

## NORTHUMBERLAND COUNTY COUNCIL

### HEALTH AND WELL-BEING BOARD

At the meeting of the **Health and Well-being Board** held at Council Chamber, County Hall, Mopreth on Thursday, 14 September 2023 at 10.00 am.

#### PRESENT

P Ezhilchelvan (Chair) (in the Chair)

#### MEMBERS

G Binning  
N Bradley  
V Jones  
G O'Neill  
E Simpson  
G Syers

A Blair  
A Conway  
B Moulder  
L Paterson  
P Standfield

#### OFFICERS

L M Bennett  
J Brown  
A Foster  
H Lawson  
D Turnbull

Senior Democratic Services Officer  
Public Health Consultant  
CNTW Lead for Strategy and Sustainability  
  
Public Health Manager

#### 22 APOLOGIES FOR ABSENCE

Apologies for absence were received from S. McCartney, V. McFarlane-Reid, R. Mitcheson and H. Snowdon.

#### 23 MINUTES

**RESOLVED** that the minutes of the meeting of the Health and Wellbeing Board held on 10 August 2023, as circulated, be confirmed as a true record and signed by the Chair.

Ch.'s Initials.....

## 24 **DISCLOSURES OF INTEREST**

Peter Standfield declared an interest as he was an employee of a not for profit provider of residential and supported accommodation for the elderly.

## 25 **NORTHUMBERLAND AND NORTH TYNESIDE COMMUNITY INFECTION PREVENTION AND CONTROL STRATEGY 2023-28**

Members received a presentation and report about the new Northumberland and North Tyneside Community Infection Prevention and Control Strategy 2023-28. Approval was sought for the strategy goals and actions to achieve those goals. The report was presented by Dr. Jim Brown, Consultant in Public Health and Heather Lawson, Senior Infection Prevention & Control Nurse.

The following key points were raised:-

- The Strategy had been developed collaboratively with organisations across Northumberland and North Tyneside and aimed to minimise preventable harmful infections in community settings and to be as prepared as possible for any future infections or pandemics.
- A new Covid variant, Pirola, had emerged and there were cases in care homes in the east of England.
- The 2023 National Risk Register indicated the possibility of another pandemic within the next five years.
- The objectives of the Strategy aimed to identify the current position in community settings, identifying goals, how to achieve those goals and how to monitor achievement of the goals.
- The Strategy would cover the adult care sector, education, general practice and children's residential homes.
- The Strategy Group would review guidance and practice, hold focus groups and surveys and look at data from previous surveys, audits and visits.
- Currently, there were 4.8 WTE staff working in the community covering Northumberland and North Tyneside. The team offered training, direct support, collaborative working and audit.
- Key findings included:-
  - There was a lot of guidance available along with opportunities for additional training.
  - Cost and time were barriers in education and general practice.
  - Many staff felt the need to come to work even if they were unwell with an infection.
  - The team was highly respected and good relationships had developed during the pandemic.
- A survey of educational settings and GP staff had identified a number of barriers including cost of training and not all feeling the need for training.
- Vision – 'Our vision is for all health, care and education professionals working in the community to have the capability, opportunity, and motivation to implement infection prevention and control measures in their setting to protect those who use their services or live, work, or study in the settings.'
- Principals – to work as a whole system, work as partners to maximise the impact of the IPC by prioritising the deployment of the team, build resilience and capacity within the community by supporting and training key

Ch.'s Initials.....

- professionals.
- A series of goals had been identified, along with how they would be achieved and monitored.

The following comments and queries were raised:-

- There was concern raised about the possible shortage of Covid vaccinations in Northumberland and GPs would have to cancel clinics if this was the case. It was noted that it was hoped to complete vaccination of care home residents by the end of October and so supplies may be spread over a number of weeks. There were no issues with flu jab supplies.
- It was suggested that a more general communication programme be considered. This had been discussed within a working group. Communication could be added to the final action plan.
- Board Members should report back to their organisations to raise awareness to ensure that the plans in the strategy happened.
- Consideration of business continuity plans could be a way of targeting general practice.

**RESOLVED** that

- (1) the new Northumberland and North Tyneside Community Infection Prevention and Control Strategy be accepted.
- (2) the strategy goals and actions to achieve those goals be approved.

## 26 **HEALTHY WEIGHT ALLIANCE**

Members received a report updating the Board on progress with the Healthy Weight Alliance (HWA). The report was presented by David Turnbull, Senior Public Health Manager.

David Turnbull reported that the Health Weight Alliance had arisen from a recommendation in the 2021/22 Director of Public Health Annual Report. Work on the Alliance had commenced prior to the Covid pandemic but been paused.

