



Department
of Health

Northumberland, Tyne & Wear and North Durham STP Estates Workbook

21 October 2016 Submission

For Discussion Purposes Only

STP Estates Workbook - Contents

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STP Estates Workbook - Disclaimer

- The options set out in this document are for discussion purposes. The involved NHS bodies understand and will comply with their statutory obligations when seeking to make decisions over estate strategies which impact on the provision of care to patients and the public. The options set out do not represent a commitment to any particular course of action on the part of the organisations involved.
- In respect of any request for disclosure under the FoIA: This is a confidential document for discussion purposes and any application for disclosure under the Freedom of Information Act 2000 should be considered against the potential exemptions contained in s.22 (Information intended for future publication), s.36 (Prejudice to effective conduct of public affairs) and s.43 (Commercial Interests). Prior to any disclosure under the FoIA the parties should discuss the potential impact of releasing such information as is requested.

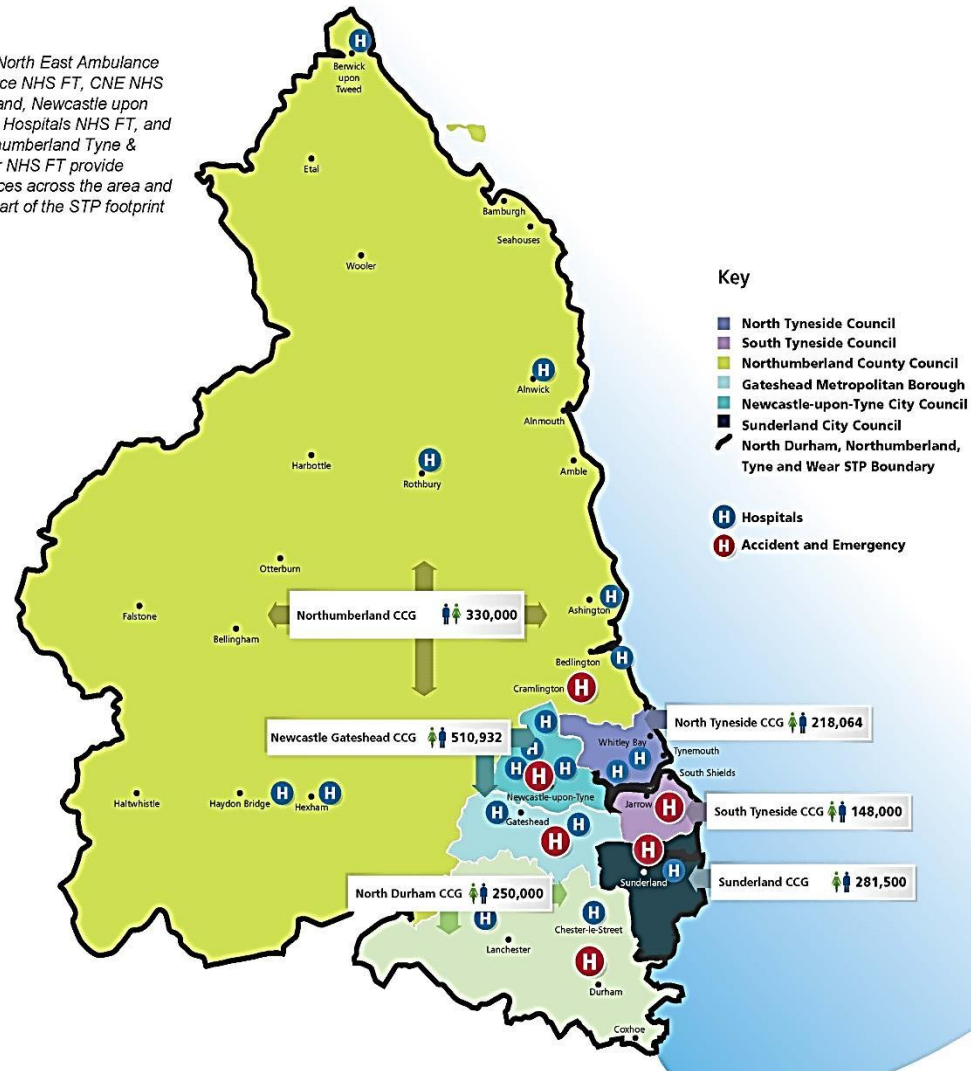
The STP Area

The Northumberland Tyne and Wear and North Durham (NTWWD) STP footprint is a new collaboration covering a total population of 1.7 million residents across three Local Health Economies (LHEs):

- Newcastle Gateshead
- Northumberland and North Tyneside
- South Tyneside, Sunderland and North Durham

It forms the northern half of the North east Region with the Durham, Darlington and Tees STP area in the South.

