Tees, Esk and Wear Valleys
NHS Foundation Trust

Business Plan

2021/22-2023/24

Contents

Preface

When Tees Esk and Wear Valleys NHS Foundation Trust (TEWV)'s Board of Directors approved our last Business Plan in March 2020 the first wave of Covid-19 was starting to engulf the country. Over the months since then, our staff have worked tirelessly to minimise the impact of the pandemic on our inpatient and community services. Recently we have also seen a delay in the release of national NHS planning and financial expectations for 2021-22 and the release, in February 2021 of the Integration *and Innovation: working together to improve health and social care for all* White Paper. This has made planning ahead more difficult for all parts of the NHS.

Despite this, TEWV Board's view is that the development of our own Business Plan in time for the start of our new financial year on 1st April 2021 has been essential. This is because of:

- Our recognition that TEWV has fallen short of the expectations of our service uses, carers, partners and colleagues. This has led to the adoption of a new strategic direction which now requires bold plans to drive its implementation. We hope this shows that we are a learning organisation
- The expected significant short-medium term increase in the prevalence of mental illness and consequent increased demand for mental health assessment, support and treatment.
- The continued national transformation agenda for mental health and learning disability provision and the evolution of system and place-based governance arrangements.

- Emerging priorities being developed by the Humber, Coast and Vale and North East and North Cumbria Integrated Care Systems.

This Business Plan therefore sets out the key priorities identified by TEWV's Board of Directors for April 2021-March 2023 and particularly 2021-2022. This plan has been developed in line with our Business Planning Framework. Our Governors, service users and carers, clinical and managerial leaders, partners and Board members have all been involved in developing the plan through Our Big Conversation and involvement in groups which developed the detailed plans.

TEWV is a large and complex organisation with around 7,000 staff who provide a range of inpatient and community mental health and learning disability services for approximately 2 million people of all ages living in County Durham; the 5 Tees Valley boroughs of Darlington; Hartlepool, Stockton, Middlesbrough and Redcar and Cleveland; the Scarborough, Whitby, Ryedale, Hambleton, Richmondshire, Selby and Harrogate areas of North Yorkshire; the City of York; the Pocklington area of East Yorkshire; and the Wetherby area of West Yorkshire. Our adult inpatient eating disorder services and our Adult Secure (Forensic) wards serve the whole of the North East and North Cumbria. TEWV also provides mental health care within prisons located in North East England, Cumbria and Lancashire. Therefore this document only covers the priorities for the whole organisation and the most significant changes to services at a local level. In each Locality, there is a shared plan with commissioners which explains in more detail what will happen when in each place. We know that by working in partnership like this we can ensure we make the most of the public's money and ensure as much is spent on service-user facing services as possible. This plan also focusses on things that TEWV will change, and shows what will change by when. It does not cover the Trust's regular, ongoing, day to day usual work.

We hope that you find this plan interesting and informative. Inevitably some specialist terms and acronyms are used in this document. A glossary is provided at Appendix D, which explains some of these terms. If you have any questions or comments please email our Director of Planning, Commissioning, Performance and Communications, Sharon Pickering (Sharon.pickering1@nhs.net)

Miriam Harte, Chairman Brent Kilmurray, Chief Executive

A – The environmental challenges facing our Trust

Effective planning requires a good understanding of the issues that require the Trust to change its approach. These can be national or regional things that are external to the Trust. They can also be issues within the Trust where data or the reported experiences of our service users, carers, staff and partners suggest that change is needed. This section commences by describing the most significant external political, economic, social, technological, legal and environmental issues the Trust has considered in its planning. It then moves onto describe some of the key internal issues, including those revealed by our "Big Conversation" engagement during the past year. Our actions to address these issues can be seen in the following sections of this Plan.

External Environmental Challenges

Strategic Impact of the Covid-19 pandemic

Inevitably, the ongoing Covid-19 pandemic affected the planning process. The delivery of care during the pandemic has also been a challenge. We have had to deal with Covid outbreaks requiring wards to be closed and high levels of staff absence due to sickness and self-isolation. From a strategic point of view, the biggest challenge of Covid for mental health service providers such as TEWV will be the expected "surge" in demand for our services. We are starting to see that surge, particularly in eating disorder services, but the main increase in need and demand for mental health services will happen once lockdowns and furlough have ceased.

The Trust, working with its CCG partners, and drawing on public health, clinical and planning expertise and all available relevant research, developed an initial prediction which suggested that the prevalence of mental illness in the community would increase with an additional 4.3% of older people (65+); 4.6% of adults (18-64); and 10% of children and young people experiencing poor mental wellbeing every year, *on top of* the normal prevalence of poor mental health in the community. This is driven by the direct impact of Covid (e.g. bereavement, the psychological impact of hospital treatment or Long Covid, fear of catching Covid); social distancing restrictions (loss of social networks); and recession (loss of income and purpose).

Our model (backed by other models in the public domain) also initially showed that if we, and the wider system, did not change the way that we work then demand for TEWV services could increase by 20% (older people); 30-40% (adults) and 60% (children and young people). Our latest forecast, based on new research and on revised peak unemployment projections suggests that the surge may be slightly below the level originally forecast, but will still present a significant challenge to primary care, secondary care and the voluntary sector. The original forecast led to TEWV instituting a recruitment drive in advance of the surge's arrival. Strategically, this surge forecast has emphasised the importance of whole-system working and early intervention. Fortunately, this requirement for system working is also supported by other key environmental changes, as discussed below

Community Mental Health Framework and the NHS Long Term Plan

The 5 Year Forward View, and subsequently the NHS Long Term Plan have clearly set out national priorities for mental health and learning disability services. Expansion / improvement in Individual Placement and Support, Perinatal, mental health support teams in schools and Early Intervention in Psychosis services are all key national priorities. There is also an expectation that mental and physical health care should be better integrated.

A further key element of the Long Term Plan for Mental Health is delivery of improvements to both crisis services and alternatives to crisis such as acute liaison services, and voluntary sector run "safe haven" type provision. This national programme is also providing resources (via Integrated Care Systems) for implementation of the national Community Mental Health Framework. This emphasises the importance of supporting self-care, family and community capacity and primary care level support to encourage early intervention and to reduce unnecessary demand on secondary care services. This requires secondary care providers such as TEWV to reconsider how they can best support early intervention by other agencies, and how their specialist expertise should best be focussed and deployed.

Learning Disabilities and Autism

In advance of the national planning guidance, NHS England's National Mental Health Director has written to Transforming Care Partnerships to say that, "The key LTP priorities for the next six months are a continued reduction in the number of people with a learning disability, autism and both in a mental health inpatient setting, tackling health inequalities through delivery of the annual health check programme and applying learning from the LeDeR programme" (i.e. reviewing all deaths of any one with a learning disability who has ever been in NHS mental health services). She also notes that she anticipates the needs of young people aged 14-25 with autism but who don't have a learning disability to be a policy focus in the years ahead. There are already initiatives to reduce the waiting times for assessments of under 18s with neurodevelopmental needs, and services in the different localities served by TEWV.

The national expectation is that by March 2023/24, inpatient provision will have reduced to less than half of 2015 levels (on a like for like basis and taking into account population growth) and, per million adults, there will be no more than 30 people with a learning disability and/or autism cared for in an inpatient facility. For children and young people, no more than 12 to 15 children per million with a learning disability, autism or both, will be cared for in an inpatient facility.

At present, the North Yorkshire and York system is meeting the agreed trajectories for reduced use of inpatient beds for people with a learning disability. However, Tees Valley and Durham CCGs are 6 people over trajectory with a further 17 people over-trajectory in NHSE commissioned secure beds. Recent legal cases, such as the "MM ruling" have clarified that the Mental Health Act cannot be used to restrict people's liberty once they have been discharged from hospital. This is a significant issue which impedes the discharge of some Forensic Learning Disability inpatients into community facilities. There has also been an increasing number of patients with autism being identified in non-Learning Disability beds.

Transforming Care also applies to children's services. TEWV does not provide LD CAMHS beds but has benefitted (in Durham and Tees Valley) from some transfer of resource from other providers' inpatient services into positive behaviour support teams in our community services. North Yorkshire and York commissioners are considering whether to fund a LD CAMHS service.

