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JOINT OSC FOR THE NE & NORTH CUMBRIA ICS & NORTH & CENTRAL ICPS

Meeting on Monday, 25 November 2019 at 1.30 pm in the Civic Centre Gateshead

Agenda

1 Apologies

2 Declarations of Interest

3 Minutes (Pages 3 - 16)
The minutes of the meeting of the Joint Committee held on 23 September 2019 are attached for approval.

4 Matters Arising

5 Development of ICS - Progress Update
Mark Adams, Chief Officer, NewcastleGateshead, North Tyneside and Northumberland CCG will provide the Joint Committee with a verbal update on the above.

6 NENC Mental Health ICS Programme - Progress Update (Pages 17 - 48)
Report Attached. Gail Kay, Project Director/ Mental Health Programme Lead, NENC ICS will provide the Joint Committee with a presentation on the above, supported by Vicky Donegan, Programme Manager, North of England Commissioning Support.

7 Optimising Health Services and Child Health and Wellbeing NENC ICS - Update (Pages 49 - 70)
Report attached. Ken Bremner, Chief Executive South Tyneside and Sunderland NHS Foundation Trust and Heather Corlett, Programme Manager, Optimising Health Services and Child Health and Wellbeing, NENC ICS will also provide the Joint Committee with a presentation on the above.

8 Work Programme

Meeting Date	Issue
20 January 2020 – 1.30pm	• Development of ICS/ ICS Plan – Progress Update • *Workforce Progress Update* • Digital Care
23 March 2020 – 1.30pm	• Development of ICS/ ICS Plan – Progress Update • Population Health Management • *Primary Care Networks Update* • *Urgent and Emergency Care – Progress Update*

Issues to slot in
Community Pharmacies

The proposed provisional work programme for the Joint Committee for 2019 -20 is set out above.

The views of the Joint Committee are sought.

9 Dates and Times of Future meetings

It is proposed that future meetings of the Joint OSC for the NE & North Cumbria ICS & North and Central ICPs are held at Gateshead Civic Centre on the following dates and times:-

- 20 January 2020 at 1.30pm
- 23 March 2020 at 1.30pm

Contact: Angela Frisby Tel 0191 4332138 Date: 14 November 2019

JOINT OSC FOR THE NE & NORTH CUMBRIA ICS & NORTH & CENTRAL ICPS MEETING

Monday, 23 September 2019

PRESENT: Councillor L Caffrey (Gateshead Council) (Chair)

Councillor(s): Taylor and Schofield (Newcastle CC) Armstrong, Watson and Dodd (substitute) (Northumberland CC), Dixon and Macknight (Sunderland CC), Mole and Mulvenna (North Tyneside Council),Kilgour (South Tyneside Council) and Simmons (Durham CC)

86 APOLOGIES

Apologies were received from Councillors : Flynn and Hetherington (South Tyneside Council), Hall and Beadle (Gateshead Council), Leadbitter, Mendelson (Newcastle CC), Robinson and Stephenson (Durham CC)

87 DECLARATIONS OF INTEREST

Councillor Taylor of Newcastle City Council declared an interest as an employee of Newcastle Hospitals Foundation Trust.

88 MINUTES

The Minutes of the meeting of the Joint Committee held on 17 June 2019 were approved as a correct record.

89 MATTERS ARISING

It was noted that the matters arising from the minutes were dealt with via items on the agenda for the meeting.

90 PROPOSED REVISED OSC PROTOCOL / TERMS OF REFERENCE

The Committee considered and agreed proposals to modify its terms of reference / Protocol to reflect the importance of scrutinising the ICS as it applies to the area within the OSC's remit and relevant Integrated Care Partnerships and workstreams being activated.

RESOLVED a) That the remit of the Northumberland, Tyne and Wear and North Durham STP Joint Health OSC be revised to cover scrutiny of the North East and North Cumbria ICS and relevant ICPs and organisational arrangements as appropriate.

b) That the revised remit set out at Appendix 1 to the report be approved.

c) That, henceforth, the Committee be known as the Joint OSC for the NE & NC ICS & North & Central ICPs' going forwards to reflect the revised remit of the Committee.

91 DEVELOPMENT OF ICS - PROGRESS UPDATE

Mark Adams, Chief Officer NewcastleGateshead, North Tyneside and Northumberland CCG provided the Committee with an update on the development of the ICS.

The Committee was advised that a week after it's last meeting the NE & Cumbria ICS had received formal approval from NHS England (and the DoH?) demonstrating that it is now viewed as a mature system. However, the Committee was reminded that this meant that approval had been given for NHS organisations and partners to work collaboratively in a way that they have not been able to previously. The ISC does not have any statutory powers.

Mark explained that the NE & NC ICS is now the biggest ICS in the country. However, it was important to understand that whilst there would be some key overarching pieces of work progressed at the ICS level approximately 85% of work carried out within the ICS geography would be at a place - based level.

NHS England has been informed that the six key overarching pieces of work progressed at ICS level within NE & NC would be as follows:-

- Workforce
- Digital
- Population Health
- Prevention
- Mental Health
- Learning Disability

As a result of receiving formal approval, the ICS has received national funding to allow the ISC to further progress its workforce agenda. Funding has also been received to assist in progressing the Population Health workstream as the ICS has been nominated as one of the vanguard ICS in this area.

Mark advised that in terms of targeting new ways of working within the ICS the

intention was to focus on particular areas of performance and bring together a range of groups within the NHS and social care with a view to examining how best to tackle winter.

In addition, there would be a focus on developing partnership and governance arrangements within the ICS.

The Chair indicated that it was very pleasing to hear that the ICS had received some extra funding and she queried whether this was new funding and if it was a substantial amount.

It was confirmed that the funding was new money and it was considered to be significant. An amount of £25,000 had been received but it was expected that there would be further tranches of funding in due course.

The Chair stated that it was her understanding that health colleagues were working on a 5 Year Strategic Delivery plan at ICS level to set out how the ICS is going to support delivery of the NHS Long Term Plan over the period 2019/20 to 2023/24 and she queried how work on this was progressing.

Mark confirmed that the Chair's understanding was correct and he stated that currently they were waiting for information from national colleagues and it was expected that the plan would be completed by the end of November 2019. Work on the plan was taking place via a bottom up process and input on key areas of focus for relevant ICPs would form the basis of the plan and this would then be supplemented with the six key areas of focus identified at ICS level.

Mark advised that if possible the completed plan would be provided to the Committee at its November 2019 meeting. However, if this did not prove to be feasible the Committee would be provided with an update on the process and the headline areas from the plan and the completed plan would be provided to the Committee for its January 2020 meeting.

The Chair asked if it could be confirmed that when the finalised plan is brought to the Committee that it contains the detail and not just the headlines. Mark confirmed that this would be the case.

Councillor Kilgour thanked Mark for the information but stated that the amounts of additional funding seemed to be small when considering the size of the ICS and she queried how the amounts were arrived at. Mark advised that the ICS had to bid for the additional funding and it would be coming out in various tranches. Mark advised that the additional funding had enabled the ICS to progress significantly.

Councillor Schofield thanked Mark for the helpful information and highlighted that the Committee was particularly interested in understanding when it would be able to scrutinise ICS plans in relation to the integration of health and social care. Mark stated that the next big milestone for the ICS would be when the ICS Five Year Strategic Delivery plan was produced. This plan would provide information on work which would occur at ICS level under the six key areas of focus highlighted earlier and provide information on what would be happening at ICP level so the Committee

would be able to scrutinise both. Mark also stated that as 85% of work carried out would be at place - based level individual OSCs at a place- based level would have the opportunity to scrutinise these proposals.

Lynn Wilson, Director for Gateshead System, Newcastle Gateshead CCG/ Gateshead Council noted that she had been at a recent conference in relation to Integrated Care where Simon Stevens had been talking about having an Integrated Clinical Commissioning Group (ICCG) as an ICS. Lynn queried whether the NE & NC ICS was therefore at a disadvantage in having such a large footprint or whether it made no difference.

Mark advised that there is reference within the NHS plan about having an ICCG for every ICS. However, Mark noted that every ICS across the country was very different. Mark stated that such an approach would not make sense in the NE & NC. Mark stated that in the NE & NC ICS the aim was that CCGs should be as close to the public as possible and working collectively across the ICS and co-terminous with local authorities and other partners in their geographies.

RESOLVED That the information be noted.

92 CLINICAL ENGAGEMENT AND PROPOSED CLINICAL PRIORITIES FOR ICS

Mark Adams, Chief Officer NewcastleGateshead, North Tyneside and Northumberland CCG provided the Committee with an update on clinical engagement and the proposed clinical priorities for the ICS.

Mark reminded the Committee that at the time work was taking place to move from an STP to an ICS in 2018/19 a number of large - scale engagement events were held consulting staff, patient groups, the public and voluntary groups and social care colleagues to consider the big priority areas which should form the future direction of travel for the ICS.

The following three major themes had arisen as a result of this work:-

- High Quality and Sustainable Services (with a focus on the most vulnerable services)
- The ICS needs to focus on a number of big areas region wide and ensure they are in place in all areas within its geography eg quality, safety and access to and outcomes in relation to services.
- How GP practices and Community Teams can be brought together to have their voice in the ICS / ICPs.

Mark explained that the work relating to GPs and Community Teams was now being progressed through Primary Care Networks and was leading to the development of the following clinical priorities:-

- Cancer and cancer services
- Cardiology
- Respiratory

Clinical engagement is driving the direction of travel through the development of cardiology and respiratory networks. The focus of the networks is to see what might be achieved via work across normal hospital boundaries.

Mark stated that true integration needs to be driven at a place - based level. With the establishment of Primary Care Networks (PCNs), GP practices are now coming together in groupings to look at how they can do things more effectively. Mark explained that there are now 70 PCNs and they are now looking to appoint directors.

Mark advised that in the first instance the PCNs would be focusing on community pharmacy and also medicines optimisation.

Alongside this, local dental networks are being developed and Cumbria is well ahead in this area.

Overall, Mark considered that the work being progressed provided a really positive picture.

Mark also highlighted that clinicians were very focused on and involved in supporting the six key priority areas for the ICS and driving forward work in the workstreams. Mark advised that the DPHs for all the local authorities within the ICS patch were working together to support NHS colleagues progress work in the Prevention workstream. Clinicians are also front and centre in progressing work in the Digital workstream. It is hoped that by 2020 significant progress will have been made in enabling Trusts and local authority systems to talk to each other more effectively.

Councillor Kilgour queried how GP practices in the PCNs were being funded to encourage them to take a lead and whether they were being incentivised.

Mark advised that GP practices were being funded / incentivised and they were also being provided with funding to assist with the development of Community Pharmacy.

Councillor Taylor queried progress being made in relation to bringing social prescribing into the work of PCNs.

Mark advised that a lot of work is taking place in relation to social prescribing but this is not yet being picked up by PCNs. In Newcastle the PCN is developing a wellness project but this is not part of the agenda for other PCNs.

Councillor Mole queried whether the role of GP Associate was being considered.

Mark advised that the issue of developing the GP workforce was being looked at in a number of ways. Options currently being considered were looking at new and different roles and flexible working and sharing GP roles amongst practices.

RESOLVED That the information be noted.

93 PARTNERSHIP ARRANGEMENTS

Mark Adams, Chief Officer NewcastleGateshead, North Tyneside and Northumberland CCG provided the Committee with an update on this issue.

Mark explained that, as approximately 85% of the work carried out within the ICS would be place based, partnership arrangements would, to a large extent, be a continuation of pre-existing work. However, there are some areas where there will be new partnership boards emerging and some areas where partnership work is still in the planning stage. The general direction of travel is that local authorities, the NHS and community and voluntary sector are looking to formalise more robust ways of working together to achieve improvements.

At the ICP level there are four ICPs and they have been coming together to decide what is most important for them.

In the Central area the focus is very much on the sustainability of the workforce and Sunderland and South Tyneside Foundation Trusts have already been working together on workforce issues.

In the South the focus is on the future of their services.

In the North the focus is on social care and health integration and how the NHS can contribute to the wider determinants of health agenda eg the NHS's contribution to tackling Climate Change and Prevention and increasing the pace of change.

At an ICS level the NHS is in discussion with the twelve local authorities and their Chief Executives around what partnership arrangements should look like going forwards and it is hoped that a Partnership Assembly will be in place sometime at the beginning of next year.

Mark explained that the next milestone within the ICS would be in relation to governance and an update would be brought to the Committee at the appropriate time.

A representative from Healthwatch Darlington stated that this sounded like a push for devolution and arrangements in Greater Manchester and queried whether that was the intention.

Mark stated that this was not the terminology the ICS would use. Mark stated that one of the advantages of having a large ICS, with a critical mass of organisations, was the potential for lobbying on particular issues. Mark stated that as part of the ICS the NHS would like to be able to work collectively with colleagues to make decisions and have more autonomy. Mark stated that it was hoped that there would be opportunities via arrangements North of Tyne. Structures are already in place via the NE Combined Authority. Mark stated that the NHS is always looking for opportunities to see how they can work more effectively with others.

Councillor Taylor asked whether it was planned, at a place - based level, to have any changes to how Health and Wellbeing Boards work in the future.

Mark advised that this was still to be discussed but he was confident that any changes proposed would add to the importance of those Boards due to the clear focus on work at a place-based level and a bottom up approach.

The Chair noted that Gateshead's Health and Wellbeing Board is currently scrutinising its Health and Wellbeing Strategy and the arrangements for the Board and whether they are fit for purpose. The Chair stated that this strategic focus on how partners involved in the health agenda work together is needed.

The Chair stated that she hoped regular updates on partnership arrangements would be provided to the Committee. Mark confirmed that this would be the case and he highlighted that the next key milestone would be the establishment of the Partnership Assembly which it was anticipated would take place at the beginning of next year.

RESOLVED That the information be noted.

94 COMMUNICATION AND ENGAGEMENT - PROGRESS UPDATE

Mary Bewley, Head of Communications and Engagement, North East Commissioning Support provided the Committee with a progress update on the overall approach to communications and engagement for the developing ICS, including engagement in the Long - Term Plan.

Mary explained that a network of communications teams is now active and engaging in dialogue about the future NHS with stakeholders, staff and the public. The next phase will be to talk to local authority colleagues. The aim is to celebrate the wider success of the NHS across the NE and North Cumbria.

The branding is being revamped to reflect both the ICS and the ICPs and this will be shared in the near future and an ICS website is being launched. The aim will be for the website to evolve so that it becomes more interactive in the future and provide the ability for people to feed in comments and receive responses. A regional bulletin has also been launched providing an overarching regional update.

In terms of the ICS and engagement in relation to the Long -Term Plan four engagement events had been held at the start of the year with frontline staff and patient representatives from across the region. A summit event was then held for health and social care leaders where the themes/issues from the events were shared. The results of a further engagement event in September would also be built into the Plan.

Mary advised that Healthwatch organisations in the NE and North Cumbria provided specific support in relation to the Long -Term Plan engagement. Work has also taken place with existing Networks and the evolving Primary Care Networks.

The finalised plan will be produced in November and a significant amount of

engagement will have fed into that piece of work. As the document will be both detailed and lengthy further work will need to take place in order to make it accessible to a wide audience.

In terms of region wide activity roadshows are going to be held in October and November across the North East and North Cumbria to facilitate conversations with the public about their views on the NHS and health issues generally to help the NHS understand how it can better support communities. The aim is that the roadshows will be positive as well as realistic.

Alongside this a campaign linked to prevention will be carried out which aims to build an understanding amongst the public as to why change needs to happen and how people can be supported to stay well.

However, work is taking place with Public Health colleagues across the patch and market research colleagues and Healthwatch organisations to help test the messages before any marketing is carried out to ensure an effective campaign.

A report will be produced setting out the results of the work later on in the year and Mary advised that she would be happy to share the outcomes with the Committee once these were available.

The Chair thanked Mary for the update and noted that compared to the position when the Committee first started receiving updates there was some very proactive work taking place now which was a good step in the right direction.

Councillor Taylor stated that she was really pleased to see that the messages for the campaign were being tested before the campaign goes live. The membership of the Lay Member and Non-Executive Community Networks was also queried. Mary advised that the Networks were made up of CCG and Trust lay members and she was happy to feedback on the outcomes from the engagement event being held for that Network, on 4 November, in due course.

The Committee queried how far the engagement work was going to be taken, particularly in terms of engagement with the voluntary sector, if a bottom up approach is going to be taken. The Committee also queried whether it would address issues such as the integration of health and social care and new models of care.

Mary advised that there would be a need to assess what was sensible and appropriate to be taken forward at a regional and an ICS level. After that, whilst there might be a shared approach to communication work, CCGs and Trusts will need to set up their own links and progress their own engagement work.