Nearly a third of children and two thirds of adults in Northumberland were overweight or obese. Children were becoming obese earlier and for longer. The Covid pandemic and the link to health inequalities, chronic disease and obesity were risk factors and it was important for Northumberland to build resilience into recovery plans as part of the prevention agenda. The current cost of living crisis was creating additional strain particularly for low-income families leading to the purchase of cheaper foods often with low nutritional value.

In May 2023, work on the Healthy Weight Alliance had recommenced with a Workshop attended by 45 delegates with a range of strategic roles within a range of various organisations. Five strategic themes had been identified:-

- System Leadership
- Commercial Determinants
- Health Promoting Environments
- System and Cultural Change

Ch.'s Initials.....

- Health Weight across the Life course.

Feedback from the workshop included:-

- Development of a food strategy for Northumberland.
- Design and development of where we live to maximise access to healthy foods and be physically active.
- Giving every child the best start in life.

Next Steps

- To host a second workshop to feedback to delegates and agree the priorities.
- The Healthy Weight Alliance would be chaired by Paul Jones, Director of Environment and Transport and membership would be drawn from senior staff from organisations across Northumberland.

Members welcomed the report which coincided with the refresh of the Joint Health & Wellbeing Strategy and inequalities work. It was hoped that when the Healthy Weight Alliance reported back to the Health & Wellbeing Board, it would be able to present some tangible changes. It was noted that longer term goals would include improvements to the built environment.

**RESOLVED** that

- (1) the establishment of Northumberland HWA be approved to bring agencies and communities together to ensure a co-ordinated approach to healthy weight.
- (2) the Northumberland HWA report to the Health & Wellbeing Board.
- (3) Responsibility be delegated to the HWA to deliver the Healthy Weight Declaration.

27 **CUMBRIA, NORTHUMBERLAND, TYNE & WEAR NHS FOUNDATION TRUST'S (CNTW) NEW STRATEGY; 'WITH YOU IN MIND'**

Members received a report and presentation on CNTW's new strategy 'With You in Mind'. The report was presented by Anna Foster, Trust Lead for Strategy and Sustainability.

The following key issues were raised in a presentation:-

- CNTW's strategy was to build relationships and to make decisions based on what matters to people.
- CNTW was a large organisation and covered more than just mental health issues including mental wellbeing, learning disability, and autism. Secure services were provided in Morpeth.
- People and their needs were at the heart of the strategy which aimed to influence small, everyday decisions as well as big strategic decisions. The strategy was a guide rather than a blueprint. The organisation acknowledged that it could not do this on its own.

Ch.'s Initials.....

- The Strategy comprised:
  - Our commitments
  - Our vision and values
  - Our five strategic ambitions
  - Quality care, every day
  - Person-led care, where and when it is needed
  - A great place to work
  - Sustainable for the long term, innovating every day
  - Working with and for our communities
- Community Mental Health Transformation across the Region. A strategic objective from the CNTW Annual Plan was ‘Improve community mental health services for adults and older people.
- Working with the government and ICBs. Aim to prevent people from being admitted to hospital and to remain within the community.

The following comments were made:-

- An issue for CNTW was that it covered a very large area across the North East and this could cause challenges in getting to know its communities unless there was staff who concentrated on a particular area.
- CNTW was locality based with four different localities. Local leadership was important, and the Trust’s approach was having a devolved leadership approach. Trust leads had the authority to adapt services to meet the needs of the local community.
- There would be a public mental health update at the November meeting of the Health & Wellbeing Board.

**RESOLVED** that the ethos and ambition of the Trust’s new strategy be noted, in particular, the commitment to partnership working across the Health & Social Care system.

**28 HEALTH AND WELLBEING BOARD – FORWARD PLAN**

Members noted details of forthcoming agenda items at future meetings.

**29 DATE OF NEXT MEETING**

The next meeting will be held on Thursday, 12 October 2023, at 10.00 am in County Hall, Morpeth.

**CHAIR.....**

**DATE.....**

Ch.’s Initials.....