The North East Ambulance Service NHS FT, CNE NHS England, Newcastle upon Tyne Hospitals NHS FT, and Northumberland Tyne & Wear NHS FT provide services across the area and are part of the STP footprint



STP Overview

The Northumberland, Tyne and Wear and North Durham STP footprint, is largely coterminous with the North East Combined Authority (NECA) area. The area has strong health and care services and has experienced the fastest increase in life expectancy of any region of the UK. But the health and wellbeing gap compared to the rest of the UK and health inequalities within the region remain stubbornly high. Poor population health leads to overuse of intensive health services and pressures on primary and social care, resulting in a system over-focused on the treatment of ill health at the expense of preventing it. It also reduces productivity and hampers economic growth, entrenching income inequalities which contribute to poor health.

We are building on a long history of partnership working and through that collaboration the results have been positive and greater than any individual organisation could have achieved alone. As a footprint, NHS and Local Authority organisations in Northumberland Tyne and Wear and North Durham (NTWND) have come together to work in collaboration on closing the three gaps of health and wellbeing, care and quality and financial sustainability. We do so working at scale across the STP footprint and as distinct Local Health Economy (LHE) Areas: Northumberland and North Tyneside, Newcastle and Gateshead, South Tyneside, Sunderland and North Durham.

Our STP is built upon established programmes of work within each of our Local Health Economies as well as additional new proposals for transformation over the next 5 years with common priorities being delivered at an STP level. The NTWND health and social care system is one of the strongest in England. We have some of the highest performing providers in the country (consistently delivering NHS Constitutional Standards) and we have 6 Five Year Forward View 'Vanguard' and pioneer programmes. Through the implementation of our programmes of work at all levels, our STP indicates how we propose to deliver financial stability.

Looking forward to 2021, by doing nothing we will see the current gaps in our Health and Wellbeing and Care and Quality outcomes against the rest of the country widen. Our local NHS financial gap coupled with that of our local authorities' financial constraints, if left unaddressed, will cause a decline in our local services resulting in an unsustainable health and care system.

On that basis, our STP plan will focus on a number of key **Transformational Areas** that will:

- **Scale up Prevention, Health and Wellbeing** to improve the health and wellbeing of our public and patients utilising an industrialised approach designed by the Directors of Public Health from each of the local authorities.
- Improve the quality and experience of care through **Out of Hospital Collaboration** and **the Optimal Use of the Acute Sector** by:
 - Scaling up of the New Care Models from our Vanguards and development of a resilient and robust primary care sector.
 - Ongoing acute service changes underway in our LHEs. For example, the ACO in Northumberland and opening of a new hospital in Northumberland, NSECC, and more recently, South Tyneside FT and Sunderland FT coming together to be managed under a single management team. Further speciality level review is underway to meet the emerging challenges around workforce pressures required to deliver clinical standards within a 7-day service.
- Close the financial gap, which by 2021, if we did nothing to resolve the situation would be, £641million.

While our financial sustainability is based upon a modelling of the NHS budgetary gaps, it should be noted that work continues with our local authority colleagues to understand and reflect the continuing expected impact of austerity and the specific impacts on the NHS.

Northumberland Tyne and Wear and North Durham – Plan on a Page

“A place-based system ensuring that Northumberland, Tyne and Wear and North Durham is the best place for health and social care”

STP Transformation Areas

STP Delivery Areas

LHEs

Collaboration/ NCM

Cross cutting themes

Closing the financial gap



Scaling up prevention, health and well being to improve the physical and mental health of our population and reduce inequity

- Ensuring every child has the best start in life
- Reduce the prevalence of smoking and obesity and reduce the impact of alcohol
- Radical upgrade in our approach to ill health prevention and secondary prevention

Northumberland and North Tyneside

- NSECH
- PACS / ACO

Learning Disability services – TLP (Adults and Children)