Councillor Clark queried the numbers involved in the Lay Member and Non-Executive Community Networks. Mary advised that there were approximately 80 lay members across NE and North Cumbria and information regarding the lay members was available on the relevant Trust websites.

A representative from Healthwatch Gateshead stated that they were pleased to see

the commitment to having an ongoing dialogue with Healthwatch organisations around future work. However, Healthwatch organisations across the patch were unaware of the proposed roadshows and it was hoped that there was still time for them to have input. It was also highlighted that, based on the information currently provided, the roadshows appeared to be very health orientated and it was queried whether there would be a social care element.

Mary indicated that it was a complete oversight that Healthwatch had not been informed about the roadshows and she apologised and advised that information would be forward to Healthwatch organisations across the patch informing them of what was happening in each area. Mary advised that CCGs and Trust's will be leading on what happens in each area so decisions around whether there is reference to social care will be taken at a local level.

The representative from Healthwatch Gateshead indicated that they felt it would be helpful if local areas were provided with some guidance / direction on the content of the roadshows to ensure a level of consistency across the patch. Mary stated that she would give further consideration to the matter in light of the comments made.

Mark stated that he believed that there would be a lot of commonality in terms of issues raised at a local level whereas at ICP level the areas of focus might be quite different.

Councillor Mole queried whether there were links with Public Health England in the Every Mind Matters campaign. Mary explained that a review of all relevant national campaigns had been undertaken to ensure that any key messages were reinforced however, within the ICS there was a need to focus on prevention in its widest sense and not just mental health.

The Chair asked if information regarding the roadshows could be shared with the Committee and Mary advised that this would be shared when finalised.

The Chair queried when the findings in relation to the market research were likely to be available and Mary advised that the report was expected in early December and she would be happy to share this with the Committee.

RESOLVED That the information be noted.

95 WORKFORCE - INTERIM UPDATE

Mary Bewley, Head of Communications and Engagement, North East Commissioning Support provided the Committee with an update on/ responses to issues previously raised by the Committee in relation to workforce figures and the wider work programme.

The Committee received information on the numbers of nurses coming into the NHS in the NE as well as figures related to student nurses compared to the national position, as well as information in relation to NHS staff at or approaching retirement age and information relating to the proportion of foreign nationals forming part of the

NHS workforce.

Information was also provided in relation to work to develop the workforce across health and social care. The Committee was informed that a monthly Leadership Group is being held comprising stakeholders from across health and social care, including local authorities /North East ADASS, trade unions, the community and voluntary sector and Skills for Care. The Workforce Strategy and Transformation Board is providing strategic direction in this area and has good representation from local authorities across a range of organisations and levels.

In addition, work is taking place to explore engagement with independent sector employers and look at apprenticeships across health and social care, having regard to examples in other parts of the country where levy funds have been transferred from health into social care. The workforce team are also involved in commissioning a new apprenticeship in Positive Behavioural Support for staff who work with people with a learning disability or autism both in health and care.

A piece of system wide workforce planning is also taking place, using a population health approach and assessing workforce needs through to 2025. Data from both health and social care is being used to inform this work along with the involvement of a wide range of stakeholders across the system in locality focused workshops to “test” the data and produce an informed narrative. This is the first time work has been carried out in this way.

Details on how unions are being engaged in the work being progressed was provided and reassurances were also provided that there were no plans for the workforce to be provided via private companies.

Work is also taking place to retain NHS staff through the NHSE/I retention support programme which focuses on strengthening retention of clinical staff. A number of trusts in the region have also been working with the national team and NHS employers and a Great Place to Work (GPTW) Board has been established and specific workstreams are focusing on flexibility of employment/recruitment/occupational health/equality, diversity and inclusion / training and health and wellbeing. Local authority representatives are being identified to sit on the workstreams to ensure discussions are inclusive and across the two sectors. A representative from the Board is also attending the local authority Workforce Leads in September to ensure all the local authorities in the NE are aware of the programme and the potential opportunities it brings.

The Committee was advised that retention of GPs is a key priority across the ICS and work is taking place through both the national GP Retention Scheme and the local GP Support Programme. NHSE/I is also working in partnership with HEE to ensure a shared workforce strategy. In addition, the Committee was advised that in recognition of the fact that GP workforce numbers need to be boosted in order to support retention of GPs, GP trainee rates across the ICS have significantly improved in recent years rising from 78% in 2017-18 to 98% in 2018-19 and the ICS plans on building on this progress in future years.

The Committee was informed that the indicative GP workforce target for September

2020 is 1987.2 GPs across the ICS and current projections show that the ICS is 383 GPs short of this target. However, it is considered that plans to maintain boosted trainee rates, improve retention of existing GP workforce and boost additional clinical roles within Primary Care will support the retention of GPs.

The Committee was advised that a key ambition for the ICS is for the Primary Care Networks (PCNs) to support the development of the primary care workforce through the introduction of Additional Roles recognised as supporting the delivery of specific service specifications between now and 2023/24. It was noted that it was proposed that in 2019-20 PCNs would recruit additional Clinical Pharmacists and Social Prescribing Link Workers and in 2020-21 Physician Associates and Physiotherapists would be recruited and in 2021/22 Paramedics would be added to the workforce.

The Committee was informed that national policies may be impacting on changes to pensions cap and contributing to individual decisions as to when they retire. Proactive action is taking place at a local level to prioritise retention of GPs in primary care and the Committee noted that continued lobbying on this issue was encouraged.

The Committee was advised that a further detailed report in relation to workforce would be brought to a future meeting of the Committee.

The Chair noted that whilst the Committee had discussed having the detailed report on workforce at its November meeting it was now planned to bring the report to the Committee's January meeting to facilitate inclusion of work relating to social care which the Committee was keen to have further information on.

A discussion took place around the numbers of EU and non – EU staff comprising the NHS workforce as at September 2019.

As a result of the information, the Committee, acknowledged that EU nationals represent only a small percentage of the workforce but expressed concern at the potential loss of EU staff due to the potential effects of Brexit and the shortage of skilled non – EU staff who might take their place in the event that they leave. The Committee believed that the loss of EU staff could impact on the ability of the NHS to continue running some specialist services that currently rely on such staff.

As a result, the Committee agreed that a letter should be sent to government and relevant NHS organisations highlighting these concerns and seeking reassurances that appropriate action is being taken to protect the sustainability of NHS services in the ICS area.

Councillor Taylor also queried what was being done to retain hospital staff as much of the information they had received had tended to focus on work to retain GPs. Councillor Taylor considered that the work in relation to the apprenticeship levy was, however, really pleasing.

Councillor Mole queried how the role of Social Prescribing link workers at the PCN linked with the workforce in social care. The Committee was advised that further information would be sought on this and brought back to the Committee in due

course.

The representative from Healthwatch Darlington noted that reassurances had been provided that there were no plans for the NHS workforce to be provided via private companies. However, it was queried whether a wholly owned subsidiary of a trust could be sold off or taken over.

Mark Adams stated that it was his understanding that a Trust established a subsidiary to undertake specific things. For example, Northumbria Healthcare Trust established a subsidiary for fleet management and he was unaware of a situation such as the one highlighted.

The Committee was advised that further information would be sought on this and brought back to the Committee in due course.

A member of the public highlighted issues about subsidiaries at Gateshead Health NHS Trust and South Tyneside NHS FT and the Chair advised that if these were areas of concern they should be raised with the relevant OSCs in the respective local authority areas rather than this Committee.

Councillor Dodd queried whether an area for further scrutiny might be the early retirement of GPs. However, it was highlighted that the pensions issue was currently in the process of being resolved which would assist the situation.

It was queried as to whether further information should be sought in relation to NEAS workforce as there were concerns that they may not be in as good a position as anticipated in relation to recruitment of paramedics.

Mark Adams noted that this issue had been covered at an earlier meeting of the Committee.

The Chair asked for an update on this issue to be provided which could be circulated to the Committee.

RESOLVED (i) That the information be noted.

(ii) That a letter be forwarded to government and relevant NHS organisations highlighting the Committee's concerns at the potential loss of EU staff due to the potential effects of Brexit and the shortage of skilled non – EU staff who might take their place in the event that they leave as the Committee believes that the loss of EU staff could impact on the ability of the NHS to continue running some specialist services that currently rely on such staff given the current shortages of non – EU qualified professionals.

96 WORK PROGRAMME

The provisional work programme for the Joint Committee as set out below was agreed.

Meeting Date	Issue
25 Nov 2019 – 1.30pm	• Development of ICS/ICS Plan – Progress Update • Urgent and Emergency Care – Progress Update • Mental Health – Progress Update • *Optimising Care Services - Update*
20 Jan 2020 – 1.30pm	• Development of ICS – Progress Update • *Workforce Progress Update* • Digital Care
23 March 2020 – 1.30pm	• Development of ICS – Progress Update • Population Health Management • *Primary Care Networks Update*

Issues to Slot In
Community Pharmacies

97 DATES AND TIMES OF FUTURE MEETINGS

Future meetings of the Joint OSC for the NE & NC ICS and North and Central ICPs will be held at Gateshead Civic Centre on the following dates and times:-

- 25 November 2019 - 1.30pm
- 20 January 2020 – 1.30pm
- 23 March 2020 – 1.30pm

Chair……..

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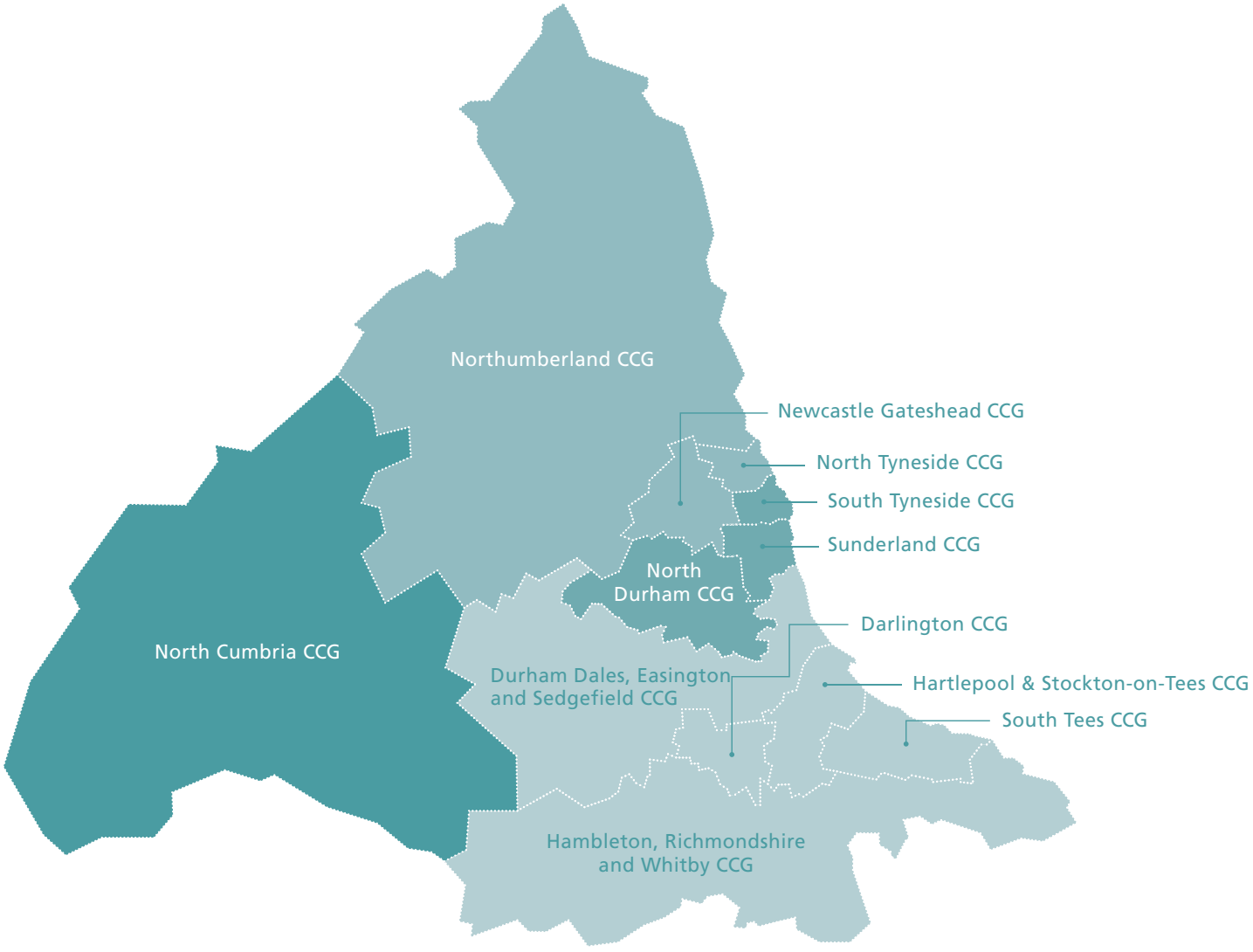
North East and North Cumbria (NENC) Mental Health ICS Programme

2018-19 Progress Report



Join our Journey

North East and North Cumbria

Forward

We are very proud to be joint senior responsible leads for the Integrated Care System Mental Health Delivery Programme for the North East and North Cumbria.

We are passionate about driving improvements that will benefit the health and wellbeing of people living in our region and we embrace the opportunity to work collaboratively with our service users, carers, staff and partners to implement positive and sustainable change.

The recently published NHS Long Term Plan identifies that Integrated Care Systems (ICS) are central to the delivery of improved services as the ICS brings together local organisations to redesign care and improve population health by creating shared leadership and joint action.

The comprehensive ten year plan outlines a number of priorities and focuses on the need to address the physical and mental health of the population with consideration to funding, staffing, increasing inequalities and pressures from a growing and ageing population.

The independent review of the Mental Health Act, chaired by Professor Sir Simon Wessely made recommendations on improving both legislation and practice. The government is now considering the findings of the review in detail, including the need for better crisis services and improved community care for people with serious mental illness. In order to enable change, investment in mental health services has been confirmed.

2019/20 will be a transitional year, allowing us to work with our partners and benefit from an opportunity to shape the local implementation plans to ensure that they meet the needs of our population.

During 2018 the Mental Health Programme has made progress and this report outlines our achievements to date and describes our ongoing commitment to engage with service users, carers, staff and partners to take forward our 2019/20 delivery plan.

We are very grateful for the input we have had from our experts by experience, priority working group sponsors, working group leads and our partners over the past year and look forward to collaboratively progressing the next steps in our evolution.

John Lawlor

Dr David Hambleton

Joint SRO - Mental Health

North East and North Cumbria Integrated Care System

1. Introduction

The NHS Long Term Plan (2019) describes a commitment to improve services by tackling the pressures identified by patient groups, professional bodies and frontline NHS leaders. The comprehensive plan outlines a number of priorities and focuses on the need to address the physical and mental health of the population with consideration to funding, staffing, increasing inequalities and pressures from a growing and ageing population.

The plan further develops the changes that are being implemented in response to the NHS Five Year Forward View and identifies that the results for patients, for all major conditions, are measurably better than a decade ago and male suicide is reported to be at a 31-year low. Despite the improvements described there is a recognition that further reform is necessary to respond to the presenting challenges, improve care for patients and reduce pressure on staff. In order to achieve this the plan aims to ensure that the NHS will increasingly be more:

- joined-up and coordinated in its care
- proactive in the services it provides
- differentiated in its support offer to individuals

This Long Term Plan sets out a number of actions, including around the workforce, which will be finalised in 2019, and states that the delivery of the Long Term Plan is reliant on local health systems having the capability to implement change effectively by working more closely together through Integrated Care Systems (ICS).

Health and care services are facing one of the most difficult periods as people live longer, the proportion of their life spent in ill-health increases and their need for health and care support is growing. Although this should be celebrated, the changes in the population profile are taking place at a time when the collective resources to support them are increasingly limited and therefore challenges health and care systems to operate in a better, more sustainable way to support the population, and to do so quickly.

This will not be achieved by each organisation continuing to do more in the usual way, but by developing a new model of shared responsibility for health and wellbeing between communities and services, and by developing new models of working together across health and care organisations.

This Year 1 Progress Report describes the Mental Health Programme arrangements in place to collaboratively improve mental health outcomes and experience for people in the North East and North Cumbria.

Our Vision:

Sustainable, joined up high quality health and care services that maximise the mental health and wellbeing of the local population.

2. Background

Organisations across North East and the North Cumbria (NENC) are working in partnership to coordinate improvements, where necessary, across traditional boundaries. Developing and integrating care across boundaries involves NHS organisations working with councils and the voluntary or charity sector.