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North East &  
North Cumbria



Northumbria Healthcare  
NHS Foundation Trust

# Northumberland & North Tyneside Community Infection Prevention & Control Strategy

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Northumberland  
County Council



North Tyneside Council

Minute Item 25

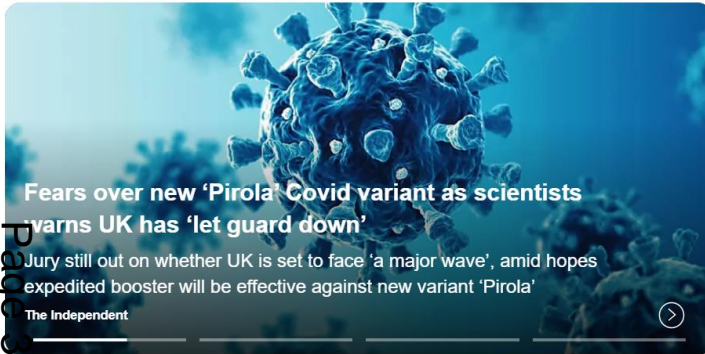


## Aims of the strategy

- To minimise preventable incidents/outbreaks of harmful infection in **community** settings in Northumberland and North Tyneside through effective IPC interventions.
- To ensure that both North Tyneside and Northumberland are as well prepared as possible in response to new or developing threats of infection/future pandemics.



Keep on reading



Fears over new 'Pirola' Covid variant as scientists warn UK has 'let guard down'

Jury still out on whether UK is set to face 'a major wave', amid hopes expedited booster will be effective against new variant 'Pirola'

The Independent

**BREAKING** AEW fire CM Punk after backstage incident at London show

Environment

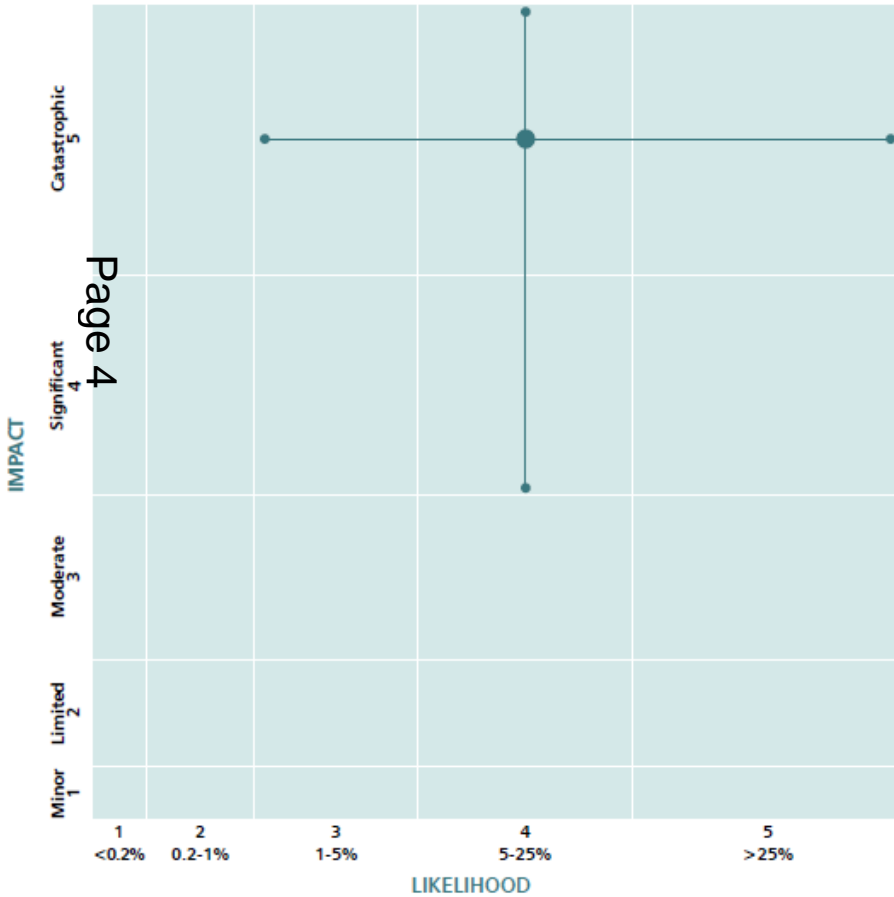
# Suspected bird-flu outbreak decimates breeding season at Northumberland site

UK NEWS WEBSITE OF THE YEAR

## One in four chance of a 'catastrophic' pandemic in five years

'Reasonable worst-case scenario' could mean 50pc of population falling ill and 840,000 deaths

# 2023 National Risk Register – Pandemic



# Objectives of the strategy

- To understand current IPC provision, activities, behaviours, and need within community settings (*Where are we now?*).
- To understand current guidance for community settings and interventions to influence behaviours.
- To agree and prioritise goals to promote IPC measures in community settings, including additional resources and capacity building approaches (*Where do we want to get to?*)
- To agree how we will achieve the goals (*How will we get there?*)
- To define how we will monitor achievement against the goals (*How we will know we have arrived?*)

# Scope and scale of *community* IPC strategy

Page 6

## Care sector (adult)

- 71 elderly care residential and nursing homes
- 28 specialist learning disability/mental health care homes
- 58 domiciliary care providers
- 221 independent supported living (ISL) settings

## Education

- 174 childminders
- 95 day nurseries
- 130 first and primary schools
- 14 middle schools
- 15 high and secondary schools
- 13 special / alternative provision schools
- One pupil referral unit
- One further education college

## General practice

- 36 general practices

## Children's residential homes

- 5 children's residential homes

Strategy covers N'land and North Tyneside because they share IPC team.