Out of hospital collaboration to develop alternative service models, reduce variation and raise quality of care in community settings

- Enhance people’s ability to self care, increase their self esteem and self-efficacy
- Roll out Making Every Contact Count (MECC)
- Maximise the opportunities to integrate Health and Social Care

Newcastle Gateshead

- GHFT and NUTH collaboration
- EHCH and MCP/PACS

Cancer Alliance and Strategic Delivery



Optimal use of the acute sector to improve experience of care, achieve better outcomes and create a sustainable model

- Implementing the GPFYFV
- Improve access to high quality care
- Acute services collaboration across clinical pathways and service models
- Specialist commissioning

South Tyneside, Sunderland and North Durham

- STFT and CHSFT partnership UHND
- MCP

Mental Health 5YFV (Adults and Children)

Women (LMS and Better Births and Children’s (0-19 years))

Size of residual financial challenge by 2021



Summary Solutions

Out of hospital £89m	Acute consolidation £39m	Provider efficiencies £241m
Shared back office £31m	CCG efficiencies £105m	Prevention £18m
STF funding £65m	Specialised services £44m	Pathology £9m

Workforce

Information Technology – Great North Care Record

Estates – One Public Estate

Accountable and outcome-based systems

STP Service Strategy & Implications

Key STP Service Strategy Objectives:

Main STP service priorities needed to deliver FYFV:

1. Scaling up prevention, health and well-being to improve the physical and mental health of our population and reduce inequity.
 - Health interventions in all contacts with asset based and community centred approaches.
2. Out of Hospital Collaboration to develop alternative service models, reduce variation and raise the quality of care in community settings.
 - Develop person centred care based on need closer to home aligning health and care services.
3. Optimal use of the acute sector to reduce demand burden
 - Shape services based on need and opportunity to reduce organisational silos.

Enabling Implications for Future Estate

- Accountable Care Organisation Model in Northumberland.
- OPE opportunities for joint working with Local Authority Partners.
- Delivering 'Primary Care at Scale' through Hub model
- Delivery of the ETTF pipeline of primary care schemes.
- A Major Community Initiative is the Murton Care Village plans for North Tyneside. This combines extra care for older people with specialised supported accommodation for those with Learning Disabilities and physical disabilities.
- Consideration of the PFI Contracts Impact on Estate – The Acute Sector has a large PFI commitment.
- Transformation of Acute Hospital based services on a speciality by speciality basis
- Future GP Ownership Model

Performance Indicators: 2020/21 Success Metrics

Indicator	Current	Planned	Comments
Estate Running Costs (£/m2)	£579m pa (£429 m2)	Reduce absolute by 10% by 2020/21 (£60m) Reduce £/m2 to £386	This figure is an estimate based on proposed reductions in patient throughput and needs to be validated once further modelling is completed <i>Totals from Appendix 1 – Estates Composition</i>
Non-Clinical Space (%) (Carter Metric max 35%)	356k sq metres equivalent to 42 %	Reduce to 35% by April 2020	<i>Summary for all named acute hospital sites in ERIC 2014/15 including community hospital sites</i>
Unoccupied Floor Space (%) (Carter Metric Max 2.5%)	21k sq metres equivalent to 2 %	Reduce to 1% by April 2020	<i>Summary for all named acute hospital sites in ERIC 2014/15 including community hospital sites</i>
Functional Suitability	99% of the assets are in an acceptable condition / satisfactory performance		A high level of functional suitability noted <i>Summary for all named acute hospital sites in ERIC 2014/15 including community hospital sites</i>
Condition	9% of Occupied space pre 1948 and 9% 1948 - 1974 Back-log maintenance of £66.5m	Undertake backlog works to ensure sites are fit to deliver revised model of care	<i>Summary for all named acute hospital sites in ERIC 2014/15 including community hospital sites</i>