Using the name 'integrated care systems' (ICSs), this way of working is evolving. An ICS is not a specific organisation but rather a way of leading and planning care for a defined population in a coordinated way across a range of organisations. For an area to be designated as an ICS, organisations need to demonstrate their commitment and ability to deliver a 'do once' approach for addressing joint priorities and providing services that meet the needs of the population and also demonstrate that the resource invested is making a difference for the people using services.

The North East and North Cumbria (NENC) ICS service transformation plan sets out three key ambitions;

- Radical upgrading of our approach to prevention of ill health (including enabling people to manage their own health and retain independence)
- Delivery of more care within our communities and neighbourhoods (incorporating primary care at scale, optimal use of the residential and domiciliary care sector and developing community resilience)
- Optimising configuration and use of the acute sector (ensuring quality and safety through clinical pathway and workforce realignment)

The challenge is for the NENC area is to drive up life expectancy and improve health outcomes.

From a mental health perspective the needs of people with severe and enduring conditions must also be considered with a focus on maximising independence, improving quality of life and improving life expectancy. **Table 1** provides an overview of the North East and North Cumbria population profile.

Table 1 provides an overview of the North East and North Cumbria population profile.

Table 1

	Population (2016)		Population (2016)		Ethnic Minorities	2016/17	Deprivation Score (IMD 2015)
Local Authority	Total	65+(%)	Total	Growth (%)	Population (5)	Homelessness	(high score = high dep)
Northumberland	316,002	23.0%	318,600	0.8%	1.3%	73 (0.5%)	20.5
North Tyneside	203,907	19.0%	200,100	2.8%	2.8%	114 (1.2%)	21.3
Gateshead	201,502	19.2%	206,900	2.6%	4.3%	28 (0.3%)	25.0
Newcastle	296,478	14.3%	306,000	3.2%	12.6%	437 (3.5%)	28.3
Sunderland	277,962	18.9%	279,100	0.4%	4.2%	N/A	29.7
South Tyneside	149,418	19.8%	151,000	1.1%	4.5%	N/A	30.6
County Durham	522,142	20.2%	537,300	2.9%	1.5%	51 (0.2%)	25.7
Darlington	106,646	19.7%	106,500	0.8%	3.5%	N/A	23.6
Middlesbrough	140,398	15.9%	141,500	0.8%	9.2%	N/A	40.2
Hartlepool	92,817	18.8%	93,400	0.6%	1.2%	35 (0.8%)	33.2
Redcar and Cleveland	135,404	21.9%	135,400	0.0%	1.1%	N/A	28.6
Stockton	195,681	17.6%	202,200	3.3%	5.2%	N/A	24.6
Hambleton	90,537	25.0%	91,600	1.2%	1.7%*	N/A	12.7
Richmondshire	53,732	20.0%	52,300	-2.7%	1.7%*	N/A	13.3
Eden	52,690	25.8%	52,700	0.1%	1.1%*	N/A	15.4
Allerdale	96,956	23.7%	97,200	1.3%	1.1%*	23 (0.5%)	22.6
Copeland	69,307	21.9%	66,400	-4.2%	1.1%*	N/A	25.9
Carlile	108,400	20.8%	109,500	1.0%	1.1%	35 (0.7%)	22.5
England	55,268,067	17.9%	58,505,600	5.9%	13.4%	91 (0.5%)	21.8

* countrywide figures

Highlights from the population overview:

- Areas with 20% or more of the population aged 65+ are highlighted in pink.
- Areas where the population is predicted to decline over the next 10 years are highlighted in mauve.
- The two areas with a much higher percentage of the population from minority ethnic communities are highlighted in pink although both are below the national average.
- The area with much higher deprivation than any other within the region (Middlesbrough) is highlighted in dark pink.
- A number of other areas also have very high levels of deprivation (Hartlepool, South Tyneside, Sunderland, Redcar and Cleveland and Newcastle).
- Hambleton, Richmondshire, Eden, Northumberland and North Tyneside have deprivation levels below the national average.

3. North East and North Cumbria Integrated Care System (NENC ICS)

The mental health work stream was initially one of sixteen in the overarching NENC Integrated Care System. The implementation structure consisted of nine delivery programmes and seven enabling strategies as outlined below.

❖ Delivery programmes

- Optimising acute services
- Pathology (part of vulnerable services)
- Care closer to home
- Prevention
- Urgent and emergency care
- Learning disabilities
- Mental health
- Cancer
- Continuing health care

❖ Enabling strategies

- Digital care
- Demand management
- Workforce
- Estates
- Communications and engagement
- System development
- Transport

A review in March 2019 by the Health Strategy Group confirmed that the priority work streams that will be overseen by the developing NENC ICS are:

- Population health and prevention
- Optimising health services
- Digital transformation
- Workforce transformation
- Mental health
- Learning disabilities

Governance systems are in place to monitor progress and oversee interdependencies across the work streams.

4. North East and North Cumbria Mental Health Programme

The purpose of the mental health ICS programme is to:

- Ensure that mental health is fully integrated across the 'whole system' in order to progress the delivery of 'No health without mental health' (Department of Health, 2011);
- Support the transformation process through communication, information, sharing best practice, reducing duplication and progressing system wide engagement;
- Inform locality arrangements to progress Integrated Care Systems (ICS) aligned to an informed needs profile;
- Understand variation and promote innovation and evidence based practice to address gaps.

The mental health work stream does not have a surveillance or performance monitoring role and does not have statutory authority, this remains with provider organisations and commissioners.

5. Working arrangements: NENC ICS Mental Health Programme

Seven priority areas have been identified by the mental health steering group and plans agreed at a regional joint working event in April 2018 have progressed.

The seven mental health priority area work streams are:

- Child health
- Zero suicide ambition
- Employment
- Optimising acute services
- Long term conditions and persistent physical symptoms
- Older people
- Improving the physical health of people in receipt of treatment for a mental health or learning disability condition

The steering group, chaired by John Lawlor (Joint Senior Responsible Officer with Dr David Hambleton), meets every two months and reports progress to the ICS Regional Delivery Unit (RDU) Health Management Group.

Performance management aspects of delivery are monitored via the NHS England North Regional Mental Health Programme Board and Quality Assurance, Delivery and Improvement meeting.

The seven priority area work streams and a supporting evidence and evaluation group report progress, and any issues arising, through the operational management group and steering group and a monthly highlight report is submitted to the RDU.

The Five Year Forward View metrics have been mapped to the priority areas and work stream sponsors are progressing discussions in relation to qualitative evaluation and impact assessment.

6. Communication and engagement

Senior leaders and senior clinicians from the region are engaged in the steering group and supporting infrastructures. The time dedicated to the ICS work plan by contributors from key organisations is recognised and appreciated as there is limited additional resource allocated to develop this programme of work.

There is ongoing activity occurring to further progress links with primary care, acute care and local authorities at a steering group and priority area sub group level. Engagement with service users, carers and the voluntary sector is occurring through the priority area working groups. A regional bulletin was circulated by the ICS regional delivery unit outlining the overarching ICS work programme.

The mental health work stream has arranged two regional events in 2018 and a number of workshops have been progressed by the work stream sponsors to take forward the seven priority area work plans.

Communication and engagement is recognised as a key enabler and early discussions have commenced to work with a vocational training provider to co-produce a website for the mental health work stream in order to share progress updates with partners and the wider public. A further regional engagement event is planned for May 2019.

7. Funding

The Mental Health Steering Group has been monitoring the investment required to support the delivery of the mental health programme since January 2018.

A paper outlining the work force commitment, expenditure and the contributions from the organisations and individuals leading and supporting the delivery has been prepared to inform 2019/20 funding arrangements.

A process is also in place to support and monitor funding bids across the North East and North Cumbria area.

8. Implementing improvement

The multi-agency evidence and evaluation working group has completed a literature search to understand ‘what good integration looks like’, thematically reviewed the findings to inform the implementation and has;

- Provided informed guidance for mental health system leaders
- Informed the mental health steering group principles and purpose
- Supported the implementation and review process for the seven priority areas
- Helped to convey a clear message to partners, patients and carers
- Ensured the focus on what it feels like for people in the system

The evidence and evaluation group has also delivered:

- Locality demographic profiles to inform initial population health management discussions
- NENC mental health programme summary slide pack
- A review and summary of the NHS England commissioned Strategy Unit reports for the region.
- An evidence and evaluation framework.

The group are mapping the existing relationships in place with academic partners and will progress formal links to ensure maximum benefit is gained from our partnership working. Collaborative work has also commenced with NICE to utilise the NICE Quality Standards to inform service improvement planning. The group are taking forward discussions to provide an information repository to maximise opportunities to share best practice and any lessons learned. The group aim is to maintain a focus is on what it feels like for people in the system by promoting ways to engage service users, carers, staff and local communities.

Diagram 1 summarises the key considerations for progressing successful integration.

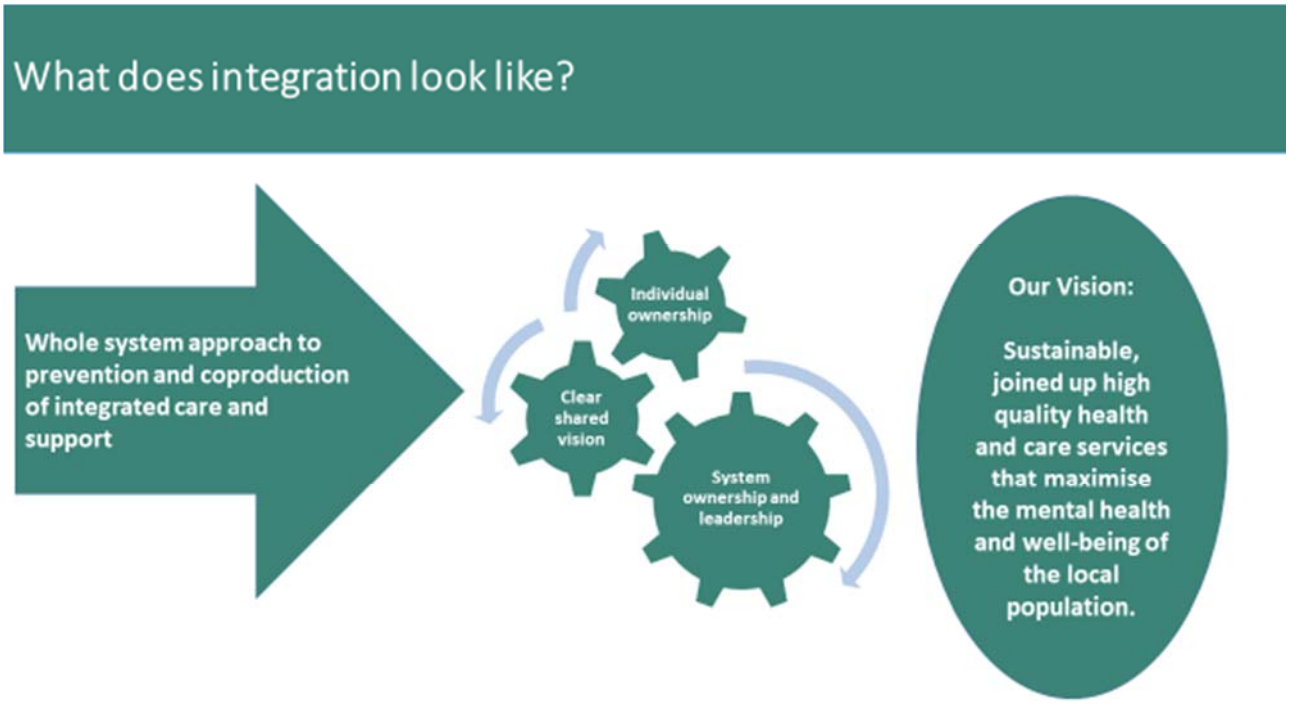


Diagram 2 outlines the enabling integration structure that has been adopted by the mental health priority area working groups to inform the 2019/20 work plans.

9. Delivering change

A 'call to action' launch event took place in April 2018 and following this the nominated sponsors for each of the priority area working groups commenced a process of engagement and intelligence gathering to inform the developing work plans. The initial focus was on securing multiagency relationships and agreeing shared principles in order to progress a delivery plan that is owned by the system leaders and informed by the people using and providing services. In October 2018 a second work shop took place and the seven working groups utilised an 'enabling integration' template to reflect on progress and finalise the purpose of the group and delivery plans for 2019/20.

The work shop integration template addressed key areas that the review of the literature identified as enablers;

- Principles and shared values
- Purpose
- People
- Practicalities
- Positive impact
- Precautions

10. Principles

Agreement on the principles and the shared values that underpin the work plans were agreed as outlined in **table 2.**

Table 2

Priority Area	Principles and shared values
Older People	We will focus on multi-morbidity – recognising that older persons with mental health issues will also have some long term condition issues or be acting as a carer for someone who does. We will focus on prevention and early identification. We will think about the whole system – local authority, health and third sector organisations working together. We will try things, not continue always planning. This will involve testing some innovative concepts that may not have a full theoretical framework, but emerge from best practice examples.
Employment	To develop in North East and North Cumbria a strategic approach to increasing employment opportunities for people with mental ill health and a pathway which includes education, training and volunteering. NHS employers in North East and North Cumbria are leaders as exemplar employers providing an environment that encourages people with mental health illness to have the opportunity to work, encourages good mental health of the workforce and supports people with mental health illness returning to work and volunteering.
Zero Suicide Ambition	We will collaboratively implement NENC ICS region Zero Suicide Ambition reinforcing that; o Every Life Matters o Suicide Prevention is everyone's Business
Child Health	We will implement our shared vision which is to transform children and young people's (CYP) services across North East and North Cumbria ICS footprint in order to improve CYP's mental health, physical health and wellbeing.

Long term conditions and persistent physical symptoms	We will progress plans that enable people with persistent physical health problems to live their lives in the most effective way with optimal physical and mental wellbeing. We will aim to minimise harm from the medical system that occurs through unnecessary and inappropriate treatment.
Improving the physical health of people in receipt of treatment for a mental health or learning disability condition	We will work together as a health and care system to progress a reduction in the premature mortality of people living with severe mental illness. We will progress actions to enable 280,000 more people to have their physical health needs met by increasing early detection and expanding access to evidence based physical care, assessment and intervention each year as outlined in MHFYFV.
Optimising Health Services (Mental Health) Emergency Departments	We will take forward plans to enable people with mental health needs to access the right care at the right time from the right person.
Optimising Health Services (Mental Health) Maternity and Paediatrics	We will lead on the implementation of Perinatal Mental Health Network Work Plan and aim, by 20/21, to achieve increased access to specialist perinatal mental health support in the community or inpatient mother and baby units, allowing at least as additional 30,000 women each year to receive evidence based treatment, closer to home, when they need it.
Evidence and Evaluation	We aim to embed an evidence focused culture and activity in order to put continuous service improvement that benefits patients / carers / public / staff at the centre of everything we do by supporting; • Understanding of whether the resources invested, and the time participants contribute, makes a difference for the people using services • Adherence to the ethics of commissioning public funds – the principle of "getting it right" • Improvement in the culture of valuing evidence-informed decision making • Provision of a rationale for change or a system for checking progress, because evaluation corresponds to all stages of the change management cycle.

11. Purpose

The emerging ICS arrangements are not determined by an existing 'blueprint' and discussions have progressed to 'make sense' of the task for the NENC.

There is recognition that a continuous improvement process is required and identification of some initial objectives is a necessary first step to move from planning to action. The priority groups have identified three initial key objectives as outlined in **Table 3** that will be progressed and monitored via the Mental Health Steering Group Delivery Plan for 2019/20.

As each one of the objectives are met the working groups will agree 'what next' to ensure a managed system of continuous improvement work is in place.

11.1 Delivery Plan Objectives

Table 3

Priority area	Our initial work plan delivery objectives for 2019/20
Older People	Trial a tool to trigger discussions around older people and depression. Identify the links between the OP group and the Frailty group. Deliver a work programme for the group.
Employment	IPS Bid • Progression of EOI and subsequent bid • Begin implementation of IPS services if bid successful Exemplar Employer Research into NHS organisation schemes and initiatives, staff survey results etc. Engage with Chamber of Commerce.
Zero Suicide: Every Life matters	Develop a costed bid for zero suicide transformation funding. Identify leads and commence activity via regional task groups for the three top priority areas identified. Develop and start to implement a wider engagement and communications plan and related activity.