Data shared here on scale for Northumberland only.

# Methods

- Strategy group: 2x Councils (PH, H&S, Education, ASC), Northumbria Healthcare, NENC ICB, CNTW, UKHSA, LMC
- Review of guidance and best practice
- Review of literature on barriers and facilitators to IPC, and interventions to promote
- Surveys of staff in community settings
- Stakeholder focus groups
- Data from previous surveys, audits, and visits
- Prioritisation exercise for community IPC provision

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# Current provision

- Northumbria IPC team at Northumbria:10.1. WTE nursing staff
  - 5.3 WTE staff work in hospital settings
  - **4.8 WTE staff** working in the community covering Northumberland and North Tyneside
  
- Since March 2020, the IPC team has supported care homes experiencing around 700 COVID outbreaks, providing telephone or face-to-face support for most if not all of these incidents

# Activities of the IPC team in the community

## Training

- Care home staff, including face-to-face, webinar and e-learning training that is regularly updated, and IPC champion training and care home forums.
- Home (domiciliary) care staff: charge may apply and no current training programme.
- Community nurse training.
- General practice staff training: charge applies.
- Hand hygiene training in primary schools.

## Direct support

- Outbreak management at Intermediate Care Units.
- Care home visits and telephone calls during outbreaks (planning to reduce or cease because of insufficient capacity).
- Outbreak support for other settings, for example nurseries, at the request of the UKHSA Health Protection Team.
- FIT testing where needed.

## Collaborative working

- Care Quality Commission (CQC) monthly information sharing meetings about care homes / home care services, including support where there are safeguarding concerns due to inadequate IPC.
- Care home provider forum meetings.
- Link nurse champions meetings.
- Multi-agency meetings and collaborative working with Adult Social Care Commissioning, ICB, Public Health, and UKHSA.
- Care home newsletter.
- Community events

## Audit

- Community patient hand hygiene satisfaction survey.
- Hand hygiene audits (validation) of community staff.
- Care home report on the extent to which IPC measures are being met.
- General practices: a charge applies to undertake an IPC audit in general practice.
- Root cause analysis e.g. patients with community-acquired infections (such as *Clostridium difficile*) admitted to hospital.

# Key findings

- Guidance and best practice seek to ensure that organisations and staff have the knowledge, skills, training, behaviours, values, support, monitoring, culture, and leadership to prevent infections.
- There are opportunities for additional training, increased awareness of guidance, and monitoring of IPC behaviours.
- Many care homes use in-house IPC training but we have no information about its quality.
- Cost and time are barriers in education and general practice.
- IPC champion roles are less common in domiciliary care and general practice.
- Many respondents across all sectors said they feel compelled to come into work even if they are unwell with an infection: 'infectious presenteeism'.
- A high value is placed on the role of the IPC team, the support they gave during the pandemic, and the relationships that have developed during the pandemic
- Relationships between system partners, and with providers, improved during the pandemic because of the good communication, collaboration, and support given.
- There is a need for IPC support and training for staff in early years settings.
- There is a need for sustainable, capacity-building solutions in view of the small size of the IPC team.

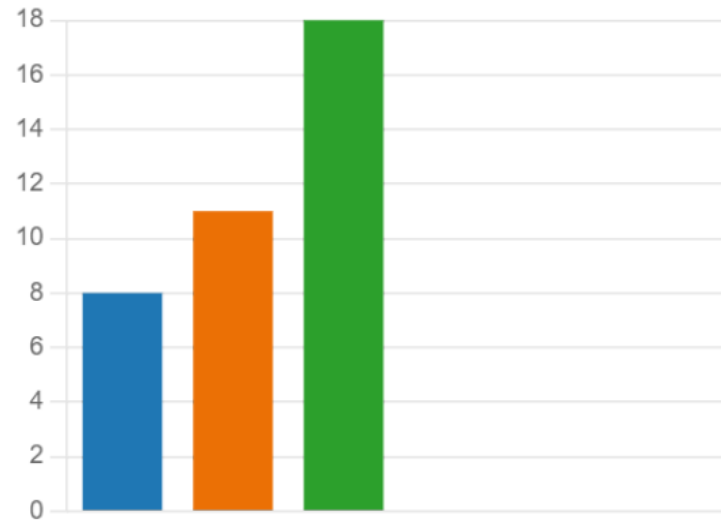


# Survey of educational settings (n-24)

Are there any barriers to accessing training in infection prevention and control? Please tick all that apply.

