



Welcome to our Annual General and Members Meeting 18 July 2018

- Please help yourself to refreshments in the Riverside Suite
- Come and visit our information stands and enter our competition to win a £25 voucher
- Have a chat with our Staff and your Governors
- Photographs will be taken. Please see a member of staff if you are concerned about your picture being taken
- Why not follow our proceedings and tweet your thoughts and views **@TEWV #TEWVAGM**



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Welcome by

Mrs Lesley Bessant

Chairman

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Mental Health



A mental health workforce for the future

Andy Bell, 18 July 2018

@Andy__Bell__ @CentreforMH

A priority for policymakers...

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- ❑ Growing media interest
- ❑ Consistent anti-stigma campaigns and narratives from lived experience
- ❑ Clear business case for action
- ❑ Evident imbalance in spending and services
- ❑ Concerns about equality
- ❑ 'Burning injustices'

Current plans

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- *Five Year Forward View for Mental Health:*
 - 58 recommendations
 - £1bn extra spending by 2020/21
 - 19,000 extra staff in mental health services
- *Future in Mind:*
 - Local Transformation Plans
 - £1.25bn over five years

More to come (soon)

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- ❑ Mental Health Act Review
- ❑ Farmer/Stevenson report
- ❑ Long-term funding plan for the NHS
- ❑ Social care reform
- ❑ Schools and mental health plans
- ❑ Employment and social security
- ❑ Criminal justice reform

The future of the mental health workforce

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- Current workforce
- Policy direction
- Consultation events in
 - Birmingham
 - Bradford
 - London
 - Middlesbrough
 - Nottingham
 - Surrey



Recruitment and retention

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- ❑ Hard to recruit into nursing and psychiatry
- ❑ Psychology and counselling courses popular but limited career opportunities outside IAPT
- ❑ High attrition & sickness absence rates in mental health nursing, especially inpatient
- ❑ Loss of some psychiatry specialties
- ❑ Opportunities with new roles (eg nurse and physician associates)

Primary care

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- ❑ Increasingly important setting for mental health support yet many GPs lack mental health expertise and training
- ❑ Potential to create new services, roles and career opportunities alongside IAPT
- ❑ Key role for mental health professionals in educating and supporting other workers

Social care

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- ❑ Mental health social work has critical role, especially in relation to Mental Health Act
- ❑ But mental health increasingly on margins of social work
- ❑ And local partnerships with NHS fracturing as councils struggle to deliver Care Act
- ❑ Opportunity to shift focus to prevention?

Voluntary and community sector (VCS)

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- ❑ Increasing role in mental health support
- ❑ Innovative service funding short-term and insecure
- ❑ Limited opportunities for staff to move between sectors or train in VCS
- ❑ Can we create more flexible career paths in and out of VCS

The role of lived experience

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- ❑ Many trusts have coproduction to some extent, eg Recovery Colleges & Peer Support
- ❑ Need for a range of opportunities
- ❑ Peer Support requires career structure and equal status



New opportunities

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- A range of new opportunities emerging, eg:
 - Employment specialists
 - Liaison & Diversion
 - Crisis services
 - Housing and welfare rights



New skills and competencies

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- ❑ Community engagement
- ❑ Psychological interventions and formulations
- ❑ Consultancy and education
- ❑ Coproduction



Physical and mental health

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□ Reducing health gap through improved physical health support, eg:

- Smoking
- Diet and exercise
- Screening
- Health checks
- 'Social prescribing'
- Medication management and advice



Older workers

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- ❑ Most new roles (associates, apprentices, etc) at lower end of career ladder
- ❑ We need also to create new opportunities for older workers

"...it's a real shame, but if you don't make people want to stay in mental health by having a career path for them to follow, then you end up losing lots of experience..."

