

consulting on our plans to be an NHS Foundation Trust

what is this document about?

Tees, Esk and Wear Valleys NHS Trust wants to become an NHS Foundation Trust (FT). This document aims to:

- Give you information about the trust and our plans for the future,
- Explain what an FT is,
- Describe how being an FT will benefit our service users, carers, staff and local people.

To become an FT we need your views on how we propose to operate in the future, and this document asks for your responses to a number of questions. Please give us your answers by:

- Filling in the questionnaire at the end of this document, putting it in an envelope and sending it back to us - you don't need a stamp,
- Visiting our website www.tewv.nhs.uk,
- Writing to us at FREEPOST TEWV,
- Emailing enquiries@tewv.nhs.uk,
- Calling us on 01642 516462.

We hope you will let us know what you think during the consultation process that starts on July 9, 2007 and ends on September 29, 2007 your views will make a difference to our future.

about us



Tees, Esk and Wear Valleys NHS Trust was formed in April 2006 to provide a range of mental health, learning disability and substance misuse services for the 1.4m people living in County Durham, the Tees Valley and North East Yorkshire. We also provide a range of specialist services to other parts of northern England.

We employ more than 5,000 staff, who work from over 100 sites as well as directly into local people's homes, and we spend over £200m a year on providing our services.

our vision

The wellbeing of people who need our services, and of the wider health and social care community, depends on our trust being excellent in:

- Playing our part in creating a complete system of care based on the needs of individuals
- Providing high quality specialist services in partnership with other agencies
- Developing an engaged, modern and confident workforce
- Attracting, investing and managing resources to make the biggest difference.

In achieving our vision for the future we have four key aims:

- Delivery of high quality specialist care and treatment
- Specialist liaison across the health and social care system
- Working towards a complete system of care
- Listening to and learning from service users and carers.

our values

Our vision is underpinned by our values and in determining those values we asked ourselves an important question:

"What do our service users want from us?"

The answer to these questions can be summarised by six words that describe our core values:

Respect

We listen to and value everyone's views.

We are professional but not precious, working in partnership with people from other disciplines and organisations.

Safety

We do everything we can to make our services as safe as possible.

We make sure we learn lessons from what goes wrong and what goes right. When things go wrong we look for the root causes and not scapegoats.

Equality

We tailor our approach to individuals to meet their culture, background and preferences.

We want the same for our service users and carers as we want ourselves, to be a valued part of society.

Honesty

We work in an open, honest and fair way.

Our decisions are transparent and we communicate clearly.

Efficiency

We provide care that is both clinically and cost effective.

We will reduce waste and increase efficient use of our resources.

Empowerment

We welcome change and devolved responsibility through diversity and leadership.

We empower our service users, carers and staff to take a full and active part in developing our services and the organisation.

our plans for the future

To achieve our vision for the future each of our services are working on development plans for the next five years and there are some common themes. These include:

- Putting our service users and their families at the heart of all we do,
- A strong commitment to working in partnership with a range of organisations to develop services that meet local needs,
- Moving services closer to people by relying less on inpatient services and putting greater emphasis on developing specialist community services,
- Building on the specialist skills and expertise of our staff.

Our services have already begun to develop and change to reflect those themes. The new West Park Hospital at Darlington, new units in Hartlepool and Stockton, and the planned Lanchester Road Hospital in Durham and the Ad>ance development to replace St. Luke's Hospital in Middlesbrough, are making significant improvements to the environments in which we provide many of our services.

These new buildings have also created opportunities to enhance our community based services and to adopt new ways of working to further improve the services we provide.

In developing future plans for our services we want to build on what we have achieved so far and respond to the changing national and local health and social care environment in which we work.

Adult mental health services

The creation of the trust highlighted the different ways services had developed across County
Durham, the Tees Valley and North East Yorkshire.
We will review all our services to ensure that they are providing the same high standards of care across the whole area, and we will work with commissioners to develop services where there are currently gaps.

In the future we believe commissioners may decide other organisations will be better placed to provide some of the service we currently provide, including social day services and continuing care inpatient services. We will support other organisations in developing these services, and complement this change by focusing on using our skills and expertise to expand the range of specialist assessment and treatment services we provide to people with severe mental health problems.