Page 11

<span style="color: blue;">●</span> I don't have time to access traini...	8
<span style="color: orange;">●</span> The cost of training	11
<span style="color: green;">●</span> I don't know what training is av...	18
<span style="color: red;">●</span> I don't have access to a comput...	0
<span style="color: purple;">●</span> I don't need any training	0
<span style="color: brown;">●</span> Other	0

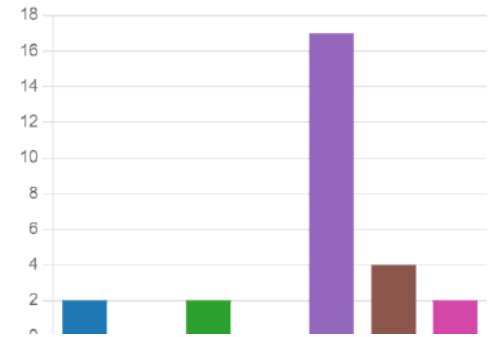
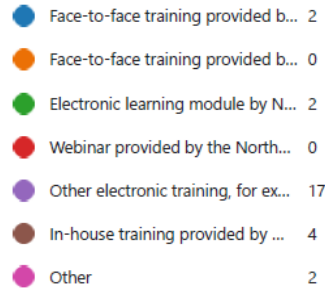


# Survey of GP staff (n=34)

Have you had any training in Infection Prevention and Control in the past 12 months?

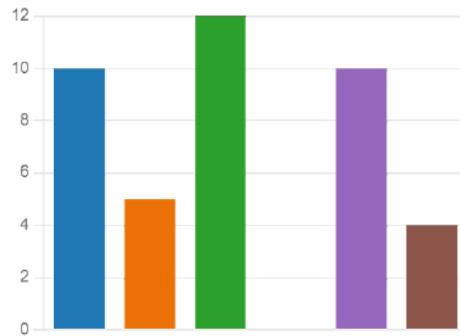
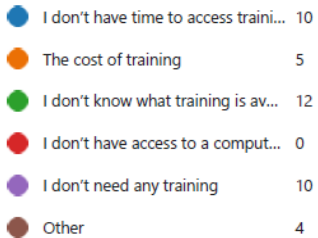


What training in infection prevention and control have you had in the past 12 months? Please tick all that apply.

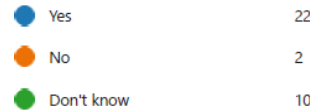


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Are there any barriers to accessing training in infection prevention and control? Please tick all that apply.



Do you have an Infection Prevention and Control Champion or Lead within your practice?



# Prioritisation of community IPC

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Phase	Name	Days per month of specialist IPC resource (4.8 WTE)			
		Care homes	Education	Domiciliary care	Primary care
1	Prevention	18.9	11.3	7.2	3.6
2	1-2 cases	2.7	2.3	0	0.2
3	Cluster	13.5	3.4	0.5	0.2
4	Outbreak	10.8	4.5	0.5	0.2
5	Frequent incidents	8.1	1.1	0.1	0.2
	Total	54	22.5	9	4.5


# Our Vision

“Our vision is for all health, care and education professionals working in the community to have the capability, opportunity, and motivation to implement infection prevention and control measures in their setting to protect those who use their services or live, work, or study in their settings.”

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# Principles

- We will work together as a whole system to implement IPC measures in community settings
- Page 15 Recognising that the specialist community IPC nurse team is a finite resource, we will seek to work as partners to maximise impact by prioritising the deployment of the team
- With partners, the specialist IPC team will seek to build resilience and capacity within the community by supporting and training key professionals already working in or with settings.

The background features a light blue sky with two stylized birds in flight. Below the sky is a green landscape with rolling hills. On the left, there is a cluster of stylized green trees. On the right, there are three stylized houses in shades of blue and green. The overall aesthetic is clean and modern.