Child Health	Continue North East Clinical Network 2018/19 work plan, including partnership working, systems leadership development, mapping exercises, governance arrangements and evidence and evaluation considerations. Finalise working groups membership and their mandates, and develop work plans. Plan to deliver another MH ICS workshop April 2019.
Optimising Health Services (Mental Health) Emergency Departments	Champion 24/7 psychiatric liaison services – progress requests for equitable funding across NENC. Increase access to mental health expertise to improve parity of esteem across care pathway through joint working with acute services to improve patient care outcomes and reduce the impact of high intensity service users. Review of evidence base and positive practices to progress innovations across 'system' and inform place based actions. Increase access to mental health expertise to improve parity of esteem across care pathway through joint working with North East Ambulance Service.
Optimising Health Services (Mental Health) Maternity and Paediatrics	Network work plan in place with four priority areas agreed: Embedding Pathways – Pathway structure in place; ensuring prioritised access to IAPT, referrals to Perinatal Mental Health Team via any professional outlined in algorithms – Pathway needs to be embedded in practice. Identifying Gaps – Current position not equitable "postcode lottery;" Wave 2 funding to develop teams in TEWV and Cumbria; (CCG will receive funding in baseline next year; allocation of funding needs to be firmed up). Development of community hubs – aim to move from centralised hospital based maternity services to locality multi-agency centres e.g. Sure Start – hubs include midwife, obstetrician, mental health team, health visiting etc, all services in one place. Training – large geographical area covered by limited specialist resource – capacity limited to provide training. A staff development competency framework is in place.

Improving the physical health of people in receipt of treatment for a mental health or learning disability conditions	Increase awareness of the need to improve physical health. Improve levels of interoperability and effective information sharing between primary and secondary care and improve medication management and safe prescribing practice. Use patient stories to inform the care pathway improvement process.
Long term conditions and persistent physical symptoms	The development of a model for the management of people with persistent physical symptoms. Development of an evidence base to inform local systems to develop the case for change based on good practice examples and evaluation of a range of services. Develop an understanding of the education and training requirements to support staff to improve management of people with persistent physical symptoms.
Evidence and Evaluation	To support the seven priority area working groups within the mental health work stream in achieving their evidence and evaluation aims. To support our partners / mental health work stream members in the evaluation elements of national and regional bids and / or research opportunities. To support the delivery of evidence based ICS work in agreed timescales. To take a systems leadership role in developing a model of integrated care to deliver improvements in outcomes for people. This will include using service improvement tools and embedding evidence based decision making and evaluation as integral to the ICS delivery. To develop an online information and knowledge repository, serving as a 'one-stop-shop', drawing together a range of intelligence, tools, resource links and evidence related to mental health.

12. Progress update from Priority Area Work Stream Sponsors

12.1 Older people

Initially, the Older Peoples Mental Health Group found it difficult to identify interested parties. However, the second meeting of the group achieved a wide and diverse representation of NHS organisations including primary care as well as third sector members. The group have agreed three focus areas – depression, crisis and dementia to now reach out to Local Authorities. As well as the three work areas there is a clear synergy with the ICS frailty group and discussions are underway to ensure that a person's physical and mental health do not remain separated.

The group have confirmed that promoting living well in later life is their aim. This will be achieved by breaking down distinctions of physical and mental health in order to prevent, predict and be proactive.

The group noted that the attention of older people's mental health was focused on the access and treatment targets around dementia and that the following issues were not being fully addressed;

- In people over 65, 7% have dementia, but 28% have depression
- CCG rates of depression in NENC are higher than the England average
- Regional demographic profiles show an ageing population
- Increase in suicide rates amongst older people
- An older person will have a range of co-morbidities with this complexity increasing with age
- Most time a person, even a frail older person, has their physical and mental health issues treated separately
- Age discrimination is a societal problem
- 1 in 5 people over 65 felt abandoned in a 2014 Age UK survey

In order to respond to the identified issues the Clinical Network, with its ICS partners, have established an Older Person's Mental Health Work Group. The working group aims to examine ICS solutions and share best practice on three key areas:

- Depression - Identify a point of recognition of depression in older people. Describe what this trigger might be, including ideas such as offering mental health interventions at the point of diagnosis of any physical health problem. There is a requirement for both a trigger for action and a useful, accessible response.
- Crisis services - What is needed is a rapid response to deterioration. The response needs to be holistic (combined physical and mental health). We need to define the possible components and standard for this holistic response.
- Dementia - The key areas still focus around the CCG targets but there is a need to also consider the views of carers. This later discussion will also be a part of the other two work areas.

- ❖ Barriers have been considered and include:

- Existing services where physical and mental health are separate.
- Funding – health and social care ‘pots’.

Progress to date includes the development of a multi-agency forum to address the issues and raise the concerns relating to the mental health of older people. This has informed the delivery plan objectives as follows;

- ❖ Depression in Older People

- Developing a tool that can be used to start the conversation about depression in older people.
- Establish opportunities to test this out with services that work with older people (especially those living without a diagnosis).

- ❖ Crisis

- Discussion is needed with the ICS Frailty group to examine opportunities of working together on mutual cohorts of people.
- Also with the ICS Evidence and Evaluation group following their review of integration.

- ❖ Dementia

- Establish local multi-agency dementia forums. There is a need to continue to work on the targets but also developing a holistic approach to care that includes third sector and carer involvement.
- Ensuring the group discusses health and care integration as well as ways sustainable solutions to adequately meeting need.

The group are taking forward actions to ensure a NENC system wide response to support innovations including;

- Communication of plans to generate wider interest in the older peoples’ work stream.
- Identifying key partners with whom to work, especially patients/public; third sector; and Local Authorities.
- Starting to map the workforce that in its widest sense includes informal carers through to formal structures in statutory bodies.
- Identifying ways for commissioners to collaborate and inform strategic planning in this area.
- Identifying services that are willing to pilot different ways of collaborating across sectors in delivering holistic care to older people.
- Identifying ways to support community initiatives that have a positive impact on the prevention of depression.

12.2 Child Health

At the initial joint working event in April 2018 three areas of focus were agreed;

- Building resilience
- Reducing crisis
- Getting evidence into practice

These three priorities were confirmed as indicators of progress to be measured via;

❖ Process measures:

- Progress of the 'Scaling up integrated care' working group (resilience, crisis and inpatient care)
- Improving the culture of thinking in terms of systems and systems leadership in terms of key systems leaders roles, responsibilities and principles

❖ Outcome measures:

- Use of the Future in Mind data dashboard clinical and social outcome measures (working group to pilot use)

Work has progressed to implement a regional ICS governance structure for child health. The Child Health Steering group is now in place and has a shared vision;

'To transform children and young people's (CYP) services across North East and North Cumbria ICS footprint in order to improve CYP's mental health, physical health and wellbeing.'

There has been a focus on multi-agency membership and this now better reflects Local Authorities and other key partners relating to the ICS from across the system. The revised membership has created capacity to jointly influence strategy and agree delivery plans in line with statutory responsibilities.

❖ Key activities since April 2018 are as follows:

- Continuation of regular meetings to progress the NENC strategic plan (initiated in November 2017) between the Child Health work stream sponsor, the NECN MH Network Manager and the four CYPMH Leads.
- Continued implementation of the work plan, including partnership working, systems leadership development, mapping exercises, review of governance arrangements, evidence and evaluation considerations.
- Active participation in the NENC ICS Evidence & Evaluation subgroup.
- Partnership working to engage regularly with CCG Commissioners and their multi-agency teams (LAs, providers, VCS, schools, etc.) to transform CYPMH services via Local Transformation Plans.
- Support was provided to progress locality trailblazer bids. The successful Wave 1 place based bids will be evaluated to inform Wave 2 submissions.

Work underway to map out the current system and progress the desired future system e.g. identifying partners, funding sources, learning from areas currently integrating care. The planning process is informed via the co-ordination of various events and meetings, covering the range of activities outlined in the work plan including:

- Two MH ICS workshops bringing in new partners and establishing the MH ICS Child Health top priorities, and associated working group on integrated care pilots (resilience, crisis and inpatient care)
- Plans for third MH ICS workshop in April / May 2019
- Meetings with North East Association of Directors of Children's Services to discuss system leadership challenges and opportunities to improve emotional health and wellbeing
- Outcomes Masterclass for Commissioners focusing on clinical outcomes for CAMHS (plans to focus on other audiences and datasets to follow)
- Design and delivery of the 'Bouncing back' conference. This event took a family-centred approach to building resilience for children and young people to prevent and treat trauma. This was co-designed and delivered with young people and parents and included patient stories from across the region to share learning and inform developments. Outputs include an event report with analysis of group work; a region-wide working definition of 'resilience'; network with PHE NE and LA public health leads on ACEs; young people and carers holding to account pledges made by LTP teams.
- Biannual a meeting 'CEDS 6', the well-established Community Eating Disorders Network

There are established working groups that align to the Clinical Networks' work plan with a focus on scaling up integrated care to establish where there is duplication in order to maximise opportunities to bring together economies of scale. All groups are cross-cutting and activity will be overseen by the Child Health Steering group (CYP MHW ICS Steering Group). Terms of references for the working groups, addressing leadership, membership and administration support, have been progressed.

The working group Terms of Reference will be finalised at next Child Health Steering Group meeting in January 2019 and it is anticipated that the following areas will be taken forward at pace;

- ❖ Ongoing Local Authority engagement
- ❖ Transformation and workforce development across the whole system
- ❖ Using LTPs to drive transformation
- ❖ Using outcome measures to monitor transformation
- ❖ Scaling up integrated care
- ❖ Co-production, stigma and inequalities
- ❖ CYP MHW evidence and evaluation
- ❖ Implementation and evaluation of trailblazer sites
- ❖ Eating disorders network

The 2019/20 work plan will seek to further embed partnership working, systems leadership development, governance arrangements and evidence and evaluation considerations to progress the jointly agreed shared vision for NENC.

12.3 Zero Suicide Ambition

A multi-agency working group is in place to oversee the Zero Suicide Ambition implementation across the North East and North Cumbria. The group, led by senior clinicians as sponsors, have a jointly agreed the aim to:

Collaboratively implement North East and North Cumbria ICS region Zero Suicide Ambition reinforcing that;

- ❖ Every Life Matters
- ❖ Suicide Prevention is everyone's Business

Senior Leaders have been identified to oversee the regional programme of work and a project lead is co-ordinating the implementation of the zero suicide ambition delivery plan. This work is fully linked in to national activity including national workshops led by the Royal College of Psychiatrists and a visit from the national enquiry team is arranged for March 2019. The ICS regional arrangements provide a governance framework to support the successful delivery of the local suicide prevention plans by;

- Ensuring that best practice and learning is shared across agencies
- Duplication is lessened
- Resources are shared to improve efficiency and effectiveness
- Impact is monitored

The group are sourcing and utilising the available evidence on how to prevent suicide and self-harm and are working together with relevant agencies and communities, and people with lived experience to take forward actions to prevent self-harm and suicide. This includes the use of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness Safer Services toolkit and the HEE Suicide Prevention training framework as intended outcome and process measures.

The work plan focuses on the promotion of wellbeing and developing resilience in communities so that fewer people die by suicide, including those in high risk groups. The work plan also focuses on actions to reduce the impact and stigma of suicide and improve the support arrangements for those affected. There is recognition this is not a 'stand-alone' initiative and interface with the other mental health work streams is essential. Arrangements are in place to share learning across the mental health delivery programme and also feed into the regional ICS infrastructures.

The delivery plan is divided into five key areas of activity;

- Leadership
- Prevention
- Intervention
- Post-vention
- Intelligence

Under each of the five areas detailed objectives are set out providing a framework for the comprehensive programme of interrelated activity that focuses on the key aspects of suicide prevention. Underpinning the ICS are local Integrated Care Partnerships (ICP) providing a place based focus to ensure services and arrangements are the right ones for local communities. National funding has been

allocated to support the implementation process. Wave 1 funding arrangements have been implemented in the South of the region and collaboratively agreed priorities, informed by learning from the South, have been identified for the Wave 2 funding bid. Allocation of funding for the North is being finalised.

Experienced leads have been identified at a system level, sub regional Integrated Care Partnership (ICP) level and local level to support front line action which will have the direct impact on moving towards the zero ambition whilst providing support for those affected by suicide. The expected outcomes are:

- To reduce the number of suicides, including in high risk groups, and by a minimum of 10% by 2021 in all areas across the ICS
- To reduce the incidence of self-harm and repeated self-harm
- To reduce the impact of self-harm and suicide
- To reduce the stigma of self-harm and suicide

A communications plan is being progressed to ensure ongoing engagement and enable the successful delivery of the plan at all levels across the region. Joint work is also occurring with academic partners across the North East and North Cumbria in relation to the service provision to support student mental health and also to progress the research and evaluation criteria for the zero suicide ambition delivery programme.

The steering group activity is supported by work occurring at a sub-regional level that will subsequently align to the Integrated Care Pathways as they evolve.

12.4 Improving the physical health of people in receipt of treatment for a mental health or learning disability condition

This group has identified task and finish groups to take forward objectives agreed at the joint working event in April 2018. The sub group leads are from the key organisations in NENC and there is representation at the working groups from various agencies.

❖ Key areas of action include:

- Using weight off your mind work
- Medicines optimisation
- Improve levels of interoperability and effective information sharing between primary and secondary care and improve medication management and safe prescribing practice.
- Health promotion and increasing the awareness of the need to improve physical health

At the follow up October event there was a consensus that the work stream should focus on improving the physical health of people in receipt of treatment for a mental health or learning disability condition in order to be inclusive. The aim is to consider all groups whose physical health is affected by for example, mental health, medication, lack of access to leisure activities and whose condition would be positively impacted by healthy interventions, for example, increasing physical activity and stopping smoking.

The project focussing on “Increase awareness of the need to improve physical health” is being implemented through two strands of work;

- Preventing physical health problems by improving understanding, processes and the culture of health and care professionals who work outside specialist mental health / learning disability organisations but provide services to people with mental health or learning disability conditions

- Increasing opportunities for people with a mental health condition or a learning disability to improve their physical health by taking part in physical activity, weight management or smoking cessation activity. The increasing opportunities project is linking with the older peoples work stream to ensure all age needs are addressed

A project group is taking forward plans to improve levels of interoperability and effective information sharing between primary and secondary care by;

- Progressing the use of a shared care protocol, as was developed in Bradford.

- Reviewing information and resources required to deliver the full package of care such as standard assessment templates e.g. Bradford template appointment invitation templates, engagement strategy, care plan templates, data collection mechanisms

- Establishing a transparent and robust mechanism for collecting data and monitoring progress on physical health checks and follow up care within primary care.

Work has also progressed to improve medication management and safe prescribing practice. This includes arrangements to;

- Collate existing shared care or transfer of prescribing agreements

- Engage with regional Drugs andTherapeutic committee to progress harmonisation of shared care or transfer of prescribing agreements

- Gather and collate existing pathways regarding ECG arrangements

- Identification of differences in ECG pathways in Acute/ primary care/ community services

- Develop standard pathway for ECGs.

The use of patient stories to inform the care pathway improvement process has commenced. The aim is to record and share patient stories via social media and other outlets. The stories will be themed to form part of a published series and will also link into other work streams across the ICS to ensure shared learning. The group are also working with other leads to take forward opportunities for joint working, for example, provision of training events. Discussions have included the need to consider the training needs of the wider work force, for example, paramedics and 111 / 999 call handlers, police, in order to maximise impact across the system.

12.5 Persistent Physical Symptoms/Long Term Conditions

The Persistent Physical Symptoms/Long Term Conditions priority area group were initially convened in April 2018. Since this time the membership has grown and now includes clinicians and commissioners from both specialist mental health services, acute and community services alongside people who work with primary care.

- ❖ The group have identified three areas for the focus of its work, these are:

- The development of a model for the management of people with persistent physical symptoms.
- Development of an evidence base to inform local systems to develop the case for change based on good practice examples and evaluation of a range of services.
- Develop an understanding of the education and training requirements to support staff to improve management of people with persistent physical symptoms.

Following the development of a draft model, the group tested the assumptions at a regional workshop event, hosted by the Academic Health Sciences Network in early October.

This event brought together over 100 clinicians from across the ICS region to share good practice and debate the draft model providing an opportunity to make amendments based on the expert feedback. This informed further progress on the development of the model by identifying skills required at each stage of intervention to allow local areas to undertake a gap analysis to help support implementation.

Pockets of very good practice are in place across the NE&NC ICS footprint but there is no area which has adopted the full range of interventions across the system.

The group have also undertaken an analysis of 2017/18 outpatient activity across ten relevant clinical specialties which at a high level has identified a significant efficiency opportunity both in terms of finance costs and deployment of scarce workforce resources if an integrated approach to the management of persistent physical symptoms is embedded.