Learning disability services

Our five year plans aim to work with our partners, increase support for people with complex needs and open doors for them to mainstream services. To do this we will review what we currently provide and, in line with national policy, develop more specialist community support for people with complex needs to help them live in their own homes with assistance from independent sector organisations. We will support these organisations to develop their expertise and skills in residential, day and short term care.

Forensic mental health and learning disability services

The Ad>ance modernisation programme, that will see the replacement of St. Luke's Hospital in Middlesbrough, will result in the development of a broader base of specialist inpatient services. We also want to work with commissioners to further develop our community services across the trust area.

Older people's mental health services

With the ageing population set to double by 2020 it's important that we respond positively to this demographic change and ensure we are able to

provide the specialist care more people will need in the future. We will work with commissioners to develop our community services to give people intensive support seven days a week and focus on developing specialist services for people with complex needs or challenging behaviour.

Children and young people

In line with national guidelines we aim to develop more early intervention services and support for parents, as well as comprehensive child and adolescent mental health services working across the whole trust area. We will work with commissioners to expand our specialist services, particularly autistic spectrum and eating disorder services, to ensure the same high standards of care are available to people across County Durham, the Tees Valley and North East Yorkshire.

Substance misuse service

We will work with our commissioners and partners to develop services to meet local needs, and particularly to address the growing demand for alcohol misuse treatment. We aim to develop more specialist support and interventions around harm minimisation and improve services to prisons in our area.



why do we want to be an foundation trust?

It's Government policy that all NHS trusts which achieve certain standards for the quality of their services and use of resources should become FTs - and we have achieved those standards.

But we also believe that becoming an FT will help us to achieve our vision and aims for the future in two main ways:

- Building on and improving positive relationships with our service users, carers, staff, partners and local people through the development of a membership base that is representative of the area we serve,
- Strengthening internal processes and systems our governance and assurance systems - to meet the challenges of providing modern health services.

what is a foundation trust?

NHS Foundation Trusts are public benefit corporations operating like mutual organisations, such as the Co-operative supermarket or some building societies. They are still part of the NHS, subject to NHS inspections, standards and performance ratings and operating in line with the NHS principles of free care, based on need and not the ability to pay.

However, as an FT we would be free from direct Department of Health control. The organisation would be run locally with local people as members, and so having a greater say in how local services are developed, and with greater freedom to generate income and borrow money to invest in local services.

FTs invite local people to become members who elect governors to represent them on a Council of Governors. They sit alongside people who represent partner organisations such as local councils, universities, other NHS trusts and voluntary agencies.

The Council of Governors works with the Board of Directors to influence how services are developed and provided in the future. The diagram on page 14 shows how the membership, Council of Governors and Board of Directors will work.

the benefits of being a foundation trust

We want to become an FT because we believe it will help us to achieve our vision for the future of our services.

Some of the main benefits of FT status are:

- Greater accountability to local people who can become members and governors,
- More flexibility to address local needs and improve services,
- The ability to improve partnerships and provide more opportunities to work together to improve local services,

- Freedom to generate and retain financial surpluses, and to decide how that money should be invested in local services,
- The ability to borrow within agreed limits to invest in new services and facilities.



how foundation trusts operate

Monitor, the independent regulator of FTs, decides which trusts can become FTs and monitors their performance once they achieve FT status.

As an FT we would no longer be accountable to the Department of Health, but instead to our local communities. This will mean that in the future we will have new ways of operating or governance arrangements. Each FT is required to have three main components:

- A membership all FTs must establish, maintain and develop an active membership base drawn from service users, carers, staff and the population the trust serves. Members elect representatives to act as Governors on their behalf.
- Council of Governors made up of elected governors chosen by the membership and appointed governors representing partner

organisations, such as local authorities, and other NHS trusts. They represent the interests of the members and partner organisations, and hold the Board of Directors to account for the running of the organisation.

 Board of Directors - made up of executive and non-executive directors responsible for the strategic leadership and day-to-day running of the trust.

Each FT has some freedom to decide how it structures these three components, and in this consultation document we are seeking your views on our proposed arrangements.

Your views will help us to shape our future governance arrangements that will be set out in a legal constitution as part of our application to become an FT.



membership

We are committed to involving service users, carers and staff in planning and developing our services. Becoming an FT will give us another new way of involving local people in what we do.