# Goals, how we will achieve them, and monitoring

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Funding and prioritisation		
Goal	How will we achieve it?	Indicator
<p><b>Goal 1:</b> The NHCT IPC team has additional, long-term, sustainable funding to maintain and increase the scope and magnitude of activities of the IPC team to support more settings/providers in the community, including care homes, general practices, domiciliary care, educational establishments, and children’s residential care.</p>	<ul style="list-style-type: none"> <li>We will work with partners across the system to continue to make the case for equitable, sustainable investment in IPC expertise to support community settings in Northumberland and North Tyneside.</li> </ul>	<ul style="list-style-type: none"> <li>Increased number of whole-time equivalent specialist IPC nurses working to support community settings</li> </ul>
<p><b>Goal 2:</b> Where resources are limited, priorities for work within community settings will be agreed with system partners.</p>	<ul style="list-style-type: none"> <li>We will work as system partners to ensure that we are able to maximise impact of limited resources through agreed priorities and principles.</li> </ul>	<ul style="list-style-type: none"> <li>Annual review of priorities</li> </ul>

Building IPC capacity in community settings		
• All community settings		
Goal	How will we achieve it?	Indicator
<p><b>Goal 3:</b> Managers and staff will be aware of training that is available.</p> <p>Page 18</p>	<ul style="list-style-type: none"> <li>• Together with and via system partners, the NHCT IPC team will share a list of quality assured training opportunities to care home providers, domiciliary care providers, educational settings, general practices, and children’s residential homes.</li> </ul>	<ul style="list-style-type: none"> <li>• Annual survey of community settings / providers</li> </ul>
<p><b>Goal 4:</b> All training, whether external or in-house, is of high quality and updated to reflect current guidance.</p>	<ul style="list-style-type: none"> <li>• Where training is provided in-house, system partners will work with providers to quality assure training.</li> <li>• Where training is provided by the NHCT team or system partners, the content will be regularly reviewed to ensure its accuracy.</li> </ul>	<ul style="list-style-type: none"> <li>• Record of annual review of webinar and module training provided by NHCT</li> <li>• Surveys of staff attending training</li> <li>• Number of care home providers sharing their training package for quality assurance purposes</li> </ul>



• Care homes		
Goal	How will we achieve it?	Indicator
<p><b>Goal 5:</b> All professional staff visiting care homes from all sectors have had training in IPC to identify good practice, recognise when standards of IPC are not being met, provide IPC advice, and link easily to additional specialist support when needed.</p>	<ul style="list-style-type: none"> <li>The IPC team will engage with staff who visit care homes to offer additional IPC training, assess competence if appropriate, and maintain a network to enable sharing of best practice and updated guidance, answer questions, and provide specialist support.</li> </ul>	<ul style="list-style-type: none"> <li>Record of IPC training provided to professional staff visiting care homes</li> <li>Number of professional staff visiting care homes who have had training in past 1 year</li> </ul>
<p><b>Goal 6:</b> All care homes have an IPC champion who receives additional IPC training, is given time for training and linking with other IPC champions via a network, is empowered to support colleagues, and can link easily to additional IPC support when needed.</p>	<ul style="list-style-type: none"> <li>System partners who have existing relationships or contracts with care home providers will promote the need for a named IPC champion in each care home.</li> <li>NHCT will continue to provide training and support to IPC champions in care homes.</li> </ul>	<ul style="list-style-type: none"> <li>Record of IPC champions held by IPC team</li> <li>Annual survey of IPC champions</li> </ul>
<p><b>Goal 7:</b> All agency staff will be trained in IPC.</p>	<ul style="list-style-type: none"> <li>Make contact with larger agencies to understand training requirements and explore with regional partners regional approaches to providing and assuring training.</li> <li>Include a question about training of agency staff in the quality assurance checklist used by the IPC team during care home visits.</li> </ul>	<ul style="list-style-type: none"> <li>Record of number of agency staff trained in IPC by NHCT</li> <li>Annual survey of care home managers to determine number of agency staff trained in IPC</li> </ul>

• **Educational settings**

**Goal 8:** Leaders in educational settings continue to recognise the importance of effective IPC measures to protect the health of their students and staff, minimise student and staff absences, and contribute to preventing wider spread of infections within the community.

- Strategy group members will offer to join headteacher meetings to promote the benefits of IPC measures and the use a 'making every contact count' approach with all educational staff to promote IPC.

- Record of IPC team input to Headteacher meetings

**Goal 9:** Staff in educational settings have a basic knowledge of common infections and IPC measures.

- Build links between the NHCT IPC team and the local authority Health and Safety (H&S) teams who already work with schools, including opportunities for additional IPC training for H&S teams and access to specialist advice when needed.
- H&S teams in both local authorities will work with the IPC team and system partners to regularly update the IPC policy or guidance within the Health and Safety guidance for use by educational settings.
- The IPC team will offer virtual training to H&S leads within educational settings on an annual basis to update knowledge of IPC.
- Undertake a specific piece of work to understand issues for early years providers, from whom we had no responses in the survey.