Summary of existing projects 1

Review of existing projects /initiatives considered to align with STP

Project / Location	CCG / Trust	Strategic Objective	Priority / Importance	Est Revenue impact £m (+/-)	Net Capital impact £M (+ receipt/ - cost)	Project Milestone	Estimated Delivery Year	STP Alignment (Y/N)
Birtley GP Practice	Newcastle Gateshead	General practice premises	High – extension to respond to rapid patient list size growth		-0.30	ETTF	2017/18	Y
Saville Medical Group – new build branch and remodel main surgeries	Newcastle Gateshead	General practice premises	High – Primary Care at Scale		-3.51	ETTF	2018/19	Y
Scotswood Hub Scheme	Newcastle Gateshead	General practice hub consolidation	High – Primary Care at Scale		-4.95	ETTF	2018/19	Y
Great Park Scheme	Newcastle Gateshead	Provision of Primary Care into New urban area	High – deliver healthcare to 30,000 residents		-3.50	ETTF	2018/19	Y
Inner West Hub Scheme	Newcastle Gateshead	General practice hub consolidation	High – Primary Care at Scale		-4.98	ETTF	2018/19	Y
Bensham Hub	Newcastle Gateshead	General practice hub consolidation	High – Primary Care at Scale		-4.65	ETTF	2018/19	Y

Summary of existing projects 2

Review of existing projects /initiatives considered to align with STP (top 10/20 projects)

Project / Location	CCG / Trust	Strategic Objective	Priority / Importance	Est Revenue impact £m (+/-)	Net Capital impact £M (+ receipt/ - cost)	Project Milestone	Estimated Delivery Year	STP Alignment (Y/N)
Cruddas Park	Newcastle Gateshead	GP & wellbeing centre	High – New models of care – holistic care		-0.65	ETTF	2017/18	Y
Benfield Park	Newcastle Gateshead	General Practice extension	Medium – Bring services Out of Hospital		-0.45	ETTF	2017/18	Y
Wallsend NHS Centre hub	North Tyneside	general practice and community hub	High – Primary Care at Scale		-4.00	ETTF	2018/19	Y
Whitley Bay Hub	North Tyneside	general practice and community hub	High – Primary Care at Scale		-4.00	ETTF	2018/19	Y
Cramlington Health Centre Hub	Northumberland	Cramlington GP and community hub	High – Primary Care at Scale		-4.75	ETTF	2017/18	Y
Berwick GP relocation	Northumberland	GP consolidation onto Berwick infirmary site	High – Estate consolidation		-1.97	ETTF	2020/21	Y

Summary of existing projects 3

Review of existing projects /initiatives considered to align with STP (top 10/20 projects)

Project / Location	CCG / Trust	Strategic Objective	Priority / Importance	Est Revenue impact £m (+/-)	Net Capital impact £M (+ receipt/ - cost)	Project Milestone	Estimated Delivery Year	STP Alignment (Y/N)
Rothbury GP relocation	Northumberland	GP practice move onto community hospital site	High – Estate consolidation		-0.60	ETTF	2019/20	Y
Union Brae GP Practice	Northumberland	GP premises	Medium		-0.38	ETTF	2017/18	Y
Village Surgery	Northumberland	GP practice extension for community services	Medium		-0.79	ETTF	2017/18	Y
Branch End GP Practice Stocksfield	Northumberland	GP premises	Medium		-0.88	ETTF	2017/18	Y
New Build Health Centre Sunderland	Sunderland	GP hub	High		-9.56	ETTF	2018/19	Y
Middle Chare GP premises	North Durham	General practice Premises	High		-3.27	ETTF	tbc	Y

Summary of existing projects 4

Review of existing projects /initiatives considered to align with STP (top 10/20 projects)

Project / Location	CCG / Trust	Strategic Objective	Priority / Importance	Est Revenue impact £m (+/-)	Net Capital impact £M (+ receipt/ - cost)	Project Milestone	Estimated Delivery Year	STP Alignment (Y/N)
Glenpark GP newbuild	Newcastle Gateshead	General practice premises	High	-0.145		NHS Revenue	2017/18	Y
Prince Consort Road Hub	Newcastle Gateshead	New build GP and colocation of Community Services	High	-0.080		NHS Revenue	2017/18	Y
Shieldfield GP branch relocation	Newcastle Gateshead	General practice premises	Medium	-0.040		NHS Revenue	2017/18	Y
Shotley Bridge Hospital	North Durham	Community Hospital re-provision	High		-17.6	NHS Capital pipeline	2020/21	Y
TVJI Site remodelling	North Tyneside	Release surplus land. Remodel services.	High		1.5	Feasibility Stage	2018/19	Y

Sustainability & Transformation Initiatives

In order of priority - new projects identified where implementation required to enable wider STP strategy (revenue savings >£1m pa)