Integrated, System and Place-based planning and working

For several years, the NHS has been working towards better integration, with a general move away from competition driving improvement to area-based planning to ensure scarce workforce and estate resources are used most effectively. As part of this, 42 Integrated Care Systems have been set up across England. TEWV provides services within the North East and North Cumbria ICS (Durham, Darlington, Teesside and our Forensic services) and the Humber Coast and Vale ICS (North Yorkshire and York).

1,259 Primary Care Networks (PCNs) have also been established across England. These are geographically linked clusters of GP practices generally serving between 30,000 and 50,000 people (although the Darlington PCN serves more than 100,000 people). Each PCN has a budget to develop new services in response to national policy intended to bring about better integration of health care within local communities. This can include services that would not be viable or practical at individual practice level but which are feasible at a larger geography. These potentially include mental health provision, and national policy has evolved to promote the location of named mental health practitioners in each PCN (but employed by the local secondary mental health care provider).

In February 2021 the government published the *Integration and Innovation: working together to improve health and social care for all* White Paper. There will be a Bill brought to Parliament in the months ahead which is likely to lead to a new Health Act. This will:

- Give a statutory form to ICSs. The statutory ICS will comprise an ICS NHS Body (subsuming CCG functions and several NHSE commissioning functions for specialised commissioning, primary care and other directly commissioned services) and a separate ICS Health and Care Partnership (together referred to as the ICS), to strengthen the decision-making authority of the system leadership and to embed accountability for system performance into the NHS accountability structure.
- Considerably reduce the use of competitive tendering for clinical services, including public health services commissioned by local authorities.
- Introduce a duty to collaborate on NHS organisations (both ICSs and providers) and local authorities.
- Require Trusts, ICSs and NHSE to have regard to the 'Triple Aim' of better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources.
- Impose limits on Foundation Trusts' powers to decide their own levels of capital investment.
- Increase the Secretary of State's powers to direct the NHS and to create / abolish NHS arms' length bodies.
- Improve data sharing between NHS bodies, local government and social care providers.
- Enable the Secretary of State to intervene in service reconfigurations at any stage.
- Retain NHS trusts and foundation trusts as "separate statutory bodies with their functions and duties broadly as they are in the current legislation". The ICS NHS body will not have the power to direct providers.

These changes could potentially become law in time to take effect from 1st April 2022 or later in 2022/23. Legislation on changes to social care (including system funding) is expected to follow during the next few months.

It is also anticipated that guidance will be issued from NHSE to further encourage providers to collaborate with each other. A number of models will be available and it will be for local systems and providers to agree the best solutions which drive higher standards, better value for money and improved patient experience and outcomes.

Social Change

There are some social changes already evident pre-Covid that TEWV must consider as we think about the design of services, and our wider role in the future. These include the move to a less homogenous population in the areas we serve: there has been an increase in BAME population in both the North East and North Yorkshire in recent years and many communities have become more diverse than a few years ago. The demands and needs of transgender people are more prominent now than earlier this century, and it is well documented that a level of social polarisation between different age groups has taken place in England. There are also increasing differences between people on the one hand who are plugged into social media almost 24/7 and those who live in digital poverty (willingly or unwillingly) on the other. The net effect is to render attempts to provide "one size fits all" services redundant.

The stigma around mental health and autism continues to reduce over time, but at different speeds for different communities and conditions. "Personality disorder" for example remains a loaded term for some service users who perceive that it can lead to barriers to access to the support and therapy that they need.

The pandemic has increased awareness of mental health issues, particularly those related to loneliness and isolation. It has also increased the policy focus on inequalities of access and outcome from health services. This has implications for TEWV as a service provider, but also for other parts of the health service where barriers to access for people with a mental illness, learning disability and autism can exist. In the future the NHS will formally measure the mortality gap between people with these conditions and the general population and it is likely that progress at closing this gap will be mandated. Covid has also shone a light on health inequalities that impact on people from BAME backgrounds, and it is expected that there will be a national focus on addressing this across the country and not just in areas with the highest BAME populations.

Technological Change

Our plans have to take the growth of digital capability, and increasing expectations from some of our service users and carers for digital service delivery and communications into account. System working will require interoperability to improve, and national expectations about this have increased. Artificial intelligence / machine learning have shown their worth in other parts of the NHS, but the role of digital technology in the delivery of inpatient and community mental health services is at an early stage of realisation (although TEWV is making progress in trialling safety-enhancing technology such as staff / patient body cameras and the use technology in monitoring of inpatients' vital signs).

The pandemic period has shown the worth of investment in digital capability. The Trust was already piloting on-line consultations and home-working and was able to expand this at pace to most of its activity in spring 2020. This pandemic has provided TEWV and other providers with evidence about the risks and opportunities of using a digital-by-default approach and how this differs for various patient groups. Cyber-security is an additional risk both for individual service users and the Trust's systems as a whole, and technological developments must factor this in.

NHS Zero Carbon Strategy

The NHS is collectively the biggest employer in the country, and hence one of the largest carbon emitters. This makes it important that the NHS understands the implications of the national carbon reduction targets, and the need to make rapid progress on decarbonisation. The new NHS Zero Carbon strategy commits the NHS to an 80% reduction in its carbon footprint by 2032, and to net zero carbon by 2040, through radical changes to estate / lighting (green energy, insulation, LEDs etc.); transport (including 90% of the NHS fleet to use low, ultra-low and zero-emission vehicles by 2028); staff and patient mileage reduction; and an increase in recycling / alternatives to plastic. Procurement decisions will also need to support this objective.

Internal Environmental Challenges

Feedback from Service Users, Carers and Staff

The views and experiences of service users, carers, staff and partners provide clear insights into the strengths and weaknesses of the organisation.

During the first wave of the pandemic we were unable to run our regular friends and family test surveys, but these restarted in the autumn of 2020. Our current Friends and Family test scores better than the pre-pandemic position. However, we are still not achieving our targets for these measures. They also clearly show that more than a third of inpatients do not feel safe on our wards, and that a significant minority of service users do not feel they are treated with dignity and respect.

The NHS national staff survey was also carried out in the autumn. Over the past decade our results have shown a gradual year on year relative decline, with the Trust moving from having some of the best results in the country to having average results. The 2020 survey results show a general improvement in the scores received (although the proportion of staff completing the survey fell, probably reflecting the impact of the pandemic). Nevertheless, 2785 staff did take part.

During 20/21 these traditional sources of data have been added to by Our Big Conversation. This conversation mostly took place using an online platform due to the need to minimise unnecessary social interaction during the Covid 19 pandemic. Over 2,000 people gave their views, of who around ¾ were Trust employees and ¼ service users, carers and partners. What this conversation revealed was that while TEWV does have a lot to be proud of, it also showed that:

- We don't always provide a good enough experience for those who use our services, their carers and their families;
- Our speed of response is too slow, too often;
- Too many of us are unclear about our direction;
- Our partners sometimes find us tricky to collaborate with;
- We don't provide a consistently good experience for our colleagues

Workforce

During 2020/21 the overall workforce supply position is improving with an increase in the TEWV workforce of up by nearly 600 staff compared to 12 months ago, along with a reduction in the average time taken to recruit. Medical recruitment continues to be an issue. Whilst labour turnover has remained stable, at around 10%, there is concern that the level of NHS experience within the workforce has decreased as the number of staff new to the NHS exceeds the number of experienced staff who are retiring. In recent months, around 30% of leavers recorded retirement as their reason for leaving. Around ¼ of those leavers generally take part in the Trust's retire and return scheme. Our workforce numbers have increased over the past few months for a number of reasons which include:

- The development of new services, generally linked to commissioner investment into NHS Long Term Plan priorities (such as mental health support teams for schools);
- Retired staff returning to assist us with the operational pressures caused by the Covid pandemic;
- Additional recruitment to prepare the Trust for the expected post Covid surge in mental health population need and correlated demand for our services;
- Attempts to reduce the use of bank and agency clinical staffing by offering permanent contracts.

The Trust has an employee support team, and also provides Organisational Development support to struggling teams. In recent years we have trained many staff members in coaching and problem-solving techniques. We also have management development programmes, delivered in partnership with Teesside University.