In the coming months the group are working alongside colleagues from a range of other priority groups.to progress a resource to help guide strategic planning and inform the development of services in line with the recently published NHS ten year plan.

12.6 Employment

At the launch event in April 2018 the Employment work stream identified two key aims;

- To increase Individual Placement and Support 'IPS' across North East and North Cumbria via a successful bid for NHS England transformational funding

- Support NHS employers to provide an environment that encourages people with mental health illness to have the opportunity to work by identifying schemes / initiatives / accreditation in place and promoting successful examples from within and outside the NHS

The work stream have prioritised activity to enable the expansion of IPS in line with evidence demonstrating a positive impact on health, wellbeing and society. IPS is an employment support service integrated within secondary mental health teams for people who experience severe mental health conditions. It is an evidence-based programme that aims to help people find and retain employment; involving intensive, individual support, a rapid job search followed by placement in paid employment, and time-unlimited in-work support for both the employee and the employer. Currently there is very limited IPS provision in North East and North Cumbria. For the service user the benefits of being in employment include an income and a greater sense of purpose and wellbeing, while for the health system there is an overall reduction in the use of primary and secondary mental health services, leading to improved efficiency and savings.

A project lead post was created to coordinate a joint bid across North East and North Cumbria. Three locality groups are established who will manage the implementation of IPS, subject to successful funding, chaired by senior leadership within provider trusts and attended by a range of stakeholders including commissioners and local authority representatives. It is also our aim that models are co-produced with experts by experience via attendance at locality groups. Collaboration with all relevant stakeholders will ensure the local model builds on and integrates with existing employment resources.

Ensuring the model proposed is sustainable in the longer term is crucial. In support of this, and in line with new NHS structures for integrated care systems and integrated/accountable care partnerships, proposals include an agreement in principle to provide a sustainable long term solution supporting people with severe mental illness into employment in North East and North Cumbria; taking into account existing investment and the outcomes and evaluation of the IPS approach. Early discussions have commenced to agree evaluation criteria to assess the impact of the IPS implementation which will be a fundamental element during implementation.

The follow up event in October 2018 progressed further discussion in relation to supporting NHS employers to provide an environment that encourages people with mental health illness to have the opportunity to work. Research into system wide positive practices including NHS organisation schemes and initiatives and public health activities will begin, to help inform implementation plans. Engagement with Chamber of Commerce has also been initiated to progress a shared learning culture with employers across the North East and North Cumbria in order to reduce stigma and promote healthy, inclusive working environments. This element of the employment work stream will complement and support the implementation of IPS by engaging with potential future employers and raising awareness of the IPS approach.

12.7 Optimising Health Services (Mental Health)

❖ Emergency Departments

The optimising health services – mental health work stream reports into the Optimising Health Services board and the working group has agreed key actions that will inform service improvement plans The new arrangements provide a structure for mental health to present opportunities to the Optimising Health Services board and make recommendations at ICS level to influence ICPs.

There is recognition that all seven mental health work stream actions will impact on the wider system and there are ongoing discussions with the sponsors and leads to ensure the interdependencies are identified, communicated and managed.

Multi-agency discussions commenced in April 2018 to agree key areas of focus and the follow up event in October 2018 identified a jointly agreed principle aim and the priority areas of actions for the mental health delivery plan in relation to Emergency Departments.

- ❖ Principle aim: We will take forward plans to enable people with mental health needs to access the right care at the right time from the right person.

- ❖ Priority 1 - Champion 24/7 psychiatric liaison services – progress requests for equitable funding across NENC.

A Clinical Network led stocktake of liaison provision across NENC is underway and will report back to group in March. This information will inform a presentation to the Optimising Health Services Board in April outlining the mental health priorities and recommendations. The group have recognised the need consider recommendations that address four areas of impact:

- Front door
- In hospital
- Out of hospital
- Addressing pathway gaps

- ❖ Priority 2 - Increase access to mental health expertise to improve parity of esteem across care pathway through joint working with acute services to improve patient care outcomes and reduce the impact of high intensity service users. Review of evidence base and positive practices to progress innovations across ‘system’ and inform place based actions.

This priority area offers an opportunity to progress practice standards at ICS level to help inform ICP arrangements. Actions to address current and emerging groups of high intensity users are being shared that promote positive outcomes for patient not just system.

The group are taking forward a collaborative intervention approach, identifying variations in practices and collating positive examples that can be scaled up across region. Education and awareness raising, to inform culture change and a need to change system behaviours that reinforce frequent attendance whilst positively manage service user expectation, is also being discussed.

- ❖ Priority 3 - Increase access to mental health expertise to improve parity of esteem across care pathway through joint working with North East Ambulance Service.

Previous mental health work with ambulance services has been acknowledged and a joint working approach, linked with the urgent and emergency care work stream, is being progressed with NEAS to jointly inform plans for mental health development.

Wider areas of interest for optimising mental health services working group work plan are also being taken forward. The AHSN are overseeing the regional SIM (Serenity Integrated Mentoring project and updates on locality funded initiatives are reported through the mental health group. The group are also reviewing arrangements in place for the management of patients with anorexia nervosa who require medical intervention and supporting the implementation of the national guidelines regionally.

Alcohol issues have also been recognised as impacting on both acute and mental health services and wider system. Group agreed that this should be an area of focus a report is being prepared in relation to costs and service gaps. Links to the prevention agenda and self-management through links with public health has is also an underpinning enabler for the mental health emergency department work plan.

Joint meetings with sponsors from the MH work streams to discuss interdependencies and confirm areas of impact on acute service provision are planned. The OAS MH work stream are reviewing the group membership and terms of reference, finalising work plan priorities and confirming leads to take forward implementation arrangements. A meeting is arranged with the North of England Commissioning Support data manager to inform and streamline the reporting of MH data to enable improved monitoring of progress.

❖ Maternity and Perinatal

The optimising acute services (OAS) Mental Health work stream also oversees the maternity and perinatal activity. A Northern Perinatal Mental Health Clinical Network was in place prior to the regional ICS 'call to action' launch event in April 2018 and prior discussions had identified priority areas of work. The Network is linked to Northern Maternity Clinical Network and subsequent discussions have considered how ICS oversight can help support implementation.

The Network objectives are aligned to the delivery of the NHS Five Year Forward view;

- ❖ By 20/21 there will be increased access to specialist perinatal mental health support in the community or in-patient mother and baby units, allowing at least as additional 30,000 women each year to receive evidence based treatment, closer to home, when they need it.

There is a Network work plan in place with four priority areas agreed:

- Embedding pathways – Pathway structure in place; ensuring prioritised access to IAPT, referrals to Perinatal Mental Health Team via any professional outlined in algorithms – Pathway needs to be embedded in practice.
- Identifying gaps – Current position not equitable "postcode lottery;" Wave 2 funding to develop teams in TEWV and Cumbria; (CCG will receive funding in baseline next year; allocation of funding needs to be firmed up).
- Development of community hubs – aim to move from centralised hospital based maternity services to locality multi-agency centres e.g. Sure Start –

hubs include midwife, obstetrician, mental health team, health visiting etc, all services in one place.
- Training – large geographical area covered by limited specialist resource – capacity limited to provide training. A staff development competency framework is in place.

The ongoing development of perinatal services are streamlined with mental health as an embedded part of service provision and all mental health perinatal bids are progressed via the network to enable an informed regional perspective. Liaison Perinatal Nurses are working in some Obstetrics Clinics and there is a MDT meeting structure in place to review cases with the mental health team. The network has a clearly defined vision of how community hubs will be achieved (noting regional variances). Work is ongoing to consider options in the absence of new investment, for example, support to develop existing estate options and to use examples of existing hubs to inform planning across agencies. Discussions are continuing with commissioners and provider organisations with regard to funding. A training needs analysis for region has been considered to support implementation, this includes scoping of technological solutions to help manage capacity issues.

❖ Proposals for further support via ICS structures include:

- Effective development of the community hub model working across health and local authorities to bring together maternity, health visiting, mental health (IAPT and CMHT), and potentially paediatrics to support the prevention agenda. Service user/care engagement and input to fully inform this work.
- Direction to CCGs to ensure working together to commission specialist Perinatal CMHTs.
- Digital developments to facilitate e-records access between mental health and acute trusts.
- Difficulties with NENC footprint; does not map to locality profiles – North Cumbria and South in different STP Localities. Consideration needs to be given to patient flows across boundaries (small numbers) e.g. from North Cumbria to the Lancashire MBU or South Cumbria to the Northumberland MBU.

Discussions are progressing with the child health and mental health work stream sponsors to develop a structured system of support for this area of specialist service provision.

13. People

Engagement with wider system partners and people using and providing services is a primary driver for successful integration.

Since the Mental Health Programme ‘Call to action’ launch event in April 2018 there has been a focus on making, maintaining and expanding connections to engage system partners at every level. Involvement of service users and carers to inform plans through engagement, develop plans through active participation and co-produce solutions was a primary objective in 2018.

The seven priority areas have differing infrastructures that will enable progress and each group has reviewed the communication and engagement arrangements in place recognising that involvement is an ongoing developmental aspect of the

service improvement process Gaps have been identified and actions have been agreed to address the gaps and also consider the interdependencies between the mental health priority groups and the wider ICS programme. Working relationships are in place with public health to embed the principles of prevention and promote community well-being. Informal relationships with academic partners across the region are well established and work is progressing to map out the existing relationships and agree formal links to ensure maximum benefit is gained from partnership working.

14. Practicalities

The ICS arrangements are evolving and the practical aspects of the implementation process have been considered by the working groups.

Work force implications in terms of capacity and capability were identified as crucial enablers and work has commenced to take forward plans to address mental health specific needs in line with the ICS Workforce Programme Strategy.

A thematic review of the feedback on the practicalities identified by the working groups has highlighted a number of themes:

- A continuing key area of work for the steering group will be the **oversight of the interface and interdependencies** across the seven priority areas in the mental health work stream and the links into the wider aspects of the emerging integrated care system.

- As a way of leading and planning for mental health provision the steering group and supporting work streams are reliant in the ability to influence rather than direct change and this requires an open, transparent and **streamlined communication process.**

- **Co-ordination of activities**, for example training plans and work shop events, and engagement with stakeholders will require ongoing administration and monitoring to reduce the risk of duplication and enhance the opportunity to maximise impact across the region.

- National and regional **funding uncertainty** was also identified as a practical issue, this related to short term funding limitations and a lack of clarity on the proposed aligned budgets. There was also a request to focus on quality improvement as the driver for change across the region. Concerns were noted that the integration agenda between health and Local Authorities will focus on money and reducing cost rather than ‘what the person needs’.

- The working groups identified practical gaps in terms of **ICS resources**, for example, administrative support, project lead posts (with expertise in the specific area, for example, to undertake the Exemplar Employer elements, NEAS mental health project lead) to progress initial set up and monitoring arrangements.

- Consistent and accurate **data and information** to understand the current and developing position was highlighted as an issue by the groups. Work is being undertaken by North of England Commissioning Support (NECS) to improve this.

- Further work is required to maximise **opportunities for IT solutions** to improve communication and information sharing across the working groups and with wider stakeholders. A website is currently being developed by NECS and the mental health programme is investigating options to provide a public access site.

- Developing and **implementing tools**, for example, addressing depression in older people, was identified as a positive enabler, however it was recognised that implementing a standard approach across a complex system will be challenging.

- Increasing access to **mental health expertise** across the system was a theme from the groups to improve parity of esteem across the care pathway.

- The importance of **evidence based decision making** and robust evaluation was recognised, however, resource limitations were identified.

The practicalities identified have informed the mental health steering group work plan priorities for 2019/20.

15. Positive Impact

The priority area working groups' focus is on the review of current pathways to understand what is in place and what works well in order to communicate positive practices and also to identify gaps to inform the continuous service improvement planning process.

On receipt of requests from the seven priority working groups there will be support for the groups to take forward evaluation to assess the impact of the interventions. Arrangements are in place to support and monitor bids and evaluation is acknowledged as a key component of the bidding process. A framework is in place to progress bespoke evaluation requirements. Work is occurring to formalise links with the regional and national universities to maximise opportunities for joint working and increase access to expertise and resources to support evaluation and research. A joint working project has commenced with NICE (National Institute for Health and Care Excellence) to utilise the quality standards as an evidence based benchmark for continuous improvement.

16. Precautions

One of the main risks identified is that the solutions required to progress implementation are 'whole system solutions' and ongoing action to engage third sector and Local Authority organisations is crucial. Service user and carer involvement is variable across the working groups and further engagement is required.

The identified risks that will require a whole system solution include;

- Uncertainties with regard to funding
- Information sharing and risk sharing issues
- Consistency and reliability of data
- Decision making, governance and accountability aspects
- Managing work force implications

17. Next steps

This Year 1 report outlines the Mental Health ICS programme arrangements, describes the developments to date, provides a summary of progress in relation to the priority areas of work and lists the identified objectives that will inform the 2019/20 delivery plan.

The desired outcomes identified in the NHS Long Term Plan have been mapped to the seven priority area work streams to further inform the delivery objectives and highlight any gaps that need to be addressed by the Mental Health Steering Group.

The delivery plan actions have been informed by shared principles and a collective desire to provide sustainable, joined up high quality health and care services that maximise the mental health and wellbeing of the people in the North East and North Cumbria.

The mental health work stream delivery plan outlines the activities to take forward integrated system improvements and includes the steering group actions to address the ‘whole system’ aspects and support ongoing engagement at pathway and place level.

The priority area working group delivery plans will focus on the implementation of the agreed objectives described and the groups will report progress and any emerging risks to the steering group every two months.

This report summarises the regional arrangements and plans to progress the priorities identified, however, a report cannot fully describe the commitment from the many individuals who have contributed to the developments to date and fully illustrate the many creative innovations that are being progressed.

18. Looking forward

The NHS Long Term Plan identifies the need for local NHS organisations to focus on population health through partnerships with local authority-funded services and other stakeholders to implement the new Integrated Care Systems (ICSs).

This plan does not require changes to the law in order to be implemented however proposals for how primary legislation might be adjusted to better support delivery of the agreed changes are underway. The plan focuses on a commitment to doing what is best for the health and wellbeing of the people by working together.

As a Mental Health Delivery Programme we will continue to work with our partners and move towards creating an Integrated Care Systems by April 2021 in line with the national timeline.

We will support joint working with Local Authorities at ‘place’ level, and through our evolving ICS arrangements progress informed, shared decisions with commissioners and providers.

Our commitment to meaningful engagement and co-production will continue to be the focus of our delivery plan for 2019/20 and beyond.

John Lawlor

Dr David Hambleton

Joint SRO - Mental Health

North East and North Cumbria Integrated Care System

Join our Journey

North East and North Cumbria

Optimising Health Services

Programme Board

Terms of Reference v8 September 2019

1. Background

The North East and North Cumbria Integrated Care System (ICS) is a regional partnership between the NHS, local authorities, and others, taking collective responsibility for resources, setting strategic objectives and care standards, and improving the health of the people they serve. The Optimising Health Services (OHS) Board is one of six ICS Programme Boards and provides clinical oversight for the ICS.

The Board encompasses the North East and North Cumbria geography split into the 4 sub-regional areas or Integrated Care Partnerships (ICPs) - of neighbouring NHS providers and commissioners, working with their local authorities, to deliver sustainable health and care services for the people in their area (shown in figure 1):

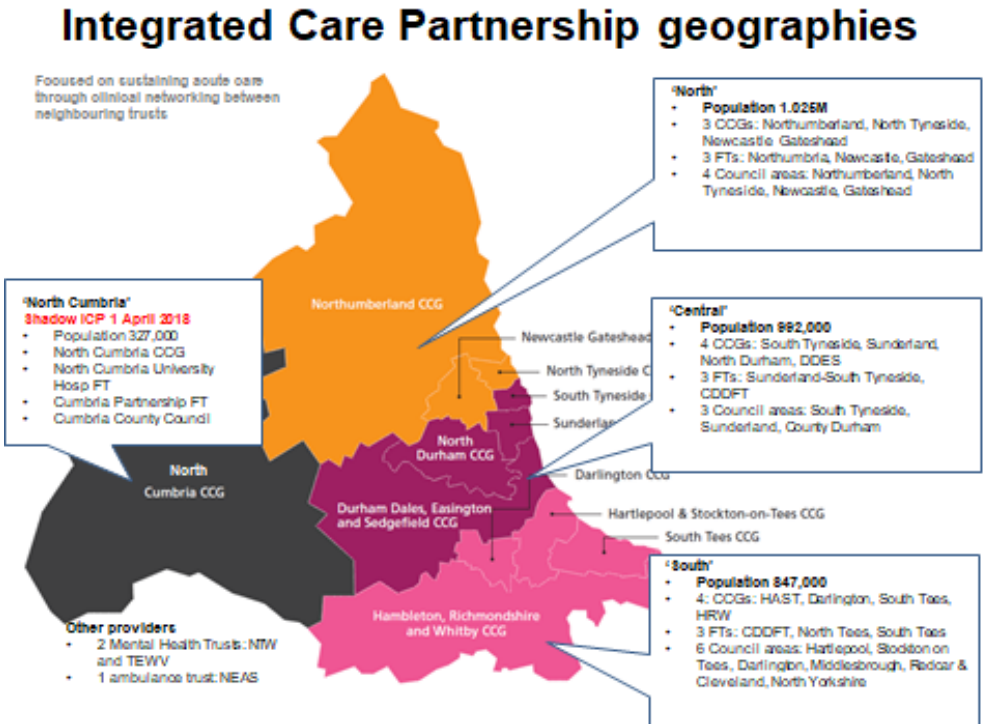


Figure 1 – ICS and ICP boundaries

2. Purpose

The purpose of The Board is to have **Clinical oversight and coordination of standards, strategy, service redesign and quality to support equitable local delivery**.