By joining us as a member you can decide how little or how much you want to be involved, from just signing up to our anti-stigma campaign to standing for election as a governor.

However you are involved you will be making a positive contribution to the development of local services for your local area.

Being a member will not give you preferential treatment - that will continue to be provided to people free, based on their individual needs.

We will establish a membership that properly represents the communities we serve and we will make sure that everyone has an equal opportunity to contribute. We will monitor how well we do this and look for ways to recruit members from any under represented groups or areas of the trust.

We propose that membership will be open to anyone over the age of 14, but as an organisation that provides child and adolescent mental health services we will continue to look for ways to engage children of all ages.

We provide services for many people who feel excluded from society because of their health problems or the stigma attached to them, so we want our membership to be as inclusive as possible. We will ask all members to sign up to an agreed code of conduct.

Members are grouped into constituencies and we propose having two elected categories of membership - public and staff. People can only be members of one constituency at a time.

Public

We want to reduce the stigma attached to the services we provide, and the people we support, so we propose not to isolate our service users and carers into separate membership categories.

We want to integrate them into our public membership. Mental health problems can affect anyone and we don't want to differentiate between people who already use our services and those who may need our support in the future.

So we propose that our public constituency is open to anyone aged 14 or over who lives in the area we serve. An alternative would be to have separate constituencies for service users and carers.

Members will be grouped depending on where they live eg Durham, North East Yorkshire, or Middlesbrough. Our proposal is for seven public constituencies. Each constituency would be represented by governors on the Council of Governors, with one governor per 50,000 of population. See the diagram on page 14 for more detail.

Staff

We want our staff to be fully involved in our FT and to influence how our services develop in the future.

Our staff are committed to providing the best possible mental health, learning disability and substance misuse services, and have a vested interest in the future development of those services. So we propose that all staff automatically become members.

They will have the right to opt out if they do not want to be members, and that choice would in no way affect their ongoing employment with the trust. If they choose to opt out of the staff constituency they could still be members of the public constituency if they live in the area the trust serves.

We also propose that this constituency includes staff who although not directly employed by the trust work closely with us and make a significant contribution to our services. This includes social care staff working in integrated teams and external contractors such as some catering and cleaning staff.

Our proposal is to sub-divide the staff constituency into eight groups or classes, and each class would elect representatives to sit on the Council of Governors.

Questions

Do you agree with the age limit for membership?

Do you agree with the proposed membership categories?

Do you agree with the integration of service users and carers into the public constituency to promote inclusion and tackle stigma?

Do you agree that staff should opt out rather than opt in?

Do you agree with the proposed categories for staff membership?

There is space for you to give us your views on these questions and others on the Freepost form on page 16

council of governors

To ensure a wide representation we propose a total of 54 governors. Due to this number we are suggesting that we have a Council of Governors rather than a Board of Governors as we believe that the title Council of Governors better reflects the wide representation of organisations and groups that will make up the body.

The role of the Council of Governors is:

- Guardianship making sure the trust complies with the terms of its authorisation by Monitor, the independent FT regulator, and that corporate objectives are met,
- Advisory acting as a channel for the flow of information to and from the membership,
- Strategic advising on the future strategic direction of the trust.

Our Council of Governors will be made up of elected representatives of the members, and people appointed by our local partner organisations.

Governors are not responsible for the day to day running of the trust, but they will, in the first year approve the trust's chairman and non-executive directors, and in subsequent years appoint people to these important posts.

We suggest that our Council of Governors includes:

Elected governors

28 Public governors:

- 10 County Durham
- 2 Darlington
- 2 Hartlepool
- 4 Stockton
- 3 Middlesbrough
- 3 Redcar & Cleveland
- 4 North East Yorkshire

We propose that the number of public places available for election is in line with the population size of each area, with one governor for every 50,000 people.

Nine staff governors, one for each class of the following classes:

- Older people's mental health services
- Children and young people's services
- Learning disability services
- Forensic services
- Corporate support services
- Medical staff
- Nursing staff

And two governors for adult mental health and substance misuse services as people employed in adult mental health services make up the largest proportion of our workforce.

Public and staff places on the Council of Governors will be filled by an election process where all members will vote for their preferred representative. Elections will be by secret ballot and will be run by an independent organisation. Elected governors will usually be appointed for a term of up to three years.