Inpatient Staffing

Historically the Trust had been able to keep the use of agency and bank staff to very low levels. However, by 2017/18 usage had increased. This included a rapid expansion in the use of agencies to fill health care assistant shifts. The Trust breached the NHSE/I cap on agency spend, but successfully introduced changes ranging from recruitment fairs, over-recruiting against budget and making all new clinical roles permanent. This had a positive impact, but it highlighted the need to better understand the staffing requirements for each ward, and to ensure that we have the correct budget / staffing numbers and skill mix for each in order to ensure that experience, safety and outcomes meet expectations.

The Trust has since used the MHOST tool to gather data on how staffing levels compare against the numbers and acuity of patients in beds. It has also used Model Hospital to better understand how the Care Hours Per Patient Day at TEWV compare against national norms for each ward type. The overall conclusion is that budgeted staffing levels are not sufficient for some wards, and that this is leading to high use of bank and agency staffing which has a negative quality impact. Insufficient administrative and clinical staffing over weekends has also been identified and has to be addressed in order to maintain the levels of quality we aspire to for 7 days a week. In 2020 the Trust invested in additional staffing for some of our larger wards, and we have recently agreed to further increase the budgets for many of the Trust's inpatient wards to enable them to expand their permanent staffing and decrease the need for temporary staffing to fill rosters. The change will also increase the ratio of registered nurses to health care assistants. The Trust is aware that workforce supply limitations are an issue, and TEWV is supporting a significant number of nursing and health care assistant apprenticeships while also piloting the use of zonal observation and digital assistive technology to reduce the demand for staff to carry out patient observation.

Care Quality Commission Inspections

TEWV has now been rated as "requires improvement" within the safety domain since 2015, even when the Trust had a "good" overall inspection rating. The CQC carried out an inspection of 9 of the Trusts core services in November 2019 that included all inpatient core services and CAMHS, Older People and Crisis/Health based place of safety community core services. Although the Trust retained a 'Good' rating for the well-led domain, we received an overall rating of 'Requires Improvement'. Actions to address the areas of concern have been implemented throughout 2020 with progress reporting through to the Trust Board.

In January 2021 the CQC carried out an unannounced, focussed inspection of our adult assessment and treatment wards and observed that some risk assessment and management processes were not fully effective to support the delivery of safe patient care. A number of urgent and immediate actions were taken across the core service and a quality improvement event was held to confirm standards around risk assessment across all services. A review of care documentation was undertaken to provide assurance that patients risks were assessed and that they have a safety plan in line with agreed standards. Executive level oversight with responsibility for ward/team to board reporting on implementation was put in place to oversee quality assurance standards including regular audit, reporting and direct observation on wards and to provide assurance to the Trust Board that actions being taken to address patient safety were improving. Community assurance processes have included the development of a dashboard to support community caseload reporting.

In line with the CQC enforcement notice, the Trust has a number of agreed actions to be completed by 3rd May 2021. However leading up to and beyond that date, it is recognised that increasing multidisciplinary involvement and oversight, improving staffing establishments, building in appropriate training, expertise, sustainable support and clinical supervision and leadership to our clinical teams is critical to prioritising a culture of patient safety and continuous quality improvement. In addition, work is underway to enhance and embed organisational learning from a range of internal and external sources. This includes reviewing, strengthening and developing mechanisms for capturing and communicating learning and importantly gaining assurance of the impact of our actions to improve care for services users and their families.

A Quality Board has been set up where TEWV is reporting on progress to other partners such as NHSE and ICSs as well as CQC. We are also accessing expert support from outside the Trust to support rapid improvement and embedding actions

Children and Young People's Wards Closure and Independent Enquiry

The Trust previously managed 3 wads providing mental health beds for children and young people which were based at West Lane Hospital in Middlesbrough. During 2019 two patients tragically died following incidents at the unit. A CQC inspection concluded that care on the ward was not safe, not effective, and the service was not well-led. It was agreed that addressing these issues required the facility to be closed. Since then, children and young people from Durham and the Tees Valley requiring inpatient treatment have been admitted to the Cumbria, Northumberland, Tyne and Wear Foundation Trust (CNTW) facility at Prudhoe, Northumberland or to units elsewhere in England. Children and young people resident in North Yorkshire have continued to be admitted to hospitals in Hull, York and elsewhere operated by other providers as previously.

In early April 2021 one ward at the West Lane site will reopen with up to 10 beds. This will be managed by CNTW.

A system wide independent investigation into the concerns and issues raised relating to the safety and quality of CAMHS provision at West Lane Hospital, commissioned by NHSE and conducted by Niche, commenced in winter 2020 and it is expected to be completed by the end of 2021. There is a further independent investigation into a former West Lane patient who subsequently died when being treated in one of our Adult assessment and treatment wards.

We have set up a West Lane Board subcommittee chaired by a non-executive director, and supported by an experienced programme director recruited from outside the Trust. This is ensuring we learn and implement lessons and liaise effectively with CNTW to support their reopening of beds.

Estate

Most of TEWV's inpatient and community estate is recently built and of good quality. This includes our Foss Park Hospital which opened in York in March 2020. With the planned community CAMHS service transfers to new bases in Redcar and York, and the opening of a new all-ages community base in Northallerton, the overall quality levels of our estate will increase. However, there will be challenges ahead in adjusting to the implications of post-Covid new ways of working, including closer working at place level with partners.

The one exceptional estate environmental issue is at Roseberry Park Hospital in Middlesbrough where a number of improvements are required to ensure the wards are brought up to date for the 2020s and beyond. Work on this is already under way and is being undertaken on a block-by-block basis alongside some remedial work to address defects in the original construction. In order to facilitate these works, temporary decanting facilities will be utilised to ensure that the works can be undertaken safely.

B. Our New Strategic Framework

In January 2021 our Board of Directors approved this new Strategic Framework for TEWV. This includes recognition of the issues contained in our environmental analysis, and our analysis of the key external factors which will impact on the Trust.

<table>
<tr><th colspan="4">TEWV: Who we are and what we want to be</th></tr>
<tr><td>This is why we do what we do:</td><td colspan="3">We want people to lead their best possible lives.</td></tr>
<tr><td>This is what people have told us about the sort of organisation we were in 2020</td><td colspan="3">We have a lot to be proud of, yet:
We don’t always provide a good enough experience for those who use our services, their carers and their families;
Our speed of response is too slow, too often;
Too many of us are unclear about our direction;
Our partners sometimes find us tricky to collaborate with;
We don’t provide a consistently good experience for our colleagues.</td></tr>
<tr><td>This is the kind of organisation we <u>want</u> to be:</td><td colspan="3">We will co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism, involving them and their carers as equal partners. We will listen, learn, improve and innovate together with our communities and will always be respectful, compassionate, and responsible.</td></tr>
<tr><td>The most important way we will get there is by living our values, all of the time:</td><td>Respect
Listening
Inclusive
Working in partnership</td><td>Compassion
Kind
Supportive
Recognising and celebrating</td><td>Responsibility
Honest
Learning
Ambitious</td></tr>
<tr><td>We will also commit to three big goals for the next five years.

Work has started on these and will continue through to 2025</td><td>Goal 1: To co-create a great experience for our patients, carers and families.

If you use our services, or care for someone who does, by 2025 you will experience:

1. Outstanding and compassionate care, all of the time.
2. Access to the care that is right for you.
3. Support to achieve your goals.
4. Choice and control.</td><td>Goal 2: To co-create a great experience for our colleagues.

If you work at TEWV, by 2025 you will feel:

1. Proud, because your work is meaningful.
2. Involved in decisions that affect you.
3. Well led and managed.
4. That your workplace is fit for purpose.</td><td>Goal 3: To be a great partner.

If you are a local, national or international partner of TEWV, by 2025 we will:

1. Have a shared understanding of the needs and the strengths of our communities.
2. Be working innovatively across organisational boundaries to improve services.
3. Be widely recognised for what we have achieved together.</td></tr>
</table>

During the development of this framework a consensus emerged that to move TEWV from where we are to achieving our new goals by 2025; we would need plans to advance:

1. **Co-creation at our core –** developing the individual and collective leadership of our patients, carers and colleagues;
2. **A Clear Clinical Approach –** developing our standards, principles and models of care;
3. **A leading role in our system –** Helping communities and the organisations within them to support people with mental health needs, a learning disability or autism
4. **A great place to work –** where there is a supportive, learning and open culture underpinned by our values
5. **An organisation with corporate services that support and empower the front line –** *getting the right things in place to support great care.*

Section C sets out a vision for each of these themes, our proposed priorities for each of them, and the key actions and the timescales we expect them to be completed by.