This is enabled by:

- Strategic clinical oversight of ICS development through its workstreams and network connections
- Strong ICP connections to understand wider impact of local delivery
- Clinical leadership and engagement including Senates, Networks and PCNs
- Comprehensive health system representation and oversight; community, mental health, primary care, acute, quality workforce (HENE)
- Identification of vulnerabilities and sustainability solutions–CNE wide view
- Co-ordinating transformation of specialist and local commissioned services e.g cardiology,
- Triangulation of provider/ICP transformation and strategies with the wider system and LTP delivery e.g. Respiratory and Child Health
- Management of key delivery programmes eg. Radiology, Pathology, Haematology,
- Co-production of ambitious standards for ICP delivery
- Workforce feedback loop
- Utilise the ICS governance and OHS Board membership to connect with other ICS initiatives (eg communication and workforce) and specialist areas (eg Education via HEE) to benefit the OHS programmes outcomes.

The programme board also acts as a focal point to address service vulnerabilities (either at ICS or ICP level). A vulnerable clinical service is one that has and continues to;

- *Consistently struggle to recruit consultants, is dependent upon locum / short term appointments and is reliant upon substantive staff to regularly undertake extra sessions or additional on call to cover service pressures and/or absences (planned or otherwise).*
- *Has recurrent gaps on any tier of shift or on call arrangement and for which there is reliance on ad hoc (including locum) arrangements for cover.*
- *Has already made adjustments to service provision in response to some of the sustainability challenges it faces (workforce, finance, quality)*

3. Governance, Accountability and Authority

The Optimising Health Services (OHS) Board is accountable to the Health Strategy Group, gaining assurance and financial and clinical assessment through the ICS Management Group and the Clinical and Financial Leadership Groups. Approval will be gained following the emerging process shown in Figure 2 and 3.

The OHS workstreams (as shown in Appendix 1) have existing reporting and governance which remain unchanged, but additional connections to the ICS through OHS Board is required. The OHS programme requires oversight on only two aspects of these workstreams:

1. Assurance that any service vulnerabilities are being addressed
2. Assurance that they both influence the development of and deliver on the emerging clinical strategy.

Each ICP has oversight of their specific programmes of work and a responsibility to exception report to the OHS Programme Board on all areas of work relevant to The Board's remit.

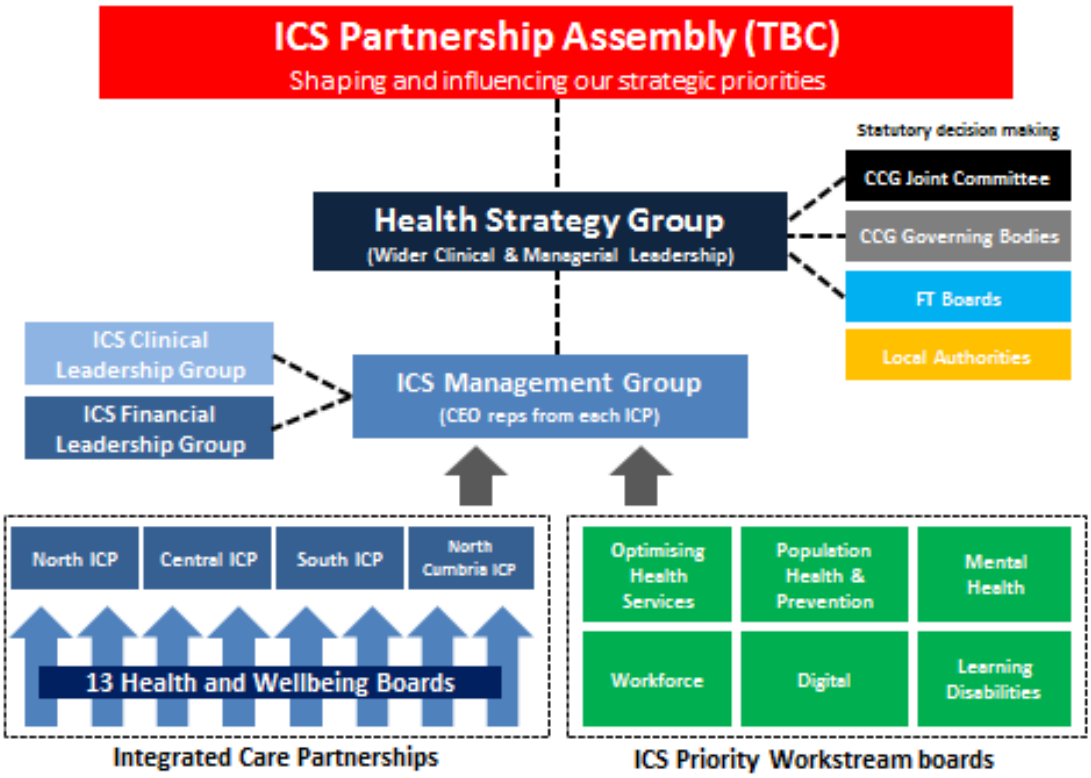


Figure 2 – Overarching ICS governance (draft)

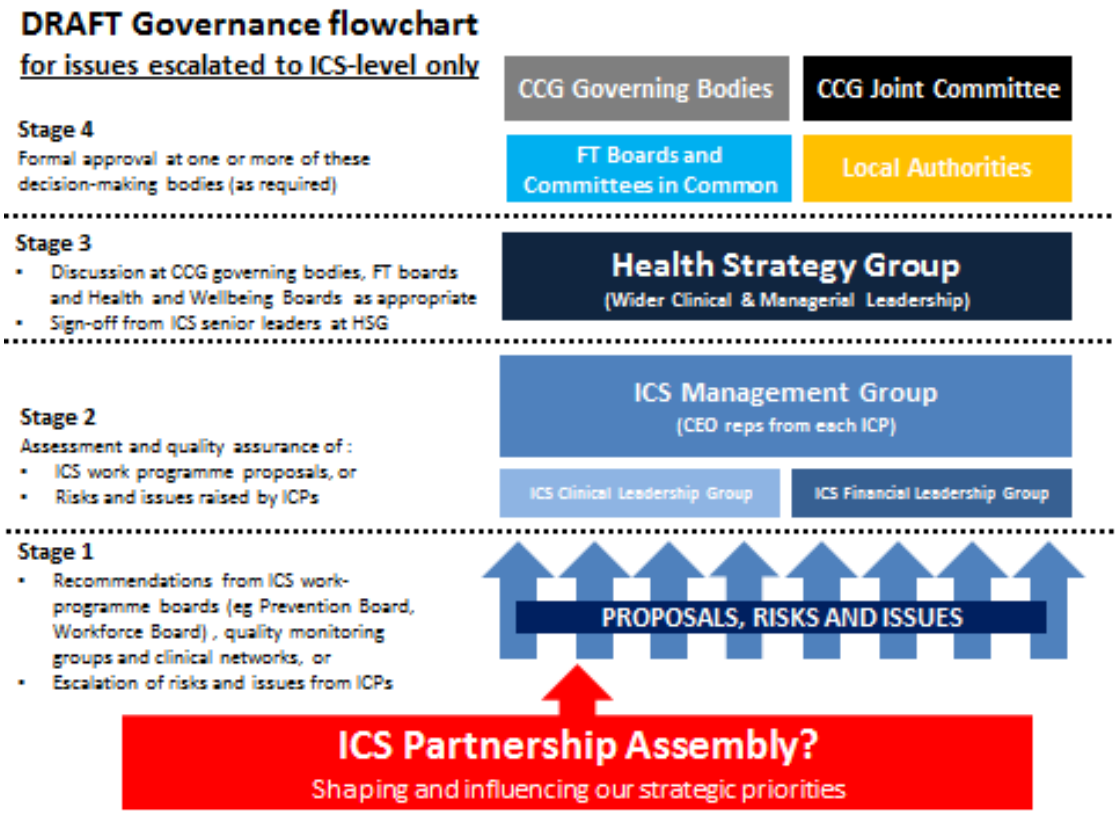


Figure 3 – ICS escalation and approvals process (draft)

4. Programme Board Connections

To ensure oversight across the wider system and conduit into the ICS, The Board has established reporting and membership connections through existing networks including:

- ICS workstreams
  - Population Health & Prevention
  - Digital Transformation
  - Workforce Transformation
  - Mental Health
  - Learning Disabilities
- Integrated Care Partnership networks
- Mandated Clinical Networks
- Primary Care and Primary Care Networks
- Northern Cancer Alliance
- Pathology Collaboration
- Care closer to home and the frailty network
- Pharmacy and medicine strategy group

These connections ensure the board has comprehensive oversight and awareness of any unintended consequences of their work.

4.1 Clinical networks

There are four nationally mandated clinical networks across the NENC ICS.

- Mental Health (including dementia, older people and CYP)
- Maternity (including. Perinatal MH)
- Cardiovascular disease (including vascular, stroke and cardiology)
- Diabetes

These networks will sit within the medical directorate of NHS England & Improvement: North East and Yorkshire but will support the delivery of transformation in these clinical areas within the NENC ICS. The number of mandated networks may increase as the implementation planning for the Long Term Plan becomes clearer (e.g. Child Health and Wellbeing and Respiratory) whilst other non-mandated networks also sit alongside their mandated counterparts (e.g. the North East and Cumbria Learning Disabilities Network).

The Northern England Mental Health Network reports into the NENC ICS Mental Health Workstream and the North East and Cumbria Learning Disabilities Network reports into the NENC ICS Learning Disabilities Workstream. However, the remaining mandated clinical networks report into the Optimising Health Services workstream and ensure:

- Joint accountability between NHSE/I and ICS through sign-off of workplans
- Clear decision-making routes for issues requiring ICS level approval
- Central route for clinical networks to feed into standing processes (e.g. clinical input into annual planning processes etc)
- Providing the ICS with clinical leadership to meet any requirements set out by national / regional programmes
- Create a forum for discussion around temporary flex of capacity to carrying out ICS requested work covered in a service area covered by a clinical network

4.2 Northern Cancer Alliance

Cancer Alliances have been tasked with improving quality and outcomes across cancer pathways, based on shared data and metrics. The 19/20 planning guidance re-affirms the role of cancer alliances as system leaders bringing together partners to agree and deliver a system wide plan delivering both improved operational performance and transformation in outcomes, working with and on behalf of the ICPs and ICS.

Cancer Transformation funding for the North East and North Cumbria is allocated via the Northern Cancer Alliance which has responsibility for the financial governance and delivery of this work. This oversight is enabled via OHS Board membership. The Alliance Board reports into both the ICS (via the OHS Board) and NHSE through region. (shown in figure 4 below).

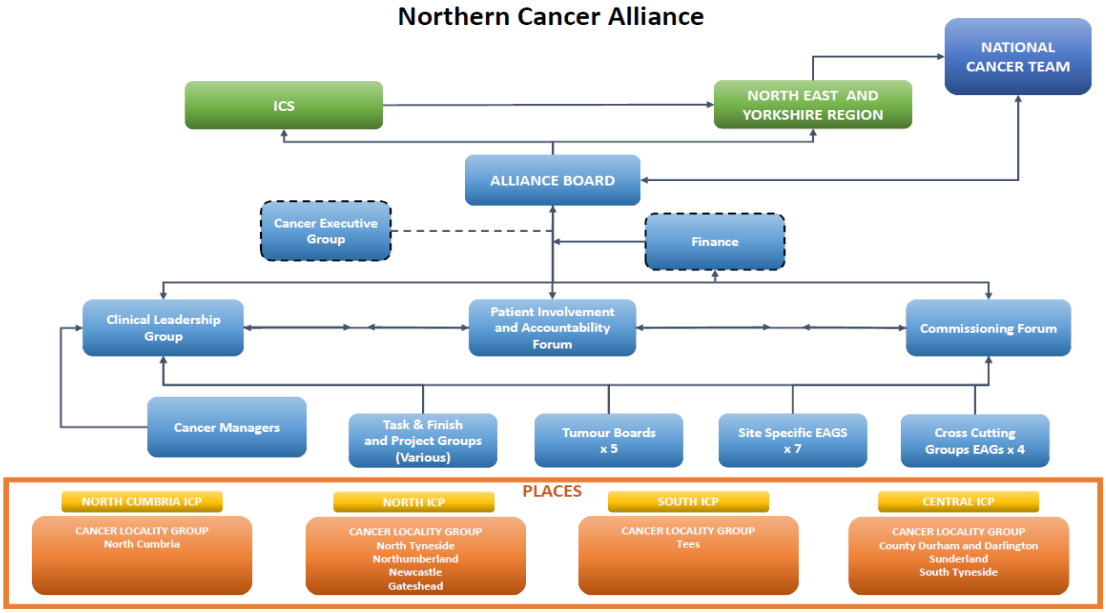
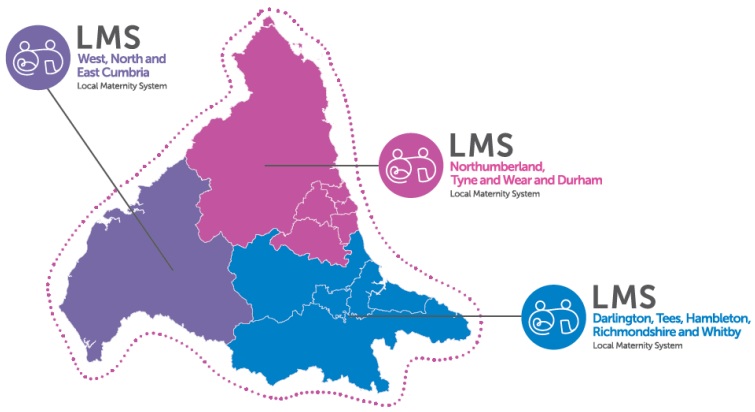


Figure 3 – Northern Cancer Alliance structure

4.3 Local Maternity Systems (LMS)

There are 3 Local Maternity Systems (LMS) across the North East and North Cumbria ICS area. They are coterminous with ICP areas with the exception of the Northumberland, Tyne, Wear and Durham LMS which covers both the North and Central ICPs.



LMSs are charged with the delivery of a number of the Long Term Plan clinical priorities for maternal health and receive dedicated transformational funding to support delivery of the aims of Better Births. Each LMS has its own LMS Board with named Senior Responsible Officers and senior clinical/midwifery leads and LMS plans are expected to be integrated into wider ICS plans.

There is a national expectation that Local Maternity Systems have a clear reporting route into ICS governance structures and as such, the Northumberland, Tyne, Wear and North Durham LMS and the Durham, Darlington and Tees (including Hambleton, Richmondshire and Whitby) LMS will be represented on the Board by the LMS Programme Lead for the North East. The North Cumbria LMS will report in via the North Cumbria ICP representative.

4.4 Pathology Collaboration

The Pathology Collaboration has historically been an independent ICS workstream which was brought into OHS in 2018. The governance model is shown in figure 4 below which illustrates that:

- Optimising Health Services Board is responsible for oversight of the regional NENC Pathology Programme - sign off of workplan, mid year review and exception reporting.
- Sub-regional groups and Speciality Reference Groups to feed into NENC Laboratory Services Group.
- Regional LIMS procurement led by NUTH but with a NENC regional technical evaluation group and links into the regional digital and IT work through the CIOs.