- Record of additional IPC training for H&S teams and access to specialist advice.
- Record of IPC team input into Health and Safety guidance for use by educational settings.
- Number of H&S leads within educational settings receiving training in IPC.
- Report on project with early years settings.

**Goal 10:** Children and young people aged 3-16 years will have age-appropriate knowledge of hygiene, microbes, vaccinations, and antimicrobial resistance and are supported to play their role in prevention outbreaks and using antimicrobials appropriately.

- We will promote and support educators, community leaders, parents, and caregivers to use [E-Bug](#) to educate children and young people and promote positive behaviour change.

- Survey of educational settings on use of [E-Bug](#) to educate children and young people and promote positive behaviour change.

• General practice		
Goal	How will we achieve it?	Indicator
<p><b>Goal 11:</b> There is an IPC champion in every general practice who receives additional IPC training, is linked to a wider network of IPC champions, is empowered to support colleagues, and can link easily to additional IPC support when needed.</p>	<ul style="list-style-type: none"> <li>• System partners who have existing relationships with general practice will promote the need for a named IPC champion in each practice</li> <li>• NHCT will continue to provide training and support to IPC champions in practices.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of general practices with an IPC champion.</li> <li>• Number of IPC champions trained by IPC team.</li> </ul>
<p><b>Goal 12:</b> All practice staff receive regular quality-assured IPC training and audit.</p>	<ul style="list-style-type: none"> <li>• Work with general practice colleagues to understand demand and willingness to participate in, and promote, regular training.</li> <li>• Work with system partners to secure funding for face-to-face training and audit in general practice.</li> </ul>	<ul style="list-style-type: none"> <li>• Funding secured for face-to-face training and audit in general practice.</li> <li>• Number of general practices who receive face-to-face training.</li> </ul>

Preventing infectious presenteeism		
Goal	How will we achieve it?	Indicator
<p><b>Goal 13:</b> Systems are in place to discourage staff from attending work if they are unwell with an infection ('infectious presenteeism').</p>	<ul style="list-style-type: none"> <li>We will use existing communications channels with providers and the general public to discourage infectious presenteeism.</li> <li>All commissioners will ask providers to include in their business continuity plans how they will manage in the event of staff absence due to sickness.</li> <li>We will include the discouragement of infectious presenteeism in all training provided.</li> <li>Commissioners will encourage providers to include mitigations within their risk assessment for when infectious presenteeism is unavoidable, for example use of face masks, enhanced ventilation, and cleaning, or avoiding care of people who are immunosuppressed or otherwise at high risk from the infection.</li> </ul>	<ul style="list-style-type: none"> <li>Record of communications to providers and the general public to discourage infectious presenteeism.</li> <li>Record of how providers will manage in the event of staff absence due to sickness in their business continuity plans.</li> <li>Record of discouragement of infectious presenteeism in all training provided e.g. learning modules.</li> </ul>

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# Reporting

- Northumberland and North Tyneside community IPC strategy implementation group will meet quarterly to update on progress against the goals and monitoring framework below
- Report to the Health Protection Assurance Board in each of Northumberland and North Tyneside on an annual basis, or more frequently if needed or requested to do so.

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# Thank you

## Co-authors:

- Heather Lawson, Senior Infection Prevention & Control Nurse, Northumbria Healthcare NHS Foundation Trust
- Chris Woodcock, Senior Public Health Manager, North Tyneside Council

Strategy group members

Stakeholder focus groups

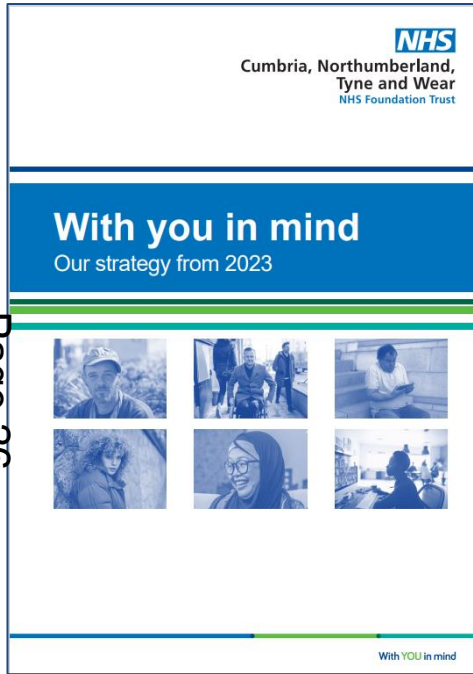
Survey respondents

# With you in mind

Our strategy from 2023

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Minute Item 27



CNTW's strategy is build relationships and to make decisions based on what matters to people.