Section D of this plan then highlights further operational priorities, and quality improvement priorities which are included in this document because of their impact on the finances and patient experience / safety / outcomes.

This is followed in section E by a summary of the most important service changes being planned in Durham, Darlington, Teesside, North Yorkshire, York and our Forensic services. In particular, these show what we have agreed with our commissioners and Integrated Care Partnerships about how the national priorities for mental health and learning disability services will be implemented, such as the Community Mental Health Framework. These local plans differ from each other because they reflect local circumstances such as commissioning priorities and the capacity and focus of other partners such as Integrated Care Systems, local authorities, and the voluntary sector.

C. Trust-wide actions to implement our Strategic Framework

1. Co-creation

> ***We'll know we've achieved this when…*** *Patients, carers and staff work confidently together to make real the purpose, values and goals of the Trust. Patients and carers in particular have a strong and authentic voice, with their views equally considered alongside the views of others. Their opinions, feedback, concerns and ideas are always sought out, heard and acted upon at every level and within every location.*

By March 2025 we see patients, staff, carers and other groups working together as the "norm".

We will call this way of working "co-creation".

To progress this strategic theme we will establish a "Guiding Coalition", prepare staff for changes, design and deliver a wellbeing and support framework for people with lived experience involved in co-creation, and understand current practice (good and otherwise)

Priority 1.1 Expand the way we use peer support within the Trust.

This includes developing the ways in which we, in turn, support the people who offer us peer support – supporting the supporters.

(Our ambition is that TEWV will be is in top 5 in the country for ratio of Peer Support Practitioners to patients, with peer support practitioners at all levels / teams)

a) Establish a Peer Support Design and Delivery Group by end June 21
b) To agree and report on the following by end Sept 21
    - Role definition including different types of role e.g. Carer Peer Support
    - Financial Model
    - Employment / recruitment models
    - Training models
    - Management / Professional structure
    - Career structure
    - Professional supervision
    - Support and wellbeing built in to the model
    - Team preparedness including promotion of the benefits of the role
    - Service user choice and preference
c) key leadership posts recruited (end Dec 21)

Priority 1.2 Develop an Involvement and Leadership structure to support the Trust's services (our ambition is that Patients and carers are involved, as equal partners, in all aspects of service planning, design, implementation, delivery and evaluation and also in all aspects of the assurance process and at all levels to ensure that our services are safe, effective, caring, responsive and well led)

a) Establish a working party to bring together the involvement elements of Experts by Experience and Involvement & Engagement to:
    - Collate all relevant mapping, reviews and learning to date (by end June 21)
    - Decide where it sits in the Trust's structures (by end June 21)
b) Determine degree/scale of current patient and carer participation of every meeting as part of governance review and desired future state (By end September 21)
c) Complete the following aspects of the new model (by end September 21) including Structure, terminology; Development support, wellbeing support, clinical support; Registers, selection processes
d) Recruit and expand to meet demand (by end September 21)

Priority 1.3 Establish a Lived Experience Advisory and Reference Network (LEARN) (Our ambition is that there is a large and thriving network of people engaged in shaping the delivery of the Trust's purpose and goals)

a) Develop a Lived Experience Advisory Board (LEAB) to act as a strong and independent voice in order to advise and challenge us (by end Sept) including consideration of how best to ensure the different perspectives of service users and carers are best heard and considered
b) Map what is out there and make links e.g. HealthWatch, survivor groups, support groups (by end December 21)
c) Ensure the new LEAB is being asked to review and comment on all major clinical policies, and is being consulted on all policies coming up for renewal (by end March 2021)
d) Ensure all locality specialty groups have a Participation Group (Shadow Quality Assurance Group) – a local involvement and engagement hub (by end September 21)
e) Publicise and promote the benefits of service user and carer involvement at individual and team level and ensure clear expectations around capturing experience and the feeding in of this into the trust governance and decision making structures (end December 21)

2. Clear Clinical Approach

We'll know we've achieved this when … *We offer compassionate clinical care, which is:*

- *Built on and recognises your strengths so that you stay connected to your community and those who care for you;*
- *Designed in close collaboration with you and with those who care for you – this is what we mean by 'co-creation';*
- *Delivered in a way which continues the partnership through honest and shared decision-making, with services available where and when you need them which maximise the continuity of care*
- *Safe, effective and inclusive of peoples' rights;*
- *Making best use of the expertise that TEWV's staff can offer;*
- *Helping you to live well.*

By 'compassionate' we mean that:

- *We will be there when you need us*
- *We recognise the importance of human contact, kindness and care when you are unwell and you will see this every time you are in contact with services*

Priorities and actions for Year 1

We have identified that TEWV needs to get the basics right, and so there are three priorities which focus on this. We also have a further priority focussed on changing services for the future.

Priority 2.1: Make Care Planning collaborative, co-created and comprehensive.

a) Establish a steering group with identified governance structures to oversee development and implementation of high quality, collaborative care planning that is fit for purpose, by end June 2021
b) Agree how to align but not duplicate the care plan and safety plan to ensure a simple, consistent and comprehensive plan, by end June 2021
c) Utilise and implement technology, including CITO, to improve the quality and effectiveness of care planning and reduce the burden of completing care planning documentation, plans implemented by end Dec 21
d) Continue to develop the range of products to support staff, service users and carers to develop and deliver high quality care plans via:
    - Development of care planning guidance that includes language guidance, by end Dec 21
    - Development and delivery of training packages to ensure care plans are completed collaboratively, personalised and address the individual needs of service users, by end Dec 21
e) Implement DIALOG, by end March 2022
f) We will agree how we build in sufficient time for staff to allow them to develop each care plan so it is collaborative, comprehensive and improves quality, by end Dec 21

Priority 2.2: Ensure our clinical services comply with the Human Rights Act

a) Establish a steering group (and governance structures) consisting of a range of stakeholders such as lived experience and carers to review the Human Rights implementation approach and plan

b) Start implementation of the plan by July 2021
c) Ensure all relevant staff have received training by end March 2022,
d) Ensure human rights are explicit within all relevant mandatory training, by end March 2022
e) Agree how human rights will be embedded in clinical practice by end March 2022

Priority 2.3: Ensure we provide choice and quality of care which is NICE compliant and safe, and that the offer is clearly stated, available and accessible to staff, patients and referrers in each area.

a) Maximise the Research and Development (R&D) leadership in clinical specialties and teams by sharing practice and learning (this will increase the translation of evidence and research into practice) by end Dec 2021
b) Develop a plan to improve access to NICE recommended interventions which will require the following steps:
    1. Establish a steering group with clear local reporting/governance arrangements to oversee work required to meet local needs and increase access to evidence based interventions. By end June 2021
    2. Each Locality to conduct a baseline audit to determine which NICE recommended interventions are available – including level of access, waiting times, number of practitioners with appropriate training to deliver these interventions and available supervision. By end Sept 2021
    3. Establish Locality targets and milestones relating to access to a range of NICE recommended interventions. By end October 2021
    4. Understand workforce and training needs if we are to achieve services that meet NICE guidelines and develop a related training plan to support the achievement of the local targets and milestones. By end December 2021
    5. Implement Locality plans from November 2021
    6. Implement workforce and training plan from January 2022

Our Transformation priority for our clinical approach is:

Priority 2.4: Engage with Transformation work at "place" level (i.e. local authority level or communities within them) to provide support and challenge to their plans to maximise the benefits of the transformation including:

- Enhancing our community care offer by introducing new crisis care models, alternatives to inpatient admission and new roles
- Community Mental Health Framework (CMHF) transformation

a) Develop a communication plan to ensure a full awareness and understanding of the national transformation plans and local implementation is provided to staff, stakeholders, service users and carers, by end Sept 21
b) Agree with TEWV's Children's services, Adult Learning Disability services and Secure services (Forensics) how the principles of the CMHF will be adopted within their services and their forum/structures to oversee this, by end October 21
c) Influence commissioning investment plans so that the provision of psychological therapies in each place is supported and funded, by end March 2022