STP initiatives	Estates Impact and Enablers	Est. Net Revenue Benefits (£m pa)	Project Status	Est. Delivery Year(s)	Gross Capital Required (£m)	Disposal receipts (£m)	Comments and Interdependencies
<p>STP Initiatives:</p> <ol style="list-style-type: none"> Scaling up prevention, health and well-being improve the physical and mental health of our population. Out of Hospital Collaboration to develop alternative service models, reduce variation and raise the quality of care in community settings. Optimal use of the acute sector to reduce demand burden 	Delivery of ETTF pipeline	tbc	Feasibility stage.	2016/17 2017/18 2018/19	53.2	tbc	Dependent on match funding from GP practices or through LIFT / PPP routes.
	Murton Care Village Concept	tbc	Feasibility stage. Funded through OPE.	2020/21	tbc	tbc	
	Confirm future property model for accountable care organisation +/- general practice	tbc	Pilot	2019/20	tbc	tbc	Detailed work required with existing property owners.

Headline Financial Impacts

Investment Pipeline summary

* Based on ERIC data Acute & Mental health trusts

** Does not include FT capital programmes

Investment requirement (strategic objective)	Estimated investment capital £m	Committed (OBC stage)	Uncommitted (Pre OBC)	Estimated timeline	Capital Proceeds £m	Gross Estate Running Cost Savings £m pa	Service savings £m pa
High risk back-log maintenance programme*	-0.2	-	-0.2	2017/18	0	0	0
Service re-configuration/ consolidation	TBD	-	-	2020/21	0	TBD	TBD
Estate subject to ETTF funding	-53.2	-	-53.2	2018/19	0	TBD	TBD
Other **	-21.9	-	-21.9	2018/19	TBC	TBD	TBC
Totals	-75.3	0	-75.3		0	TBD	TBD

Disposal Opportunities

Disposal Status	No. of sites	Land Area (Ha)	GIA (m)	Estimated disposal value £m	Timeline for disposal (year)	Estimated Housing Units	Gross Running Cost reduction £m	Cost to Achieve (where known) £m
1. Marketing ongoing	5	5.41		£2.0m	2017-19	110	TBC	TBC
2. Declared surplus / OBC approved	–	–		–	–	–	–	–
3. Feasibility Stage	5	5.8		£3.9m	2017-19	207	0.8	TBC
Totals	10	11.21		£5.9m		317	0.8	TBC

Critical Decisions

Decision Required	Significance / impact on STP strategic objectives	Owner	Action By:
Production of STP Pre-Consultation Business Case	STP Strategic Objectives set out.	Mark Adams STP Lead	Winter 2016/ 17
Public Consultation on the STP proposed service strategy	Will determine final shape of STP service strategy	STP Communications leads	Public Consultation to commence November 2016.
Refining of STP as a result of Public Consultation and adoption of STP as the NTW ND Regional Plan.	Final refinement of the STP plan and objectives	Mark Adams STP Lead	Spring 2017

Implementation priorities / Next Steps

Key next steps towards delivery

Key next step	Challenges	Resources	Indicative timeline	Comments
NHSE approval of individual ETTF schemes within overall programme.	Production of OBC's Need for additional match funding.	NHSE ETTF Capital GP Practice capital Third party capital possibly through LIFT /PPP routes.	Approvals over next 6 months. Build period until 31 March 2019.	
Completion of the OPE funded feasibility study for Murton Care Village	Integration of all partners involved in scheme.	£95k OPE funding	Completion within 12 months.	Feasibility will determine viability of scheme.
Discussion between parties over service reconfiguration on TVJI site to enable release of surplus land.	Cost of refurbishment. Different parts of NHS own different elements of overall site.	Will be funded from the anticipated gross disposal receipt of £2.5m. Reconfiguration costs estimated at circa £1m	Decision by 31 March 2017	
Consideration of how PFI Contracts Impact on the Estate	Requires specialist professional input	Identify national resources to support this review	tbc	
Accountable Care property model +/- GPs	Discussions with existing property owners	tbc	Implementation by 2018/19	

Annex: STP Estates Data Summary And Supporting Information

- **Estates Composition**
- **Summary of Transformation by Sector**
- **STP Evolving Health Care Model**
- **Overview of STP Delivery Priorities for the 3 Transformation Areas**
- **STP New Models of Care Work to Date**
- **Plan on a Page - Glossary**

