early Intervention in Psychosis Teams and some Specialist Addiction Services across the Trust.

The IPS (Individual Placement and Support) Employment Support Service employ over 50 staff, who are embedded in our teams within the communities we serve.

The team provides highly personalised support; developing strong relationships with people accessing the service, working collaboratively to explore and develop their career ambitions. They use this information to identify and build relationships with local businesses and employers, acting as experts and trusted matchmakers, who then go on to support both the person and the new employer as people move into a new job.

The team have helped hundreds of people gain and retain jobs that have been vital to their psychological, social and financial wellbeing, often playing an important part in recovery from mental health difficulties or addiction-related challenges.

The team don't just focus on 'entry level' jobs, instead helping people achieve whichever role is most suitable for them, which can include highly specialist, highly paid roles, and everything in between.

The IPS Service are passionate advocates of our Trust's strategic ambitions:

- Being part of delivering the highest quality care, every day to the people we serve who experience severe and enduring mental illness.
- Providing person-led employment support as part of care and treatment that prevents people from becoming mentally unwell.
- Actively contributing to a positive culture within the organisation, making it a great place to work.
- Supporting the organisation to innovate every day and remain sustainable for the long term by contributing to international research regarding employment support methodologies.
- Work with and for our communities by role-modelling methods of reducing health inequalities, collaborating and supporting local businesses and communities with our employment support and recruitment expertise.

If you would like to know more about the IPS Service, ask a question, have a chat with the team or learn about how to join us as an IPS Specialist, please contact us any time by emailing ips@cntw.nhs.uk



Spotlight ON

SHINE

The little extras making a big difference across our Trust

From therapeutic gardening to creative arts and festive decorations, the SHINE Fund helps bring colour, comfort, and connection to people using our services. Here's how this small but powerful fund is making a big impact, and how you can be part of it.



What is SHINE?

SHINE is part of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust charity (UK registered charity 1165788). Charitable donations help us to provide support for service users on their journey to recovery by providing the extra things that can make a real difference to people's lives.

SHINE stands for Support, Hope, Inspire, Nurture and Empower.

What has SHINE helped fund?

SHINE helps bring to life hundreds of ideas from teams and services across the Trust. Here are just a few recent examples:

- Bikes for the woodland track at Northgate Hospital
- HUG therapeutic tools for people with dementia
- A sailing trip for patients recovering from psychosis
- A planetarium visit for patients in secure care services
- Presents and celebrations for all inpatients over Christmas

These aren't just nice-to-haves — they play a meaningful role in helping people feel more comfortable, valued, and supported throughout their recovery.

“You can give someone a glimmer of hope... you can say to people 'life does continue, and things can be good' and that's what SHINE enables us to do.”

Debbie Potter, Activities Facilitator



Why it matters

This year, our magazine focuses on the Trust's model of care and support and the NHS 10 year Health Plan — both of which prioritise personalised, recovery-focused, and community connected approaches.

SHINE fits right in. It helps us:

- Deliver care that reflects what matters most to each person
- Create therapeutic, welcoming environments
- Support both mental and emotional wellbeing
- Encourage creativity, independence and social connection

“ We're really thankful to the SHINE fund for what they've done getting us these bikes. It's enabled us to do lots of different things with the patients, and I'm sure they would love to say thank you as well. For patient care, it's absolutely key. They're allowed to develop new skills and maybe build on skills that they've already got, whether that be physical skills on the bikes or the social aspect. ”



Liam, Clinical Support Assistant
Project: Bikes for Northgate Hospital's woodland track

Want to support SHINE?

Fundraise

From bake sales to fun runs, every penny counts

Donate

Make a one-off or regular donation

Join the Microhive

Round your salary pennies to help SHINE grow

Spread the word

Tell others about the impact SHINE has

Learn more and get involved at
www.cntw.nhs.uk/shine



Share our passion for local mental health services?



Become a member of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust and have your say.

Who can become a member?

You can become a member if you use our services, care for someone who uses our services in the last six years. You can give as little or as much time as you have to spare. Anyone over the age of 14 can join.

No special skills or experience is needed to become a member, providing the above criteria are met. The most important quality is that you have an interest in mental health or disability services and the people affected by them.

Why we need members

Foundation Trusts are membership organisations and we are building a large and diverse membership reflecting the communities we serve.

We need people who share our passion. Our members will play an active role in helping us to become an even stronger, more responsive organisation. By joining as a member, you are speaking out for mental wellbeing and helping to challenge the stigma still associated with mental illness.

Why become a member?

Membership is free. The benefits include:

- Learning more about mental health
- Telling us how we could improve services
- Getting involved in future service planning
- Being consulted on service change and development
- Helping us get closer to the people we serve
- Standing for election as a Governor

Getting involved

Anyone who is eligible to become a member of the Trust can do so by:



completing a paper membership application form and returning it to **FREEPOST CNTW MEMBERSHIP**



completing an online version of the application form at **www.cntw.nhs.uk/membership**



contacting our Membership Office
0191 245 6827
members@cntw.nhs.uk

With **YOU** in mind

Copies of the annual magazine can also be
downloaded from our website www.cntw.nhs.uk

Please contact us to request a version in an alternative format.

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