3. Systems Leadership

We'll know we've achieved this when… *TEWV works effectively with a range of partners in different systems and places so that people's mental health, learning disability and autism needs are better understood and their quality of life is increased and supported effectively.*

Priority 3.1: Help communities to work in new ways to increase and improve the support available to improve the wellbeing of people with a mental health, learning disability or autism needs

a) Map out current Voluntary and Community Sector (VCS) development agency coverage and focus (by end June 2021)
b) Map and understand the strengths and weaknesses of different types of organisations and support groups in each place (by end Sept 2021)
c) Co-create TEWV-wide principles for working with partners (by end Dec 2021)
d) Engage with the voluntary and community sector, service users and carers to create a better understanding of place-based issues and potential solutions (by end Dec 2021)
e) Identify where development work with the local voluntary and community sector is required to create capacity to enable successful delivery of planned future services (by end Dec 2021)

Priority 3.2: Ensure that the views and needs of people with mental health needs, a learning disability or autism, and their carers positively influence discussions, planning and decisions in all systems and places that TEWV serves

a) Improve how TEWV collects and interprets qualitative intelligence about service user and carer issues with its own or partner services (end March 2022)
b) Develop agreed plans with partners on how data from different systems and services can be brought together and analysed so that there is a shared understanding to base decisions upon (end Dec 2021)
c) Map all system and place level groups and plans including those with an indirect as well as direct impact on people with a mental ill health, a learning disability or autism and their carers (end Sept 2021)
d) Identify opportunities for service user and carer representation in system and place level planning and promote this (end December 2021 – dependent upon milestone c being completed)
e) Understand the implications of the new NHSE Integrated System proposals and develop options on how to influence and react to this (end April 2021)
f) Bring commissioning and provision of services more closely together (end March 2022, but Secure Services, Adult Eating Disorders and CYP Provider Collaboratives will be earlier)
g) Identify how service users and carers can better input into Equality Impact Assessments or equivalent in all partners (by end March 2022)

Priority 3.3: Work with local partners to promote good mental wellbeing and tackle stigma across all age groups

a) Map what is already being done in each Place for all age groups (by end Sep 21)
b) With other partners consider where TEWV can best use its influence and resources to tackle stigma and prevention related issues and / or their consequences and produce a prioritised plan for the future (by end Dec 21)
c) Continue and evaluate joint population resilience work put in place to tackle the impact of Covid-19 (by end Jan 22)

d) Ensure TEWV staff have the permission, knowledge and courage to actively challenge stigma wherever this is encountered in the system (by end March 22)

4. Great Place to Work

> ***We'll know we've achieved this when…*** *We help everyone who works at TEWV to feel proud of their personal contribution to supporting people to live their best possible lives. People feel that working at TEWV positively impacts on their lives and their wellbeing.*

To achieve that, we need to have the following foundations:

- Values lived across the organisation
- Psychological safety - everyone safe to share ideas & concerns
- Compassionate and effective leadership at all levels
- A workplace which supports staff wellbeing & resilience

All activities described below and our measures of change will focus on these 4 foundations. The work to achieve the vision is described below:

Priority 4.1: Engage with staff at all levels to co-create our new ways of working together

a) Hold engagement events with staff at all levels to develop our new ways of working together, with involvement of service users and carers, with first engagement events held by end June 21
b) Share outputs of initial engagement events so all staff, service users and carers can access tools and resources which help to describe our new ways of working (by end Sep 21)
c) Further roll-out of engagement events, to be attended by all staff (by end March 22)
d) Work with staff, service users and carers to identify work which has already been developed which supports the new values. Agree how we will learn from and build on this work (by end Sep 21)
e) All teams to co-create their ways of working and development plans (by end Dec 21)
f) Build mechanisms for real 2-way consulting, engaging and involving staff, ensuring staff views are sought to measure change and impact (by end June 21)
g) Gather real-time data about staff wellbeing and use this information to understand the impact of change and to understand support needs (by end Sep 21)

Priority 4.2: Support people to be the best they can be through a focus on compassionate and inclusive leadership that enables us all to develop and find our work meaningful

a) Develop a design a Leadership programme (with an with an inclusive approach to service user, carers, champions and stakeholder involvement in the design, delivery and participation (by end June 21)
b) Commence leadership programme (initially targeted at people in formal leadership / management positions, but also open to future leaders (to start by end June 21)
c) All people in leadership / management positions to complete the programme (by end March 22)
d) Agree how we identify and support future leaders, including preparation, training and induction (by end Dec 21)
e) All formal leaders to regularly complete the Healthcare Leadership Model 360 feedback (within first year of taking on leadership role), with feedback and development needs discussed through supervision/ appraisal (in place from Sep 21)

f) Improve communication and engagement with leaders about expectations and support (by end June 21)

Priority 4.3: Support all staff to develop, ensuring there is fair access to training, and ensure training is relevant and value-adding:

a) Develop our understanding of training opportunities, increasing experiential learning, and make sure there is equal access to opportunities (by end Dec 21)
b) Managers/ supervisors to review learning outcomes with people, with greater sharing of learning (by end March 22)

Priority 4.4: Support career progression, focusing on skills and experiences which people can bring to different roles:

a) Ensure information about internal and external roles is accessible and transparent (by end Dec 21)
b) Offer informal support including mentoring and coaching (by end Dec 21)
c) Work with our staff, local partners and communities to support the development of career opportunities across the system (by end March 22)

Priority 4.5: Ensure organisational systems and processes are supportive of a great place to work and help us to achieve the foundations needed

a) Review our people management processes and policies in relation to Trust values, considering impact on staff wellbeing and how we take action when people are not living the values (by end Sep 21)
b) Review of other Trust processes and systems which do not align to the new values, or which get in the way of people living the values – including those which unnecessarily place heavy demands on staff time: (by end Dec 21)
c) Ensure people have access to meaningful breaks and thinking time by empowering leadership teams to identify and reduce/ eliminate work which doesn't add value (by end Sep 21)
d) Model the values in how we communicate, how we hold meetings, share information etc – by ensuring we are always inclusive and proactively considerate of additional needs (by end Sep 21)
e) Promote the values through our interactions with service users and carers, as values to expect to be upheld by our staff, and values we would like them to also uphold (by end Sep 21)
f) Improve coordination of existing champions to help teams to achieve the foundations important for being a great place to work (by end Sep 21)

5. An Empowering Infrastructure

We'll know we've achieved this when… *We offer excellent, innovative care that is supported by systems that are effective, accessible and empower people who use them. These systems provide wrap around support for our colleagues, service users, carers and partners. People are easily connected to the accurate information they need, our physical spaces support high-quality care, and our decision making processes are simple and transparent.*

Priority 5.1: Ensure we connect the right people with the right expertise to identify problems and create solutions

a) Bring TEWV's current corporate services together to jointly understand what is needed (and not needed) to support excellent care (including the implications of the current Governance Review) and
    i. develop a plan for which processes, practices and behaviours to develop or phase out (by end June 2021) and then deliver the plan (starting July 2021)
    ii. develop a joint plan to review reporting and to ensure decisions are supported by an analysis of the "whole picture" (by end June 2021)
    iii. agree changes to ways of working to ensure that corporate support "wraps around" operational delivery teams (by end June 2021)
b) Agree proposals to improve project, programme and portfolio management across the Trust (by end May 2021), and then implement (from June 2021)
c) Consider how Agile project management techniques can improve the way change is planned for and implemented within the Trust (by end Oct 2021)

Priority 5.2: Ensure that our governance systems support safe, simple and responsive decision making.

a) Develop action plan to deliver the recommendations of the governance review (by end June 2021)
b) Develop and apply a set of principles of good (safe, simple and responsive) governance (by end June 2021)
c) Re-design governance structures, systems and processes to align with principles (by end March 2022 with any further implementation required to follow in 22/23
d) Implement improved structures, systems and processes (by end March 2022)