Estates Composition Glossary

Notes to be read in conjunction with Estate Composition Slides:

GP Owned Estate

- GP estate is based on total number of sites including branch surgeries
- GIA data is based on 6 facet survey data where available and is not held for all sites (particularly HRW CCG)
- Tenure split by GIA is to be provided at next refresh of the data
- Back-log maintenance is based on 6 facet survey data from 2014 /15

NHSPS & CHP Estate

- All properties are noted
- Site data is limited
- Backlog data will not be available until Nov 2016

Provider Estate

- Estates composition data was taken from SHAPE
- Estates composition figures are based on principal occupancies excluding cross occupation between trusts and in NHSPS or CHP properties to avoid double counting
- Financial information is taken from ERIC 2014/15 and will require refresh once 2015/16 data is released and is based on individually reported occupations excluding Aggregate Sites
- Tenure split is based on proportion of GIA only captures the buildings we have GIA data for

Estates Composition (1 of 3)

* GP estate cost is reimbursable elements only
 ** Core sites only, excludes Aggregate and NHSPS estate
 *** Cost to remove backlog per ERIC 2014/15

Portfolio Summary

Portfolio	No. Properties	Footprint Size (Ha)	Size GIA (sqm)	Percentage Tenure split Freehold / Leasehold	Estate Running costs pa (£m) (rent, s'charge, FM)	Back-log*** Maintenance £m
GP premises	335	TBC	TBC		19	TBC
NHS PS	158	TBC	181,531	51% / 49%	34	TBC
CHP	5	TBC	74,641	0% / 100%	12	0
Provider estate**	28	147.28	880,709		370	66
Mental Health Trusts**	14	109.16	143,882		60	3
Public Health Estate						
Totals	540	256.44	1,280,763		495	69

Estates Composition (2 of 3)

High Cost Sites: Estate Running Costs

Highest Cost Sites	Footprint Size (Ha)	Size GIA (sqm)	Freehold / Leasehold	Estate Running costs pa (£m)	Back-log Maintenance £m	Cost per sqm	Current Site Strategy
Royal Victoria Infirmary	13.99	200,307		78	7	389	
Freeman Hospital	13.32	143,159		75	13	522	
UH North Durham (PFI)	7.50	57,054		32	9	562	
Sunderland Royal	11.34	123,708		26	2	207	
Queen Elizabeth II	13.56	83,114		15	6	185	

Highest Cost Locations : Backlog Maintenance

• Capital required to remove backlog

Highest Cost Sites	Footprint Size (Ha)	Size GIA (sqm)	Freehold / Leasehold	Estate Running costs pa (£m)	Back-log Maintenance £m*	Backlog Cost £ per sqm	Current Site Strategy
Freeman Hospital	13.32	143,159		75	13	91	
South Tyneside DH	14.52	45,277		12	9	204	
UH North Durham	7.50	57,054		32	9	151	
RVI	13.99	200,307		78	7	33	
North Tyneside GH	15.50	56,674		15	6	115	

Estates Composition (3 of 3)

Community PFI and LIFT Utilisation (excludes Acute Sector)