Non-elected governors

We propose 17 governors are appointed by the following key partners:

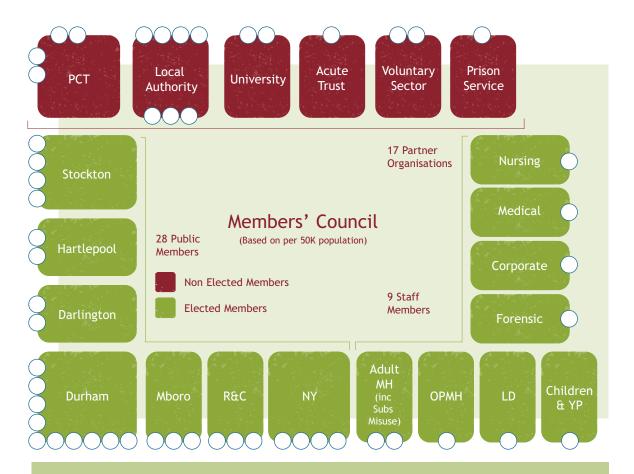
- County Durham Primary Care Trust (PCT) and Darlington PCT
- PCTs from across Teesside
- North Yorkshire and York PCT
- North East Mental Health and Learning Disability Commissioning Directorate
- Durham County Council
- Darlington Borough Council
- Hartlepool Borough Council
- Stockton Borough Council
- Middlesbrough Borough Council
- Redcar & Cleveland Borough Council

- North Yorkshire County Council
- University of Teesside
- Durham University
- Local acute NHS trusts
- Local prisons
- The local voluntary sector.

We want to encourage people from all the communities we serve to be involved in the trust as a member or governor, but there are some legal restrictions.

Although we are proposing people 14 years and over could be members, legally to be elected as a governor you must be at least 16 years old. Also you are not eligible for election if you have been declared bankrupt or received a prison sentence of three months or more in the past five years.

Members and governors are not paid, but as a governor you would be entitled to receive expenses in connection with attending meetings in line with your duties as a governor.



Questions

Do you think we should have a Council rather than a Board of Governors?

Do you agree with the proposed structure for the Council of Governors?

Do you agree with the proposed number of public, staff and partner members on the Council of Governors?

Do you think there are other key partner organisations that should be represented on the Council of Governors?

There is space for you to give us your views on these questions and others on the Freepost form on page 16

board of directors

The Board of Directors will be responsible for setting the future strategy of the trust and ensuring we deliver on our objectives.

As a minimum an FT is required to have the following executive directors:

- Chief Executive
- Finance

- Medical
- Nursing

We propose that the Board of Director will include executive and non executive directors, with the majority made up of non-executive directors.

your views

This is your opportunity to tell us what you think about our proposals and help shape our application to become an FT.

Throughout the consultation period - July 9, 2007 to September 29, 2007 - we will be out and about across County Durham, the Tees Valley and North East Yorkshire attending community events and meetings which we will advertise on our website - www.tewv.nhs.uk and in the local media.

We will talk to our staff and partner organisations, including service user, carer and community groups.

We'd also like to come along to a meeting of your organisation or group to talk about our plans - to invite us email enquiries@tewv.nhs.uk, call 01642 516462, or write to the FT team at FREEPOST TEWV.

Throughout this document we have asked what you think of our proposals, complete the questionnaire and send it back to us by 5pm on Sept 29, 2007 - you don't need a stamp. We will carefully consider all feedback and your views will help to shape how the trust operates in the future.

consultation form

Do you agree with the age limit for membership?	Yes	No
Do you agree with the proposed membership categories?	Yes	No
Do you agree with the integration of service users and carers into the pub	lic consti	tuency
to promote inclusion and tackle stigma?	Yes	No
Do you agree that staff should opt out rather than opt in?	Yes	No
Do you agree with the proposed categories for staff membership?	Yes	No
Do you think we should have a Council rather than a Board of Governors?	Yes	No
Do you agree with the proposed structure for the Council of Covernors?	V	χ ₁₋
Do you agree with the proposed structure for the Council of Governors?	Yes	No
Do you agree with the proposed number of public and staff members on the		
Governors?	Yes	No
Do you think there are other key partner organisations that should be rep	resented	on the
Council of Governors?	Yes	No