Priority 5.3: Ensure our digital systems offer the best possible opportunities for collaboration and communication

a) Complete a new Digital Roadmap for the next two years for the Trust, taking the implications of the new Trust Strategic Framework and Business Plan into account (by end June 2021)
b) Commence the pilot of cito and carry out other improvements to the electronic patient record (from May 2021)
c) Introduce patient portal, to improve service user access to their records (date to be confirmed in Digital Roadmap)
d) Engage with service users, carers and partners to constantly assess Digital Poverty & inclusion 'gap' issues and consider implications (ongoing)
e) Agree the requirements for digital learning in the Trust (by end June 2021)

Priority 5.4: Ensure we can always provide the right information, at the right time and in the right format

a) Develop a new communications framework (by end June 2021)
b) Review the availability and reliability of information accessed by service users, carers, colleagues and partners (by end March 2022) and then implement recommendations of the review during 22/23
c) Identify the digital platforms we need to help us to communicate more effectively and feed this into the Digital Roadmap development (by end September 2021)

Priority 5.5: Ensure our physical spaces support the new types of care we want to deliver

a) Agree how we can plan our future ways of working (workstyle profiling) (by end June 2021)

b) Agree home and remote working principles and identify what we can do to support staff with changes (by end June 2021)
c) Agree how the physical environment can best support digital consultations (by end July 2021)
d) Develop design guidelines so our buildings help us all work together in new ways (by end September 2021)
e) Prioritise buildings to test out new designs and ways of working (by end June 2021) and commence implementation at agreed sites (by September 2021)
f) Develop our 5-year capital and estates plan (by end June 2021)

D. Other Operational Planning Priorities

This section of the plan sets out some of our key operational priorities for 2021/22. These priorities are “operational” rather than strategic because they are about improving the delivery of our current clinical model, rather than about developing the operating model of the future.

Roseberry Park Hospital

In the internal environmental section of this plan, we noted the need to rectify the built environment inpatient and non-patient blocks at Roseberry Park Hospital. The areas of focus and aims for inpatient blocks for the next 12 months are:

Ridgeway – Adult Secure services

Block 10: Complete rectification works

Block 9: Commence and substantially progress rectification works

Patients will be moved to a purpose built block within the secure perimeter at Ridgeway to facilitate this work.

Dalesway – Adult Mental Health Services & Mental Health Services for Older People.

Block 5: Complete rectification works

Block 1: Initial planning to commence rectification works towards the end of the year

Patients / services will move temporarily to Sandwell Park Hospital in Hartlepool where necessary to facilitate this work.

Quality

In the internal environment section of this plan, we noted a number of issues relating to quality (including staffing and safety). Our actions to address these issues are:

- Implement our CQC action plan (by 3 May 2021).
- Embed an effective patient safety and learning culture at every level from the Board to the frontline
- Improve multidisciplinary staffing establishments to ensure staff have the right skills, behaviours and leadership culture to make patient safety a priority (from April 2021, starting with changes to Adult Ward establishments already agreed by the Board of Directors)

- Participate in an action planning event with other key stakeholders to fully understand and explore the recommendations of the investigations of deaths of West Lane patients (to be set up by the Investigation team) – date to be confirmed, but likely to be before the end of 2021.
- Consideration by the Trust Board of the independent investigation and agreement on how to progress the TEWV specific recommendations within it – date to be confirmed, by likely to be before the end of 2021.
- Implementation of the recommendations in the independent report, within agreed timescales (date to be confirmed).

In addition, we have identified 3 quality improvement priorities for our Quality Account (which will be approved in June 2021 following consultation with stakeholders. The improvement priorities are based on our assessment of the quality data and intelligence available to us. They also take feedback from service users and carers into account. The priorities are:

1) Care Planning
2) Feeling Safe
3) Compassionate Care

The Care Planning actions and milestones are set out in Priority 2.1 on page 12 of this Plan and we'll know we'll have been successful when service users feel that they had a good experience of our services because we listened to what was important to them, understood their personal goals, and tailored the treatment offered to meeting those goals. We'll also see better clinical outcomes as a result.

The Feeling Safe actions are being developed and will be consulted on with stakeholders during May and June. We know that we've been successful when patients feel the ward environments make them feel more, not less safe, when staff have the right skills to recognise and respond to risks and patients' feelings of unsafeness, and people feel they can trust their clinicians.

We'll know we have succeeded in achieving compassionate services when care is co-created, we put people before process, listen, hear and respect service users and carers and show that we care. Compassion is one of the 3 key values in our new Strategic Framework and there are a number of actions from the Co-creation, Clear Clinical Approach and Great Place to Work sections of this plan (page 11-18) which are also likely to feature in this Quality Account priority. We may also add additional Quality Account specific actions.

The finally agreed Quality Account improvement priorities' actions and timescales will be added to this Plan after the end of June publication of the final Quality Account document.

E. Service Developments in Localities

TEWV operational service delivery is organised and delivered thorough Localities. There are 3 geographic "Localities": Teesside; Durham & Darlington; and North Yorkshire and York. Each of these Localities has governance structures for Children and Young People's services, Adult Mental Health services, Adult Learning Disability Services and Mental Health Services for Older People (MHSOP). Transitions between these services occur at around the 18th and 65th birthday, but there is flexibility to take clinical need into account.

TEWV also has a Forensics "Locality" which consists of two key services

- Secure inpatient services (which primarily serve the North East and North Cumbria ICS' population), and
- Health and Justice services, which are delivered in places such as prisons and courts across the North East, North Yorkshire and York and also some prisons in Lancashire and Cumbria.

Locality planning is based on our understanding of the national policy environment, local stakeholder priorities, performance and quality data, and the potential to deliver cost releasing efficiency savings so that we can meet national expectations and remain financially sustainable.

TEWV has good partnerships in place with our commissioners and ICSs which makes it easier to plan 2 or 3 years ahead and co-ordinate investment and workforce development. However, the pandemic period has understandably delayed the issuing of NHS England planning and financial guidance to providers and commissioners. Therefore, the plans below do not contain much detail around how investment will be mobilised.

The following includes those proposals from Localities which:

- explain how TEWV will implement the NHS Long Term Plan or other significant national policy expectations; or,
- are of significant interest to governors, partners and the public due to their impact on service access or quality.

It is anticipated that further detail on service developments will be added during Quarter 1 when the increases to commissioning budgets are known and investment plans for services are agreed

Durham and Darlington

a) Implement the agreed Community Mental Health transformation plans, dependent upon final approval by NHSE and North East and North Cumbria ICS (starting April 2021 and continuing during the lifetime of this plan).
b) Deliver NHS Long Term Plan requirements e.g. EIP, CYP access, Perinatal (subject to agreeing financial support and mobilisation plans with commissioning partnerships.
c) Undertake an option appraisal for inpatient rehab services (by end Sept 2021) and then implement preferred option (by end March 2022).
d) Complete an evaluation of the crisis service (hub model), including street triage and share this with relevant stakeholders (by end December 2021).
e) Implement urgent care transformation (peer support, comprehensive older adult provision, safe haven coordination and capacity improvements) in line with agreed investment and mobilisation plan (by end March 2022).
f) Begin implementation of new CYP neurodevelopmental pathway (by end June 2021).
g) Introduce new Children and Young People Single Point of Access pathway (by December 2021).
h) Develop proposals and seek approval for single occupancy environments for those people with autism and / or a learning disability who would benefit clinically from such provision.
i) Complete environmental improvements to learning disability inpatient provision.

Teesside

a) Implement the agreed Community Mental Health transformation plans, dependent upon final approval by NHSE and North East and North Cumbria ICS (starting April 2021 and continuing during the lifetime of this plan).

b) Deliver NHS Long Term Plan requirements e.g. EIP, CYP access, Perinatal (subject to agreeing financial support and mobilisation plans with commissioning partnerships.
c) Implement a new learning disability respite and day service care model (by end June 2022).
d) New “Together in Crisis” joint voluntary sector – TEWV service to commence (by end December 2021).
e) Peer support workers (substance misuse focus) in post (by end Sept 2021).
f) Implement the new CAMHS management structure (by end June 2021).
g) Support a bid to NHSE for a school-based Mental Health Support Team in Middlesbrough and / or Redcar and Cleveland (timing to be confirmed, and subject to commissioner support).
h) Expand CYP Eating Disorders team (timing to be confirmed subject to agreement on funding).