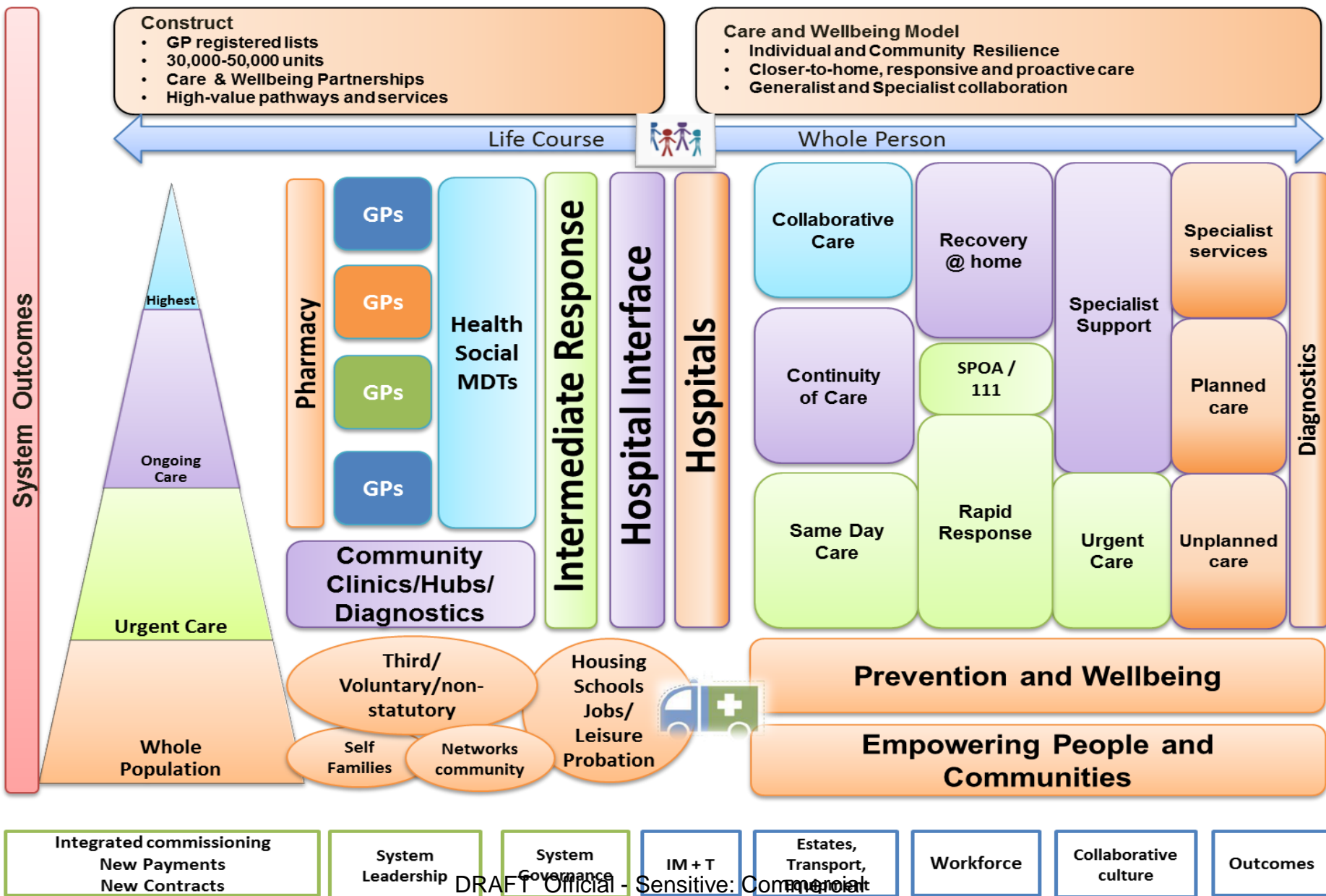
• Occupancy not utilisation

Highest Cost Sites	Footprint Size (Ha)	Size GIA (sqm)	Estimated Utilisation (%)	Estate Running costs pa (£m)	Cost per sqm (GIA)	Proposed STP Site Strategy
Cleadon Park PCC	-	7,302	-	2.8	441	Maximise
Stanley PCC	-	5,163		1.6	382	Maximise
Shiremoor LIFT		3,319		0.935	282	Maximise
Kenton Centre LIFT		3,045		0.670	220	Maximise
Walker Centre LIFT		1,923	91%	0.490	254	Maximise
Brunton Park HC		380		0.146	385	

Summary of transformation by sectors

Model	Secondary	Community	Primary	Admin
ESTATE TO REDUCE / DISPOSE	Surplus land for housing identified by Gateshead, Sunderland and Northumbria Trusts	Complete existing disposal planning at TVJI and release site	Consolidation of small scale / older premises over time into community hub arrangements	Review back office requirements across acute and community estate linked to accountable care plans
ESTATE TO INCREASE (by 2020/21)			Provide community hubs to support 'Out of Hospital' delivery	
ESTATE TO OPTIMISE	Maximise use of existing estate to support vertical integration in PACS	Community Hospital & Primary Care Centres especially PFI & LIFT properties		