Making the change (1)

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- ❑ Promote mental health careers in schools and colleges
- ❑ Equip new staff to work in wide range of places and organisations
- ❑ Offer more combined training for different professional groups in new types of skill

Making the change (2)

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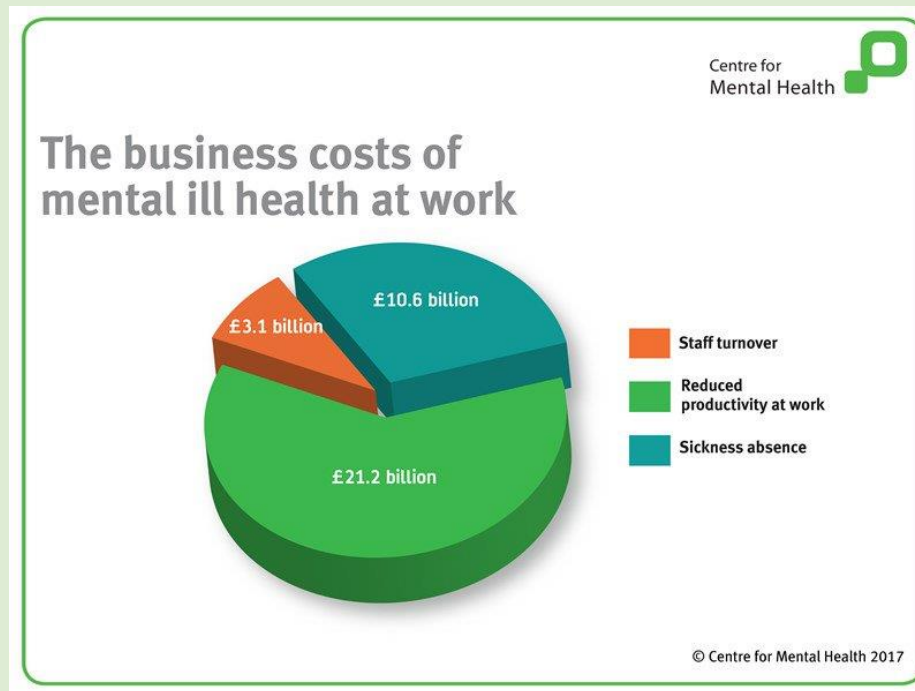
- ❑ Develop professional and voluntary opportunities for those with lived experience
- ❑ Enable people to build careers that change as they get older
- ❑ Invest in staff wellbeing: 'compassionate organisations'

Poor mental health at work

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- Cost of poor mental health £1,300 per person employed (ie £1.3bn to NHS nationwide)



What causes poor mental health at work

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- ❑ Majority of poor mental health may not be due to workplace at all
- ❑ But work can cause or exacerbate problems:
 - Bullying and harassment
 - Lack of control/inflexibility
 - Insecurity
- ❑ And for some people a period of sickness presence & then absence leads to job loss

What helps?

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- ❑ Acknowledge and talk about mental health everywhere & at all levels
- ❑ Reduce risk factors: eg low control jobs, bullying, inflexible practices
- ❑ Train line managers in mental health
- ❑ Encourage people to seek help when they might need it
- ❑ Report about it at board level

Employment support

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- Half of mental health service users want help with employment
- About half of them are receiving any (CQC annual surveys)
- Individual Placement and Support is by far the most effective approach: 50-60% get paid work from high-fidelity IPS

IPS principles

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- ❑ No exclusions
- ❑ No compulsion
- ❑ Rapid, assertive job search based on preference & ability
- ❑ Co-located with health support
- ❑ Benefits advice
- ❑ Time unlimited support in work

Current and future provision of IPS

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- ❑ Estimated 20,000 places each year nationwide
- ❑ NHS England funding expansion to double this by 2020/21
- ❑ Also being tested in primary care, in addiction services & with forces veterans and prison leavers

Making progress in challenging times...

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- ❑ More interest than ever in mental health: but stigma and discrimination remain
- ❑ Investment pledged but is it getting to where it's needed?
- ❑ Big plans to grow the workforce but will it keep pace with promised growth in services?
- ❑ How do we make changes for the long term when the short term is so difficult?

Can we do it?