In addition, there is a joint Durham and Tees action plan, in partnership with commissioners, to address the issues with the transforming care agenda by holding a design event to look at how we deliver inpatient care services to meet a current and future demand from patients with a learning disability or autism (by end April 2021).

Also, due to the number of patients who are subject to restriction within both CCG and Specialised Commissioning inpatient settings, further scoping work is being progressed to explore alternative pathways and estate to maximise patient quality of life and progression toward effective discharge from hospital.

North Yorkshire and York

a) Implement the agreed Community Mental Health transformation plans, dependent upon final approval by NHSE and Humber, Coast and Vale ICS (starting April 2021 and continuing during the lifetime of this plan).
b) Deliver NHS Long Term Plan requirements e.g. EIP, CYP access, Perinatal (subject to agreeing financial support and mobilisation plans with commissioning partnerships).
c) Commence public engagement on future adult learning disability service provision (by end March 2022).
d) Open the new Community Services Hub in Northallerton (by end May 2021).
e) Open the new CAMHS community service base in York (by end August 2021).
f) Relocate Selby CAMHS services from The Cabin to Worsley Court (by end Sept 2021).

Forensics

a) Reconfigure bed configuration and discharge arrangements to enable achievement of Transforming Care trajectories consolidating Harrier/Hawk & Kestrel Kite wards (by end June 20/21) and then obtaining agreement on future consolidation options (by end Sept 2021).
b) Transfer rehabilitation patients from Oakwood to Park House (by end June 2021).
c) Develop future proposals for locked rehab services (by end Dec 2021).
d) Develop future pathways in conjunction with CNTW within the new Secure Services Provider Collaborative (by end June 2021).
e) Increase provision of prison transfer beds (Jay Ward) from 5 to 10 (by end Sept 2021).
f) Reduce Newtondale Ward beds from 20 to 16 and relocate it within the secure perimeter (by end March 2022).
g) Develop a Business case for an Extended Care Unit (by end Sept 2021).

h) Review and explore options for the Specialist Community Forensic Team & Forensic Community Team and commence implementation of agreed option (by end Sept 2021) with new service model in place by end March 2022.
i) Respond to competitive tendering of health services for Haverigg Prison (by end Sept 2021).
j) Agree future approach to submitting tenders to provide mental health services to prisons (by end March 2022).

F. Finance

During 2020/21 all of the NHS has operated under special financial arrangements. This has made sure that TEWV and other Trusts have been able to respond effectively to operational pressures caused by the pandemic.

These arrangements are now likely to be extended through to the end of June, and possibly September 2022. National planning guidance (including efficiency expectations for NHS providers such as TEWV) and commissioning and capital allocations have been delayed until late March or April. This is because the NHS has paused normal operational and financial planning activities for the new financial years until quarter one of 2020/21, allowing ongoing operational focus by the NHS nationally on the response to the pandemic.

It is expected that additional resources for mental health commissioning and delivery will be released, linked to delivery of the existing Mental Health Long Term Plan. The mental health investment standard, which sets minimum national expectations about uplifts in Mental Health investment, will continue to apply to commissioning. The Chancellor's November 2020 Spending Review also announced additional an additional £500m for mental health services across England for 2021/22, although the full details of this will not be available until the national planning guidance is published. We understand that the breakdown of this resource will be:

- Mental health £370m
- Workforce development £100m
- Learning Disabilities/Autism £30m

If this is distributed on a capitation basis then we might anticipate approximately 3.5% of new national resources being made available for the areas that we work within. That resource would be distributed, based on local priorities across TEWV and are other important providers, including the voluntary and community sector who are an important and increasing part of our service pathways.

The Trust has committed to additional investment in 2021/22 to increase staffing numbers and skill mix in Adult acute assessment and treatment and Psychiatric Intensive Care wards for mental health.

We have not placed any new cash releasing efficiency (CRES) schemes in this year's plan, but some previous schemes have been concluded and the full year effect of these will be seen in our budget for 21/22. Once financial allocations are confirmed and planning activities recommence during quarter one, we will be able to assess the requirement for new efficiency schemes.

We have to take "stranded costs" into account. This is where a change in service reduces contract income, but some 'fixed' costs remain. This includes instances where estate might be under-utilised as a result of commissioning changes.

Prior to the guidance on additional income for commissioners and providers being released, it is impossible to accurately calculate the likely surplus or deficit for the Trust. In 2021/21 the Trust forecasts achieving a surplus of income over expenditure inclusive of additional covid-related income support. On the balance of probabilities and taking into account the additional funding prioritised nationally for Mental Health, it should be possible for the Trust to target at least a break-even position in 2021/22 and 2022/23.

It is uncertain how capital allocations to ICSs and individual providers will be calculated, but these are expected imminently. TEWV has developed a list of capital priorities and will adjust our plans as required once the spending limits are confirmed. Because the Spending Review in November 2020 was a one year settlement, we await the next 3-year Comprehensive Spending Review to provide additional clarity on longer-term capital funding for the NHS.

This section of the plan, and the actions and milestones within sections C, D and E which are dependent upon release of the national planning guidance will be updated once further information is known.

G. Implementation and Performance Management of the Plan

TEWV's new strategic Framework indicates that the organisation recognises that we were not always meeting the needs of our service users, carers, staff and partners. The Framework sets out why we do what we do, what people have told us about the sort of organisation we were in 2020, the kind of organisation we want to be, our values, and our three big goals for the next five years. It has been developed in close partnership with people who use our services, people who care for them and members of our staff.

Work has already started on achieving these goals and will continue through to 2025. However, there is always a risk with any new strategy of this kind that the document, and the words within it, are "put on a shelf" and do not lead to any sustained change in organisational processes, practice, culture, outputs or outcomes.

This risk will be mitigated in TEWV by:

- Restructuring the management and governance of the Trust to create capacity and focus to deliver the new strategic framework.
- Quarterly monitoring of progress of the milestones in this business plan by the Senior Leadership Group, with issues escalated monthly via its Portfolio Management sub-group.
- The creation of a suite of outcome indicators which will be used to help the Board and Senior Leadership Group to assess whether the actions in this plan are actually helping us to achieve our Strategic Goals
- Continuing engagement of service users, carers and stakeholders so that we can sense check the internal view of progress by checking whether this matches the experience and observations of people "outside" the organisation

We will also ensure that we make changes to the business plan as the environment changes, and to take into account what our data and intelligence tells us about the impact of the actions in the initial version of the plan.

H. Governors and Members

As a Foundation Trust, our membership and Council of Governors are an important element of our accountability to and engagement with the communities that we serve.

Council of Governors

TEWV's Council of Governors is made up of 54 Governors:

- 33 Public Governors (many of whom are service users or carers);
- 5 Staff Governors;
- 16 Appointed Governors.

Governor Elections

The Trust held its planned ordinary election on 1 September 2020 (delayed due to Covid pandemic) to fill 18 Public Governor vacancies and 3 Staff Governor vacancies as a result of tenures of Governors coming to an end and casual vacancies that had arisen or had remained vacant during the year. Tenures of Governors ended on 30 June 2020 and the Trust operated on a reduced Council membership until such time as an election could be held to attract the appropriate engagement. Additional measures were included such as telephone voting to ensure all members had access to voting rights.

- 35 public nominations and 6 staff nominations were received
- 1 Public Governor was elected uncontested;
- 16 Public Governors and 3 Staff Governors were elected following contest;
- 1 Public Governor vacancy remained unfilled;

All elections were administered by Civica. The next ordinary election, for 5 Public Governors and 2 Staff Governors is planned for June 2021.

Governor Engagement

To ensure that all members of the Council of Governors have the skills and knowledge to undertake their role we will continue to undertake the following:

- An annual review of training and development: -
    - Local training and briefing events on areas such as Equality, Diversity and Human Rights, Role of Non-Executive Directors and Lead Governor and Induction.
    - Encouragement to attend a range of national training offered by Governwell.
    - Specific training for Governor members of the Council of Governors, Nomination and Remuneration Committee.
- Locality based Governor meeting to talk about the key issues and developments within a locality, held in every locality 4 times per year.
- Pre meetings with the Chairman and chief Executive to talk through items on the Board of Directors agenda.
- Invitations to observe the Board of Director's committees: Quality Assurance Committee, Mental Health Legislation Committee.
- Workshops to assist in the development of business planning priorities and the Trusts annual Quality Account;
- An annual survey of performance of the Council of Governors;
- The Annual General and Members Meeting

Other Governor Engagement events will be subject to local restrictions linked to the Covid Pandemic.