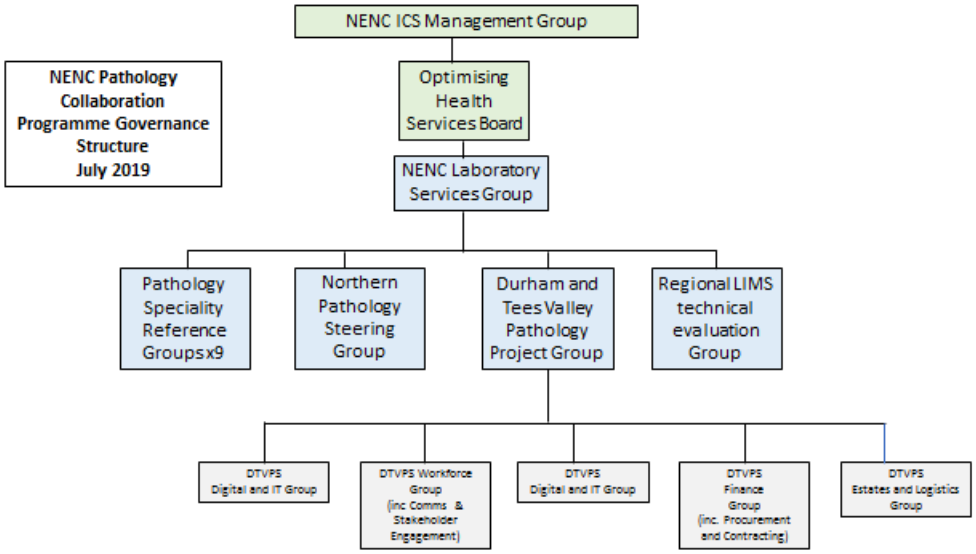


Figure 4 – Pathology Collaboration Governance

5. Membership

It is important that stakeholder organisations, networks and groups across the region are represented. The Board membership is:

Name	Position	Organisation	Board Role/Focus
Ken Bremner	Chief Executive	South Tyneside & Sunderland NHS Foundation Trust	OHS and Workforce ICS Programme SRO and Central ICP
Professor Chris Gray	Medical Director - System Improvement and Professional Standards	NHS England: NHS North East and Yorkshire	Programme Clinical Lead & Regional Quality Surveillance Group member
Ben Clark	Associate Director – Clinical Networks	NHS England: North (Cumbria and North East)	Clinical Networks

Lyn Simpson	Integration and Transformation Director	NHS England	South Review
Susan Watson	Director of Strategy & Transformation	QE Gateshead	North ICP
Ramona Duguid	System Executive Director of Strategy	North Cumbria Integrated Health & Care System (STP)	North Cumbria ICP (including LMS)
Sue Jacques	Chief Executive	County Durham and Darlington NHS Trust	Sub Region – South ICP
Dan Jackson	Head of Strategic CCG Development	Sunderland CCG	Governance
Mary Bewley	STP Engagement and Communications Lead	North of England Commissioning Support	Engagement and Communications
Julie Turner	Senior Service Specialist for Specialised Commissioning	NHS England, Specialist Commissioning	Specialist Commissioning (as appropriate)
Peter Blakeman	Deputy Post Graduate Dean and Director for Clinical Quality	Health Education England	Multi Professional Education & Post Graduate Training
Lucy Topping	Interim Deputy Director of Delivery	NHS England: North (Cumbria and North East)	Elective Care & Demand Management ICS Workstream
Tracy Johnstone	Interim Deputy Director of Commissioning	NHS England	All areas of Primary Care and Public Health Commissioning
Graham Evans	Chief Digital Officer	North Tees and Hartlepool NHS FT	NENC – Integrated Care System
Rajesh Nadkarni	Executive Medical Director	Northumberland, Tyne & Wear, NHS FT	Mental Health
Caroline Thurlbeck	Director of Strategy, Transformation and Workforce	North East Ambulance Services NHS Foundation Trust	Ambulance
Neil O'Brien	Chief Clinical Officer	Five South CCGs	Local Commissioning
Kathryn Hardy	North East LMS Programme Lead	NTWND LMS and DTHRW LMS	Local Maternity Systems
Alison Featherstone	Cancer Alliance Programme Director	Northern Cancer Alliance	Cancer Alliance financial Governance
Heather Corlett	Assistant Director	South Tees CCG	Programme Manager

The ICS has an overarching communications and engagement strategy ensuring Local Authorities are effectively updated and engaged on the ICS.

OHS Board - Clinical oversight - conduit into the ICS and connection to ICP delivery

Partnership working with Local Authorities and Mental Health representation on The Board is necessary at sub-regional and programme level and will be exception reported by the sub-regional chairs to the OHS Board. Strategic Mental Health oversight is delivered through the Board through the ICS Mental Health Clinical Lead. Strategic ICS Workforce connections are through the SRO and operational connections are reported to the Workforce Programme Leadership Group via the programme manager.

The OHS SRO will represent each workstreams at The Board.

6. Quoracy

The meeting will be quorate where all of the following apply

- The chair or deputy chair are present, and
- There is at least one member from each sub-regional/ICP area (agenda will clearly record items for decision)

7. Meeting Arrangements

Where the chair person is unavailable the meeting will be run by a deputy chair. The Optimising health Services Programme Board will meet every 4 weeks.

In the event of the loss of an existing member the associated organisation or work programme will be asked to nominate a replacement.

Where any members are unable to attend meetings they must ensure a deputy is nominated to attend, and that this deputy will attend fully briefed and empowered to act as a member of the group.

Meetings will be supported by WebEx and conference calls to minimise travel and maximise productivity whenever possible. Meeting papers will be circulated to members no later than 3 days before each meeting takes place and electronic files circulated will be no larger than 8mb.

Administrative support will be provided by the CNE Regional Delivery Unit.

8. Reporting

The OHS workstreams with existing reporting and governance remain unchanged, but additional connections to the ICS and OHS Board is required.

The OHS programme requires oversight on two aspects of these workstreams and to that end their annual workplan needs approval followed by short exception reporting for the board to gain:

1. Assurance that any service vulnerabilities are being addressed
2. Assurance that they both influence the development of and deliver on the emerging clinical strategy.

The onward reporting of issues and cascade of information to the ICS can be progressed as appropriate.

Quality assurance concerns from the Optimising Health Board will be reported by exception through a template submitted to the Regional Quality Surveillance Group (QSG) and supported by OHS representation at the QSG by the OHS Clinical Lead. *This arrangement will be reviewed and may be superseded as the ICP Quality Committees become established.*

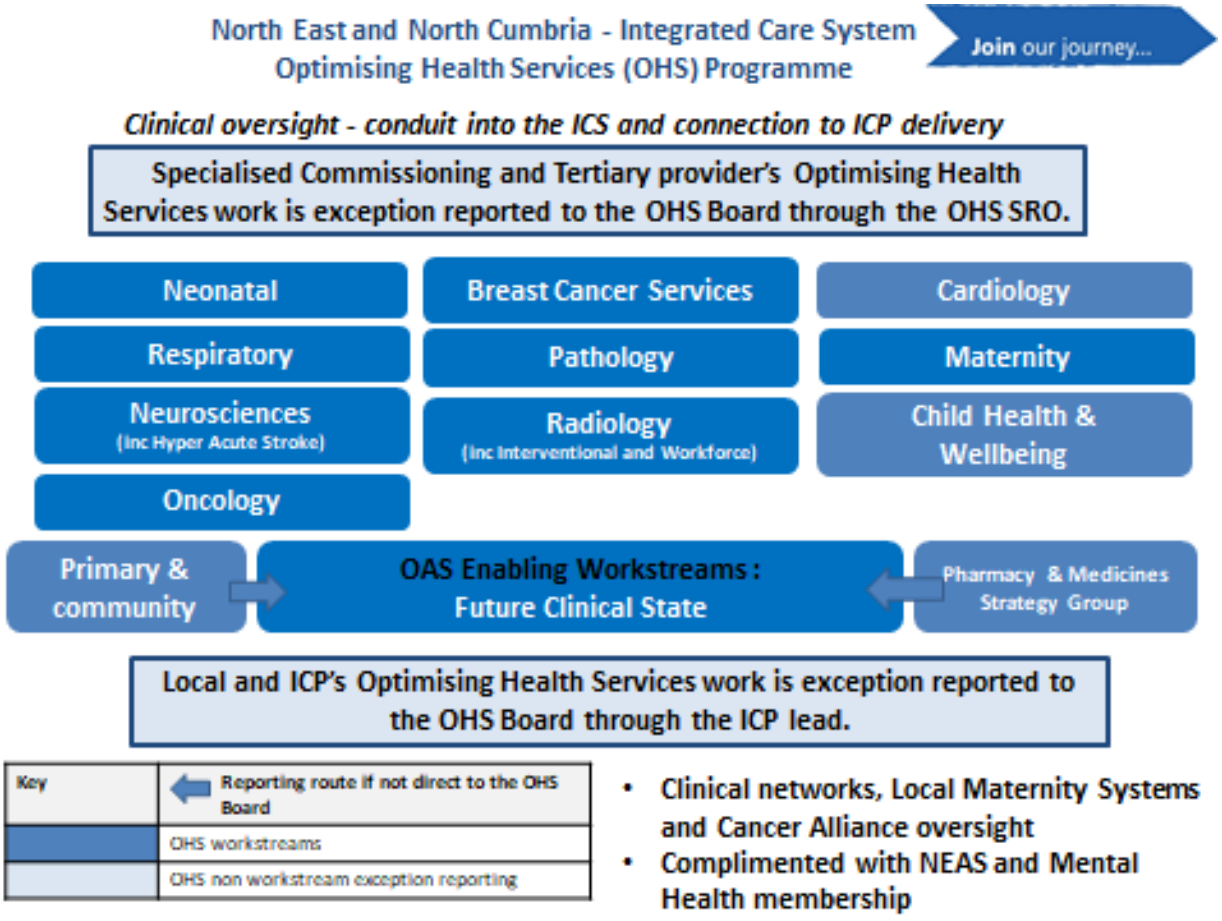
Appendix one and two list the workstreams and reporting routes. Each sub-region will have oversight of their specific programmes of work and will exception report to the OHS Programme Board.

Any risks and issues requiring onward escalation will be agreed by the board and will be reported to the ICS Lead Management Group and Health Strategy Group.

9. Document Review

The terms of reference will be reviewed every 6 months.

Appendix 1 – Programme Overview



OHS Board - Clinical oversight - conduit into the ICS and connection to ICP delivery

Northern England
Child Health & Wellbeing Network

Update briefing on the engagement phase
February - July 2019

Join our Journey
North East and North Cumbria

@NorthNetworks

The Network

The North East and North Cumbria Child Health and Wellbeing Network's initial phase had a focus on getting engagement right to design and deliver better outcomes for our children.

The key objective is *to achieve meaningful and realistic plans for engagement across the Integrated Care System and into our four Integrated Care Partnerships to effectively design and deliver improved outcomes for our children.*

We are proud to be part of a small, but growing piece of work in the North East and North Cumbria that plans to make a real difference to children's services. Our evolving hypothesis from our logic model is detailed below:

"In the North East and North Cumbria we believe all children and young people should be given the opportunity to flourish and reach their potential, and be advantaged by organisations working together"

Background

A Clinical Lead post was funded by the Northern England Clinical Networks and appointed to in September 2018. In December 2018 the programme was successful in securing a place on NHS Improvement's Transformational Change Through System Leadership residential programme for 12 core leaders. A regional sequence of events was scheduled to mirror the residential schedule and transfer learning and feedback from the wider community.

Work within this phase

Since the inception of this programme, a huge amount of interest and connections have developed to ensure that this Network reflects the system supporting and impacting children, young people and their families across the region. This has included:

- The completion and analysis of a system survey focusing on the child health and wellbeing priorities, one designed for children and young people in which over 460 responded and a second designed for professionals' form all sectors who work with children and young people, in which over 550 responded and completed the survey.
- A contacts database of individuals keen to be involved in the work reaching over 420 individuals.
- Harvard University's Marshall Ganz's methodologies were adopted to support a commitment approach.
- The three residential courses have been attended by health, voluntary sector and local authority leaders working together to define the stakeholders, vision and narrative for this work.

- Three successful regional events with between 120 -150 participants at each event from across the system including Heath, Local Authority, Police, Voluntary Sector, Local Business, Education and Research. Our second event focused on the voice of the child and our final event was chaired by young people themselves and had an arts and wellbeing theme as well as celebrating some of our fantastic innovations in this field.
- Learning from other areas has been considered with connections both nationally (Cornwall, Nottingham, Scotland and Greater Manchester) and internationally in Canada (facilitated by Professor Sir Al Aynsley-Green) and in Netherlands (through Eldridge Labinjo on wellbeing and movement).
- We have webpages live with information about the Network.
- Through our survey and other engagement we have connected with well over 1000 individuals to help define our priority themes and a Network contacts list of over 420 individuals to check that we stay connected with our members for our next phase.
- We have published the survey findings from those working with children and young people and from the children, young people and family perspectives via our website available for the whole system to benefit from.

For further information - Appendix one records key findings from the professionals survey and the initial regional event, Appendix two records the highlights from the second regional event and Appendix three the inaugural Huddle event and Appendix four the final event and Children and Young People's feedback.

Our Next Steps ……

- ***To continue to develop a robust Network membership.***
- ***To continue to develop how we work with children, young people and their families and consider a Charter****.*
- ***To develop our plan****:*
    - ***To ensure the network framework can support delivery in our priority areas***
    - ***To become national leaders in the Long Term Plan implementation***
    - ***To set up governance to support the network with effective connections into local systems***
    - ***Network events*** *– Further Huddles (like the one detailed in Appendix 3) in the next six months and a planned visit from the Chief Executive of Public Health England.*
    - ***To achieve endorsement across the system for our plans.***
    - ***To effectively communicate both with and about the network including sharing best practice***

Anyone keen to get involved please contact england.northernchildnetwork@nhs.net to find out more.

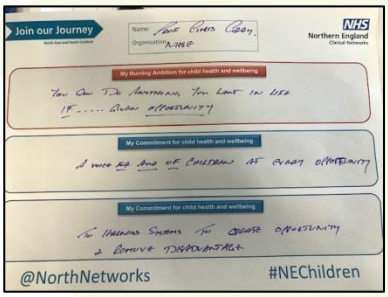
Appendix one

Highlights of the Inaugural regional event March 2019

There were 120 representatives from across the Child Health and Wellbeing System that attended an event focused on engaging individuals to join the Network and make commitments to develop it further. They heard from internationally renowned speakers and examples of local innovation as well discussing what they wanted from the Network.

Over 80% of the feedback forms confirmed that attendees definitely wanted to stay involved. All the aspects of the day were highlighted as *the most* interesting and the opportunities to network and hear others' perspectives highlighted as invaluable. The most interesting element feedback included:

- ✓ *Opportunities to network and hear more about the Network's vision and aims*
- ✓ *Reassurance that there is a consensus on challenges and opportunities*
- ✓ *All today's speakers and talking to different agencies*
- ✓ *The opportunity to make a difference*
- ✓ *All of it but the 'Betrayal of Childhood' really fired me up*
- ✓ *Inspiring*



Burning ambitions of the participants were recorded and included:

- *My burning ambition is to see our region lead our nation in valuing ALL children and young people, hearing their voice and improving their outcomes to realise their full potential.*
- *To enable cross sector work to give every child the best start and provide the evidence to do the right things (or stop doing the ineffective things) - academic*
- *For the Network to achieve actions and results that draw national attention and that others want to replicate – public scrutiny*
- *To improve and support the needs of every child's emotional and physical wellbeing. To promote resilience and equality – educational support worker*
- *More work with parents and children in primary schools – VSO*
- *Develop pastoral support in local schools with (the) aim of increasing emotional resilience and decreasing fixed term and permanent exclusions –borough council*

There was also a facilitated discussion highlighting what the participants wanted out of the Network which were summarised as a:

- **Conduit** to the voice of the child, young person and their families
- **Inspire and Communicate** with the CYP and those working in the system
- **Drive action** – facilitate place-based action
- **Connect the system** – all organisations, all professions

- **Authority** on agreed system-wide focus for Child Health and Wellbeing – enabled by clear governance and senior support
- **Promote** intelligence led solutions
- **Political influence** for change.