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- ❑ Keep talking about mental health (everywhere at every level)
- ❑ Raise our expectations (for what we can achieve)
- ❑ Shift the balance of power (no more 'them and us')
- ❑ Follow the evidence and test out the boundaries
- ❑ Never lose focus on wellbeing for all

Yes, we can

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Thank you

For more information:

Email andy.bell@centreformentalhealth.org.uk

Follow @CentreforMH @Andy__Bell__

www.centreformentalhealth.org.uk



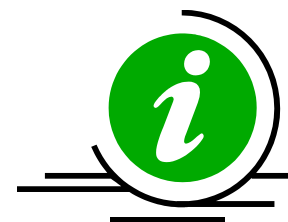
Questions

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Break time – restart at 6pm



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Welcome by

Mrs Lesley Bessant

Chairman

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Ann McCoy

Lead Governor

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Chief Executive's Report

Reflections on 2017/18 and our future plans

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***“Our overriding purpose
is to minimise the impact
that mental illness or
learning
disability has on a
person’s life.”***



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Developing excellent services

- Recovery
- Improving services



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New developments

- Improving the environment
- Partnership working



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Roseberry Park



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Our Quality Priorities – How did we do?

Priority 1 - Continue to develop and implement recovery focussed services

Priority 2 – Ensure we have safe staffing in all our services

Priority 3 – improve the clinical effectiveness and patient experience at times of transition from child to adult services

Priority 4 – Reduce the number of preventable deaths

Priority 5 – Reduce the occurrences of serious harm resulting from inpatient falls

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Our staff



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How we performed

- **What do service users say?**
 - **91% of patients reported their overall experience as excellent or good**
 - **86% of patients report that staff treated them with dignity and respect**
 - **62% of inpatients said they always feel safe on the ward**
- **Performance against targets**
 - **91% of people were seen within four weeks of referral**
 - **91% staff completed mandatory and statutory training**
 - **14% inpatients admitted out of area**



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Looking to the future

- Promoting recovery
- Improving the quality of our services
- Ensuring our services are purposeful and productive
- Supporting the whole health and social care system

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70
YEARS
OF THE NHS
1948 - 2018

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Three horizontal bars in green, red, and blue, positioned at the top of the slide.

Annual General Meeting

Financial Review

2017 - 2018

A green rounded rectangular button containing the text 'making a' in white.

making a

A red rounded rectangular button containing the text 'difference' in white.

difference

A blue rounded rectangular button containing the text 'together' in white.

together



Summary of Financial Performance

- In 2017-18 the Trust continued to build on the **strong underlying financial position** from previous years. This position allowed **new investments** in services and **improvements in quality** to take place against a background of low levels of financial risk.

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Progress against financial plans 2017/18

- Achieved the financial plan submitted to NHS Improvement. (NHSI)
- Delivered our planned Finance use of resources rating of 1 (which is the best rating possible).
- Delivered our NHSI “Control Total” which provided access to the centrally held Sustainability and Transformation Fund (STF).
- Paid Public Dividend Capital Dividends as required by the Department of Health, equivalent to 3.5% of average net assets (excluding cash balances).

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Key Financial Statements

- Against a national context of challenging NHS Finances the NHS Provider sector delivered an aggregate **deficit** of £960m.
- The Trust delivered an Income and Expenditure **deficit** of £24.4m, however this included unplanned building impairments (mainly relating to Roseberry Park) of £41.2m.
- Excluding these (non cash) impairments, the Trust achieved a **surplus** of £16.8m against a planned surplus of £8.6m, including £4.3m of STF incentive funding.

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Key Financial Statements

- The Trust was awarded £4.3m of STF incentive funding (£6.6m in total), and this additional cash will be used to support our future Capital programme.
- Excluding impairments the Trust's surplus equated to 4.8% of Turnover (page 223).
- Total Assets employed at 31 March 2018 were £139.7m which was a decrease of £33.7m from 31 March 2017 (page 224). This was mainly due to building impairments offset by the underlying Trust surplus.