The Council of Governors Involvement and Engagement Committee currently provide assurance on public and staff membership of the Trust and the involvement of service users and carers with 283 individuals directly registered to undertake a wide variety of activities.

Member Recruitment

The Council of Governors approved an Involvement and Engagement Framework in November 2015, incorporating elements of the previous Membership Strategy and the Trust's work on service user and public involvement. The target for the Trust was to recruit 250 public members (net) each year.

During 2020/21 the net increase as at 31/12/20 was -297 against a target of 250 an overall loss of members. This has been due to no recruitment activity taking place during the Covid Pandemic. On 31/12/19 the total membership of the Trust was 16,813 consisting of 9,675 public members and 7,138 staff.

Appendix: Glossary

24/72
24 hours, 7 days a week

ARMS
At Risk Mental State (this is a term used in Early Intervention in Psychosis services for people who receive treatment because there is a high risk that they could have a psychotic episode.

AMH
Adult Mental Health Services (i.e. services for people aged 18 to 64)

Better Care Fund (BCF)
A proportion of CCG commissioning budgets that the government has assigned to the BCF from April 2015. The Local Authority and CCG both need to approve how the BCF will be spent, and the resource is designed to support integration of health and social care services.

CAMHS
Child and Adolescent Mental Health Services

CCG
Clinical Commissioning Group

CDDFT
County Durham and Darlington NHS Foundation Trust

cito
An IT system which TEWV is introducing to make it easier to input information into and extract information from our electronic patient record (PARIS)

CLD
Child Learning Disability services

CLiP
Clinical Link Pathway

COO
Chief Operating Officer

CQC
Care Quality Commission – body that regulates quality for NHS healthcare providers, including Mental Health Act inspections.

CRES
Cash Releasing Efficiency Saving

Crowdsourcing
Obtaining information or input into a task or project by enlisting the services of a large number of people, typically via the Internet. Our Big Conversation is an example of this.

CYP / CYPS
Children and young people (birth to 18th birthday). The "S" is for "services"

D&D
Durham and Darlington

DIALOG
A process for developing and reviewing care plans developed by East London Foundation Trust which promotes "co-production" with service users

Do(….)
Director of…. (e.g. DoN&G = Director of Nursing and Governance, DoO = Director of Operations)

DTV
Durham and Tees Valley

Dual Diagnosis
The coexistence of a mental health issue and other health issue. In the context of Mental Health provision this most often refers to mental problems coinciding with drug / alcohol dependency / usage.

Durham / Durham City
Within this Plan, "Durham" refers to the area covered by Durham County Council and County Durham CCG. "Durham City" refers to the City of Durham.

EFM
Estates and Facilities Management

EIP or EiP
Early Intervention in Psychosis team / service

ePR or EPR
Electronic Patient Record (the current TEWV ePR system is PARIS)

ESR
Electronic Staff Record

GP
General Practitioner – the "family doctor" who is usually the first contact with the NHS when a service user becomes ill.

Foundation Trust (FT)
A group of hospitals and / or community health services that is allowed to re-invest any financial surpluses made and has a high degree of independence from the Department of Health. FTs are accountable to their local populations through their Membership and Council of Governors. They are regulated by NHS Improvement and the Care Quality Commission (CQC) TEWV is an FT.

Health and Well Being Boards (H&WBBs)
A body consisting of Local Authority and CCG representatives. In most H&WBBs major NHS providers such as TEWV are either members of the Board or a sub-group of it.

IAPT
Improving Access to Psychological Therapies – a national programme to make "talking therapies" available to people with milder forms of mental illness to reduce the proportion who go onto develop serious mental illness.

IHT or IHTT
Intensive Home Treatment / Intensive Home Treatment Team

IIC
Integrated Information Centre – The Trust's data repository which provides data for a variety of internal and external reporting.

Inpatient service / inpatients
Our services provided for service users who require treatment in a hospital for a period of time rather than treatment in the community.

IPS
Individual Placement and Support – this is an approach which seeks to aid service users' recovery by placing them directly into paid work. This involves work with potential employers as well as service users.

JSNA
Joint Strategic Needs Assessment – a document produced by the Health and Well Being Board in each "upper tier" local authority area which sets out the health needs of that community and informs the development of Health and Well-Being strategies for that area, which contain strategic priorities for commissioners to consider as they develop their commissioning intentions.

Learning Disability (LD)
People with an IQ below 70 are generally regarded as having a learning disability. People in this group are more likely to have a mental illness than other people.

Local Authority
An elected body which commissions social care, public health and other services for a geographical area. Often also referred to as a Council.

Locality
TEWV has 3 geographic Localities –North Yorkshire & York, Durham & Darlington; and Tees. The Forensics service is usually considered to be a "Locality" in management terms although it serves service users from across the north of England. All are managed by a Director of Operations reporting to the Chief Operating Officer.

MHOST
Mental Health optimal staffing tool – this helps measure patient acuity and dependency to inform evidence-based decisions on the required staffing levels for wards or teams.

MHSOP
Mental Health Services for Older People (generally 65 years or older, although MHSOP services can cover younger people with early onset dementia).

N&G
Nursing and Governance Directorate

New Care Models
In recent years, NHSE have promoted “new care models”. These generally involve forms of integration of providers or of commissioning and provision over a defined geographical area. There is a specific NHSE programme under which the Trust is working with partners to use NHSE resources differently in CYP and Forensic services to improve community services and reduce admissions to hospitals.

NHSE
NHS England

NHSI
NHS Improvement. This is the regulator for foundation trusts, and it incorporates the functions that used to be carried out by Monitor.

NY&Y
North Yorkshire and York (please note that this is not coterminous with the boundaries of North Yorkshire County Council because this TEWV Locality covers the City of York, Pocklington (East Yorkshire) and Wetherby (Leeds) areas, and it does not cover Craven District. Services to that part of North Yorkshire are provided by Bradford District Care Trust and commissioned by Bradford and Craven CCG).

PARIS
TEWV’s electronic patient and clinical activity (ePR) record system, from which operational data is also drawn for use in the Integrated Information Centre (IIC).

Pathway
A standard “route” through treatment for all service users with the same diagnosis. This can include choices of alternative evidence based treatments at appropriate points in the pathway.

Program or Programme
A long-term initiative that focuses on designing and embedding significant changes that will lead to benefits. A program consists of several projects or workstreams and is governed by a programme board.

Provider Collaborative
An NHSE initiative designed to increase financial flexibility around specialist services and to ensure that commissioning and provision works seamlessly for every service user pathway. The term is now also used for any formal grouping of providers who work at system-level.

Project plan
A plan that sets out how a one-off change is going to be delivered, including deadlines for key actions (also known as “milestones.”)

Q
This stands for “quarter” of a year – Quarter 1 ends on 30th June; Quarter 2 on 30th September, Quarter 3 on 31st December and Quarter 4 on 30th April.

QI
Quality Improvement

QuAC
Quality Assurance Committee

Speciality
TEWV has 5 Specialities which are Forensics, Adult Mental Health, Mental Health Services for Older People, Child and Adolescent Mental Health Services and Learning Disabilities. There are regular Trust-wide Speciality Development Group meetings for the relevant Clinical Directors working in that speciality.

Tees / Teesside
Geographical area including the boroughs of Hartlepool, Stockton, Middlesbrough and Redcar & Cleveland.

Tees Valley
Same geographical area as Teesside (see above) but also including the Borough of Darlington. This is the area covered by the Tees Valley CCG from April 2020

Trauma Informed (TI) / Trauma Informed Care (TIC)
A trauma-informed approach realises the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatisation

Vale of York (VoY)
This is the area covered by the Vale of York CCG. This includes the City of York, the Selby district of North Yorkshire and also the GP practices running from Easingwold south to the York City boundary, the western part of Ryedale District and Pocklington in East Yorkshire.