Key findings from the survey

The key aims of the electronic survey were:

- ✓ To understand priorities across system
- ✓ To understand challenges and benefits to partnership working
- ✓ To grow our Network (respondents asked to join Network)
- ✓ To identify example of good practice

557 completed responses were received – most were from physical health (251) but representatives from most of the system responded, with 21 teachers, 13 social workers and 94 managers. Least representation came from faith groups, housing and local businesses (all<3). Although the survey was not for children and young people at this stage nearly 10% of respondents recorded their predominant role was the voice of the child. Of the priorities listed in the survey the highest scoring are recorded below:

Survey priorities (overall top 5): N= 497
Mental health
Poverty – children living in low income families
Children with additional needs (learning and physical disabilities)
Health promotion and prevention of illness
Equitable access to services including mental health services

The top three barriers to cross-system working (combined first, second and third choices) were listed as:

- No clear method (to work together as a system) (305)
- Lack of shared finances (211)
- Lack of data sharing (209)

In response to these barriers the top three areas for the Network to focus on with regard to addressing them were: (N= 431)

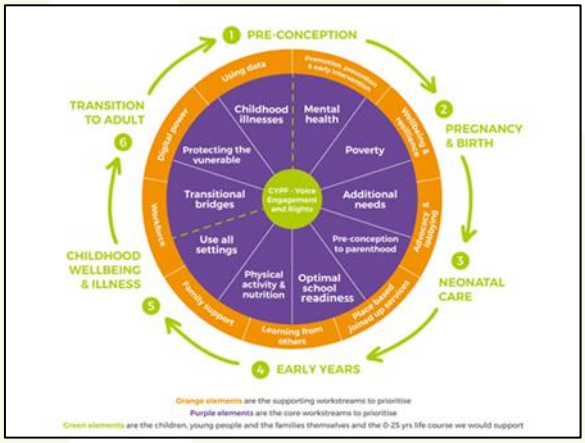
- Better recognition and understanding all available assets and services that currently engage with children and young people (218)
- Have authority from all organisational leaders to work together (181)
- Have a clear and cohesive plan (176)

There was a rich list of best practice examples that will be shared and the respondents closing words to the network included:

Appendix Two

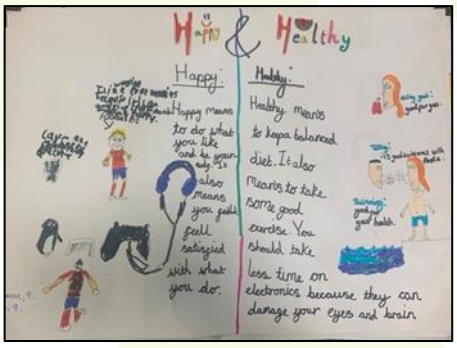
Our second event was focused around the Voice of the Child and Young Person and had an agenda packed with feedback from over 500 children, young people and families from across each area of our region. The feedback shared was collected by schools, health and community groups and charities as well as via an online survey. We were privileged to also have a number of school children feedback their own thoughts and some young people from the Children in Care Council present the survey findings and share their perspectives in a panel discussion.

Mike McKean, the Clinical Lead for the Network, shared the emerging priorities that the system want the Network to focus on. The children and young people's perspectives had highlighted similar priorities to those of the earlier 'professionals' survey – mental health, poverty, children with additional needs and equitable access to services, but in addition had tackling drugs and substance misuse as a higher priority – this and all the feedback will be fed into the priority themes which will be shared at the final regional event.



The children also stole the show over lunchtime with a magnificent and moving performance by the Priory Wood School and Beverley School Open Orchestra whose performers all had additional needs.

The Network continued to respond to the request to share examples of best practice with several examples shared on the day including the powerful presentation from the creator of Trylife - 'the old choice-based adventure books brought to high-tech life for teenagers today'. We were pleased to have the national NHS England and NHS Improvement Children and Young People Transformation team join our day and hear how interested they are in the work in the North East and North Cumbria.



We also continued to further refine what the system wants from a network through our system-wide table top discussions which will influence the framework for the Network.

The busy day ended with an ask to the audience to ensure their local system networks are represented with the regional network and to make suggestions of best practice to share at our final regional event on June 25th.

Appendix Three

Building on the great networks and contacts we have made, Professor Sir Al Aynsley-Green put us in contact with experts in Canada who have many years' experience in population health of their young people in British Columbia.

In June 2019 we held our inaugural Network Huddle –a small, focused expert presentation and discussion in a specialist area. This was an opportunity for network members to learn from international examples. The open invitation was taken up at short notice by a great cross-section of experts from health, local authority, education, voluntary sector (including community sports) as well as researchers.

The presentation was expertly delivered by Pippa Rowcliffe, Deputy Director from the School of Population and Public Health at the University of British Columbia, exploring her journey within the Human Early Learning Partnership (HELP).

The Human Early Learning Partnership (HELP) is a UBC Senate approved centre that was established in 2000, and has worked in partnership with schools and school districts across British Columbia for over 15 years to gather population-health data related to healthy child development.

The unanimous feedback was extremely positive and showed how powerful the data had been as a tool to trigger discussion and change rather than performance manage. Professor Chris Drinkwater shared two key points that the day had highlighted to him:

- *You need to build trust and relationships around the collection and use of data – data is more likely to change behaviour and to produce change and innovation if end users feel it is owned by them and is not used to name and shame.*
- *The data collected has to be meaningful to end users and there is a need for those who provide the data to work with the end users (schools and communities) to help them to understand what the data means and how they could use it to make changes.*

Future Huddles are planned! Stay connected by registering with the network via england.northernchildnetwork@nhs.net.

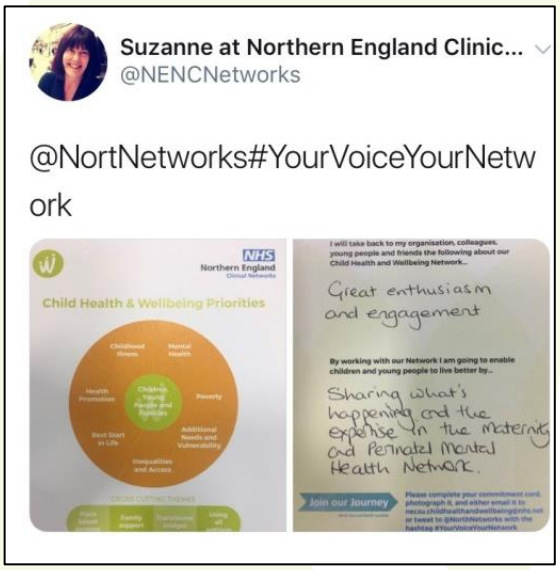
Appendix Four

Our third and final event *Your Voice, Your Network* was the biggest, with over 150 participants. It focused on system discussions, identifying practical opportunities to address the agreed priorities, celebrated good practice and highlighted the importance of arts to wellbeing. It was the final event in the engagement phase of the Network.

> Describe the event in one word…. **'Inspiring', 'Invigorating' and 'Fantastic!'**

The day was chaired fabulously by local young people from both the Children in Care Council (their Regional Ambassadors) and the St Thomas More Roman Catholic Academy. Many other young people joined in the day to both influence the table discussions and present initiatives they were part of, as well as giving their perspectives in plenary on all the Innovation Hubs, and presenting the journey so far, which launched the Children and Young People's survey publication. This work had fed into a revised version of the Network's priority wheel which was also shared at the event.

The Arts theme was kicked off by Eldridge Labinjo, who joined us from Rotterdam and had most of us moving to demonstrate the positive impact on wellbeing; this was then supported by other art forms in the lunchtime Innovation Hub. Dr Mike McKean shared his powerful personal story which captivated all attending. Michael Wood from NHS Confederation highlighted the benefit of bringing economics into our discussions. The importance and impact of co-production was shared by Dr Neil Davidson and Dr Helen Leonard of the Great North Children's Hospital, and Prof. Sir Al Aynsley-Green commended the work and energy we have created, stating that 'the North East and North Cumbria Network has a mouth-watering opportunity to be at the forefront of developments'. Participants were all given a commitment card with the Network's Priority Wheel, on which they could write what they would take back to their organisation from the event and how they could help our children and young people as part of the Network.



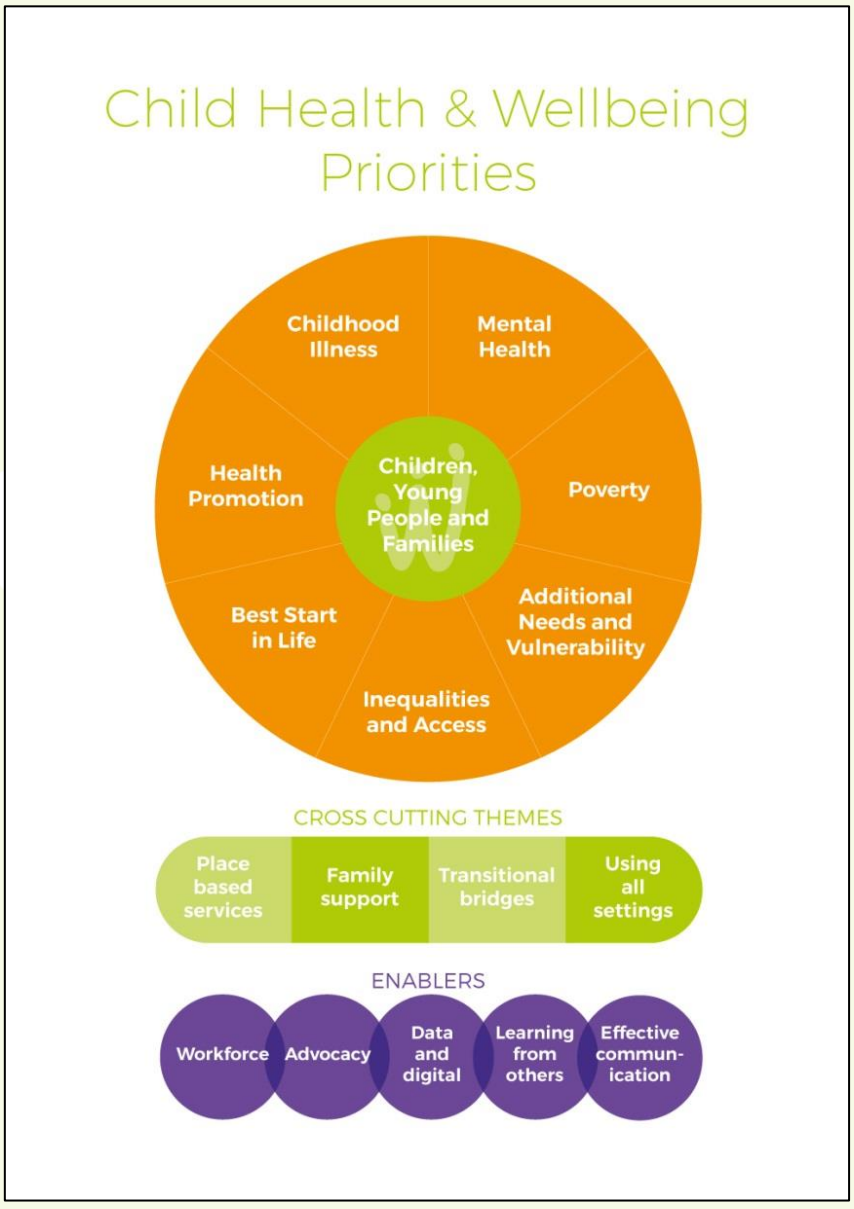
Some of the words used to describe this final event were inspiring, invigorating and fantastic! Participants particularly enjoyed the children's involvement and the system-wide discussions, and 70% respondents rated us 9 or 10 out of 10 for a great event that had moved them to change things. As the Network further evolves, participants suggested that future events could be co-designed with young people and continue to provide even more time for system discussion and sharing good practice.

It is important to close this brief highlighting the publication of the survey results from the children and young people that was launched on the day and will be added onto the website: https://nhsjoinourjourney.org.uk/what-we-are-doing/priorities/optimising-health-services/

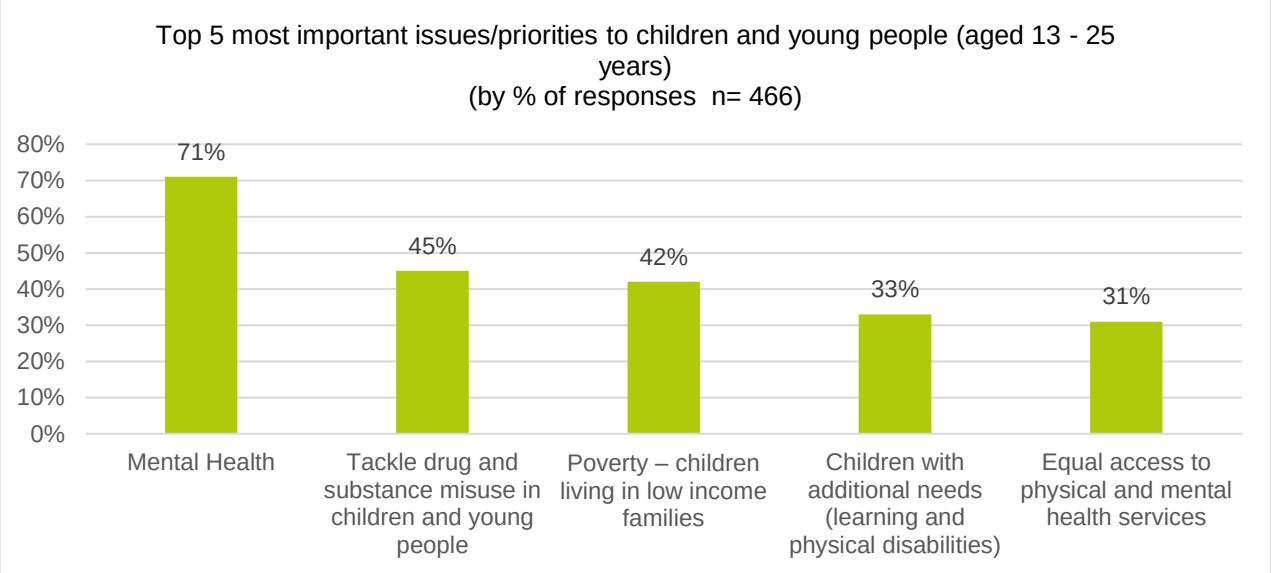
We were overwhelmed that over 600 children, young people and families took the time to share their perspectives, including a small proportion of individuals with additional needs.

The findings from this exercise have further influenced the priority areas or themes from which the Network will develop its work, and we believe that the combined feedback of over 1000 individuals has influenced the Network to address the areas of importance to the North East and North Cumbria.

This work has found that the children and young people had highlighted similar priorities to the professionals but with some differences, such as the importance of substance misuse, which fits with the 'Supporting the Vulnerable' and 'Mental Health' themes identified. There was also a higher weighting to the importance of equitable access to services and the general feedback highlighted the importance of feeling safe. This and wider feedback have influenced the next draft of the Network's priorities into a revised priorities wheel (version 2 - June 2019 shown here).



The electronic survey feedback showed the following as the highest priorities:



Whereas the overall feedback shows the top four most frequently mentioned themes from both the focus groups and the survey are:

- **Mental health and wellbeing**
- **Being physically healthy**
- **Having enough money to make healthy choices/reducing poverty**
- **Ensuring that young people are prepared for adulthood.**

- Other priorities were also noted by both the focus groups and survey respondents: **feeling and being safe, education, housing and environment, social support and networks, specific groups.**
- The results show similarities between the results from the adult's survey and the CYP (both focus groups and survey) with **mental health** highlighted as the top priority by both, and **poverty and health and well-being** also noted as important priorities by both.
- The top four overarching themes identified by CYP - **mental health, physical activity and nutrition, poverty and transitional bridges -** closely align with the Network priorities wheel.

The strong correlation between the professionals' and children and young people's responses is clear in the table below:

Professional Survey (Feb 19)	CYP feedback: both focus groups and survey
Top 5 priorities for children and young people (n = 497)	**The top four most frequently mentioned themes (n= 600 approx.)**
Mental health	Mental health and wellbeing
Poverty – children living in low income families	Being physically healthy
Children with additional needs (learning and physical disabilities	Having enough money to make healthy choices/reducing poverty

Health promotion and prevention of illness	Ensuring that young people are prepared for adulthood
Equitable access to services including mental health services	

The data provided has been helpfully categorised by geographies, making it useful for local improvement work and analysis. We hope that whatever sector or background you are from that you find benefit from the sharing of these reports and you are pleased to see that your contributions are actively influencing our work to enable children, young people and families to flourish within the North East and North Cumbria.

We close with feedback from our young people survey to the Network:

'I want somewhere where people will care and safeguard me when I am vulnerable. It would be great not to have fight to access services and provision. Money should be the last reason why I am not supported'

'Whatever you do, do all you can. I believe in you guys, and I hope everything goes as well as it can. Good luck to you all'.

For the latest on our work and for future developments please access our website via https://nhsjoinourjourney.org.uk/what-we-are-doing/priorities/optimising-health-services/