Complete this form, put it in an envelope and send it to FREEPOST TEWV by Sept 29, 2007

Please use this space to give us your comments, ideas or suggestions about our FT proposals and plans
for the trust's future.

membership application form

We want you to be a member of our trust whether it's signing up to our anti-stigma
campaign or standing to be a governor - you
decide how much or how little you want to be

involved. It's free to join and by being a member you will help make a positive difference to local health services. Complete this form, put in an envelope and send it to FREEPOST TEWV

your details

Any information you give here will be treated confidentially and used only for the purpose of providing you with information and updates about

the trust. All information will be held in accordance with the Data Protection Act 1998.

Name:	
Address:	
Postcode:	
Telephone no:	
Email:	
Gender:	
Date of birth:	
Signature:	

about you

We want to involve all the communities we serve and to recruit a wide range of members from the people who use our services, their carers, our

partners and local people. Please answer the following questions to help us ensure we reach all sections of our local communities:

Do you live in the area covered by the trust ie County Durham, the Tees Valle	ey and Nortl	n East
Yorkshire?	Yes	No
Have you used local montal health, learning disability or substance misuse so	ruicos in th	o last
Have you used local mental health, learning disability or substance misuse se five years?	Yes	No
Do you care for someone who has used local mental health, learning disabilit	y or substar	nce
misuse services in the last five years?	Yes	No
	/ / .	
Are you currently employed by the trust?	Yes	No
Are you currently employed by an organisation that works with the trust?	Yes	No
If yes, please tell us which organisation	/ ' /:	

Please tell us more about you so we can monitor how well we are recruiting members that represent all the communities we serve

As a member would you like to: British British Attend meetings or events Consider standing as a Governor Black or Black British Caribbean African Any other black background As a member would you like to: Receive regular information Attend meetings or events Consider standing as a Governor Do you have a special interest in: Adult mental health services Older people's mental health services Children and young people's services Learning disability services Forensic services Indian Substance misuse services Service user, carer and public involvement Anti-stigma initiatives. How would you prefer us to contact you: Mixed Bangladeshi Any other Asian background How would you prefer us to contact you:
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If you'd like this document in large print or braille contact the Patient Liaison Service on 08000 520219 هذه المعلوماتِ يُمْكِنُ أَنْ تُترجمَ إلى اللغاتِ الأخرى. إذا تَتَطلَبُ هذا رجاءً إسالوا أحد أعضاء الموظفين للإنَّصال بقسم الإتصالات على هذا ألرقم (٢١٩،٠٥٢٠)

这资料可以译成多种文字。如您需要,请要求工作人员拨0800 052 0219与病人联络部联系。

Pour une traduction de ce document en d'autres langues, veuillez contacter le Service de Liaison avec les Patients au. 9800.052 0219.

कड़ि। ०१-०० ०६८ ०८३१ पख़िंड दिशुण्याम्य कर्डंड फिल्मामास कल्लम्बोद्धः उपात्तम् किरियन् स्परितंत्रम् स्टबाल्ट्रसम् ज्या- जात्रमञ्ज केरियन्य क्रंग ज्यापि अंग्रेडर्डे अंकर्स्य ४५ महेक्यपृ ज्यांड लामाहि जार्नम् क्रंग द्याटि व्यक्षि

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اس الفار میشن کا ترجمہ دو سری زبانوں میں بھی کیا جا سکتا ہے۔ آپکی زبان میں معلومات کیلئے آپ کسی سناف مجرے پیکشنٹ کیٹین ڈیپار ٹینٹ سے ٹیلیفون نمبر۔ 0219 052 0800 پر رابطہ کیلئے فرمائش کیجیئے

Ky informacion mund të përkthehet në gjuhë të tjera. Nëse ju kërkoni këtë ju lutemi pyeteni një anëtar të stafit të kontaktojë me departamentin e ndërlidhjes së pacientave (Patient Liaison Departament) në numërin 0800 052 0219.

क्षा भारिती जीमु लाषाभीकां भाग शहै छै. को नीजवान भादे भारितानी इसीने केटह नेज्यकोंने पेशाय सीकोजीन डिपार्डमेस्टले ०८०० व्यर ०२१६ यर अंगर्ड इस्या विकास हरो.