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Income

- Income for the financial year 2017/18 was £350.3m which was £4.4m higher than 2016/17.
- This increase related mainly to additional clinical contract income received in year, mainly related to New Care Models (Children's and Forensics), Acute Liaison, Autism and Offender Health.
- Trust income was predominantly from contracts with Clinical Commissioning Group's, with 93.2% of total income relating to provision of clinical services.

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Expenditure

- A 1% consolidated pay award was given to employees during 2017/18.
- Employee expenditure levels increased from 2016/17 mainly due to the pay award and investment in new services (New Care Models (Children's and Forensics), Acute Liaison, Autism and Offender Health).
- Non Pay expenditure was in line with 2016/17.
- 78% of operating expenses are due to staff expenditure (excluding impairments).

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Statement of Financial Position

- The value of the Trust's Property Plant and Equipment (PPE) decreased by £41.6m due to building impairments.
- The Trust's working capital position improved to a net current asset position of £46.1m.

	£000
Current Assets	20.3
Cash	58.4
Current Liabilities	-32.6
Net Current Assets	46.1

- Cash balances increased by £0.6m to £58.4m due to the underlying surplus, offset by capital additions.

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Charitable Funds

- The Trust manages Charitable Funds on behalf of the services it provides.
- The closing balance of the Trusts Charitable funds was £0.4m. These are used for a variety of purposes e.g. Social activities for patients, equipment purchases, and environmental improvements.
- On behalf of the Resources Committee I would like to thank everybody who has raised or donated money over the last year.
- If anybody wishes to know more about accessing funds or raising money, please contact John Chapman at the Flatts Lane Centre.

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Financial Planning

- The current UK economic position and forecasts for public sector expenditure from 2018 will present significant challenges to all public sector bodies.
- The NHS is required to deliver minimum efficiency gains of 2% in 2018/19.
- Our current financial planning assumptions reflect the current environment, and we continue to work with our local Commissioners to manage finances across the local health economy.

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MANAGEMENT LETTER

Tees, Esk and Wear Valleys 
NHS Foundation Trust

18 July 2018



What I am going to cover

Our Management Letter summarises the key messages arising from our work as your external auditor.

My presentation will cover the key messages from our Management Letter, particularly:

- What we do as your external auditor.
- What we found during our work.

A copy of our Management Letter is included in the information you have been provided with today.

What we do and why we do it

Our responsibilities as the Trust's external auditor are set out in the NHS Act 2006 and the National Audit Office Code of Audit Practice and include:

- Giving an opinion on your accounts
- Reviewing evidence on your arrangements to deliver economy, efficiency and effectiveness (the 3 Es)
- Reviewing your Annual Governance Statement
- Reviewing your Annual Report
- Reporting to the National Audit Office on your consolidation schedules

We are also separately engaged to:

- Review your Quality Report and test a sample of indicators

Outcomes from our work on the Accounts and Value for Money



Another positive set of outcomes for the Trust:

- Cooperative approach to our work ensured a smooth audit process ending with an unqualified opinion
- Only a small number of errors in the draft accounts
- No evidence that proper arrangements were not in place to secure economy, efficiency and effectiveness (the 3 E's)
- Appropriate assurance provided to the NAO by the deadline

Outcomes from our work on the Quality Report



The Trust has now been preparing a Quality Report for many years and our work:

- Showed that the Quality Report was comprehensive, with no significant issues on content or consistency with the specified information
- Some scope for data quality improvements, however, the two mandated indicators, one of which after amendment, were reasonably stated

Concluding comments and questions

We have continued to provide a challenging external audit service, but once again, our audit of the Trust this year has gone smoothly and the Trust has continued to take a positive and constructive approach to our work.

We wish to thank everyone for their support and co-operation during our work.

While the Trust faces several key challenges in the current year, based upon our work to-date, we believe it remains well placed to meet these going forward.

Should you require any further information,
please do not hesitate to contact:

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Questions

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Summary

- Prize Draw
- Evaluation
- Transport

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