# Five things about this strategy:

1. People and their needs are at the heart of the strategy.
2. It's about influencing small, everyday decisions as well as big strategic decisions.
3. There is honesty about the need to change.
4. We know we cannot do this alone.
5. It is a guide, not a blueprint.

# CNTW2030 Engagement:

We asked:

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What matters to you?

What must we protect?

What would make the biggest difference to you?

How would you like us to work together?

## Our Impact

We want to have a positive impact on people's wellbeing.



## Our principles

Some shared principles emerged



## Our Staff



We want staff to be able to do the best job they can.

## Our role in the wider system



We want to work together to meet the needs of people and communities.

We heard:

With YOU in mind

# The strategy comprises:

1

What do people  
want from us?

Our commitments

2

What binds us?

Our vision and  
values

3

What do we want  
to achieve?

Our Ambitions

# Our Commitments:

## Commitment to our service users:

- Understand me, my story, my strengths, needs and risks
- Protect my rights, choices and freedom
- Respect me and earn my trust
- Support me, my family and carers
- Respond quickly if I am unwell or in crisis

## Commitment to our families and carers (also known as our 'Carers Promise'):

- Recognise, value and involve me
- Work with me to ensure we are all aware of my needs as a carer.
- Listen to me
- Talk with me about where I can go for further help and information

# Our Commitments:

## Commitment to our staff:

- Respect me, trust me, value me and treat me fairly
- Allow me freedom to act, use my judgement and innovate
- Protect my time so I can learn, progress & get a balance between work & home
- Offer me safe, meaningful work and give me a voice
- Support me with compassionate managers

## Commitment to our partners and communities:

- Explain what to expect from CNTW
- Help us fight illness, unfairness and stigma
- Share responsibility for getting things right
- Get to know local communities.
- Be responsible with public funds
- Share our buildings, grounds and land & protect the planet

# Our five ambitions:

**1. Quality care, every day.**

**2. Person-led care, where and when it is needed.**

**3. A great place to work.**

**4. Sustainable for the long term, innovating every day.**

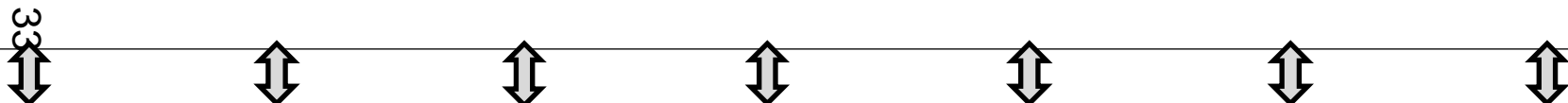
**5. Working with and for our communities.**

# Community Mental Health Transformation across the region:

## The Integrated Care System/Integrated Care Board:

Link with government and other ICBs on the transformation strategy, and set targets for providers, e.g. CNTW

Lead on workstreams that involve everyone, e.g. shared IT systems



## 7 place-based community transformation programmes:

**N Cumbria:**  
Chair: Anita Barker  
(commissioning)

**Northumberland:**  
Chair: Sonia McGough  
(VCSE)

**North Tyneside:**  
Chair: Chloe Mann  
(CNTW Group Director)

**Newcastle:**  
Chair: Anna English  
(CNTW Group Director)

**Gateshead:**  
Chair: Kirsty Sprudd  
(commissioning)

**Sunderland:**  
Chair: Fadi Khalil  
(GP/PCN Clinical Director)

**South Tyneside:**  
Chair: Sarah Golightly  
(commissioning)

# Community Mental Health Transformation:

Strategic objective from the CNTW Annual Plan:

Improve community mental health services for adults and older people

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Deliver the ambitions of the Primary Care strategy (incl. ARR)s

Share learning and understand local variation across 7 place-based programmes of improvement

Meet access and waiting time standards, whilst delivering safe, effective, evidence-based care

Move away from CPA by developing co-produced personalised care and support plans

Wider workstreams :

- *Dedicated focus: PD, Perinatal, Eating Disorders, EIP, IPS, Addictions, SMI physical health, SMI community rehab including AOT*
- *Review step up/step down and improving the interface between community/ crisis/inpatients*
- *Clozapine titration in the community*