NTWND STP – our evolving Health and Care Model



DRAFT Official - Sensitive: Commercial

OVERVIEW OF STP DELIVERY PRIORITIES FOR OUR 3 TRANSFORMATIONAL AREAS

Upscaling Prevention, Health and Wellbeing

- **Reduce the prevalence** of smoking and obesity, and reduce the impact of alcohol
- Support **Fresh and Balance, and a region-wide approach to obesity, NICE smoke free standards** across all NHS and local authority health and care services and contracts and Implement **a stop before your op pathway** for elective surgery,
- Radical upgrade in our approach to **ill health prevention and secondary prevention**
- Implement **hospital-based stop smoking services and alcohol brief advice**, Roll out the **diabetes prevention programme**, Develop and resource clear **exercise-based recovery, rehabilitation and maintenance** model, Increase **flu immunisation** rates across the STP, particularly ensuring high uptake in frontline health and care staff, pregnant women and high risk groups,
- Collaborate across the system to ensure the **best start in life**
- Create a network approach to support **community asset-based approaches**, including social prescribing, working closely with the third sector – for example, ensuring that exercise and community connectedness are a first line treatments for conditions such as depression and pain,
- **Collaborate with NECA partners** to support the long-term unemployed back into work
- Enhance people's **ability to self-care**, increase their independence, self-esteem and self-efficacy
- Roll out **Making Every Contact Count (MECC)** as an integral part of our workforce strategy with HENE

Out of Hospital Collaboration

- **Maximise the opportunities within each LHE to integrate Health and Social Care** - aligning with the emerging NECA Health and Social Care Commission, Better Care Fund programmes and National Network and Health and Wellbeing priorities
- **Implement the General Practice Five Year Forward View** to ensure a vibrant and sustainable sector including clustering and workforce development
- Develop optimum evidence based **pathways of care** to improve outcomes and reduce variation working alongside academic bodies (e.g. NICE), Clinical Networks and Senates. Use analytical and modelling tools such as Right Care
- **Clear tariff based prevention pathways (primary and secondary)**
- **Improving access to high quality care.** Working collaboratively across the system to support all our providers achieve CQC rating of good or outstanding. Continue to use Regional Value Based Commissioning process
- Ensure **New Care Models and Pioneers can** improve experience and quality. Formalise learning and sharing of best practice from new models of care programmes. Harness research and innovation working with AHSN.

Optimal use of the acute sector

- Work in partnership with **Specialised Commissioning** to develop whole system, change.
- Provide **Mental Health** care that is 'closer to home' and easily accessible, coordinated and supported by appropriate specialist input implemented through the MH5FV
- Implement the North East and Cumbria **Learning Disability Transformation plan** to reduce reliance on inpatient admissions and develop community support approaches whilst promoting prevention and early intervention
- Work to date has been to understand existing **hospital work programmes** in each of our LHEs and explore opportunities for STP-wide alignment across care pathways, services lines, back office sharing, pathology to improve the quality and experience of care and maintain sustainability within a future hospital system
- The newly created '**Local Maternity System**' (**LMS**) will co-ordinate and oversee a programme of work to develop this new, innovative, and transformative service model

New care models learning and sharing

- Capitalising on existing work within our STP footprint to optimise service provision

Sunderland 'All Together Better' MCP Vanguard

Description: The vision is to implement a new Out of Hospital model which will enable people to stay independent and living for longer, supported to recover from episodes of ill-health following injury, all within a resilient communities setting.

Impacts on the system: Full redesign of the Out of Hospital model will lead to Reduced non-elective admissions and readmissions; improved quality of patient experience of out of hospital care, Improve health related quality of life for people with long term conditions and reduction in years of life lost, Delayed Transfers of Care and admissions to residential care homes.

Working across boundaries: Sunderland has 2 GP federations and a city wide NHS contract for engagement avoiding the need for 51 contracts between CCG and each practice. Digital solutions to support the model are a key part of the programme and in the MCP fast follower cohort looking at new contracting approaches and organisational form for out of hospital care.

Newcastle Gateshead Enhanced Healthcare in Care Home Vanguard

Description: The vision is One Bed, One Outcome irrespective of Commissioner, provider or person and the aim is to develop a sustainable, high quality model for community beds and home based care with outcome based contract and payment system that supports the Provider Alliance Network (PAN) delivery vehicle.

Impacts on the wider system: 14.5% reduction in care home NEL activity – average length of stay (LOS) has fallen from 13.2 to 11.8 days.

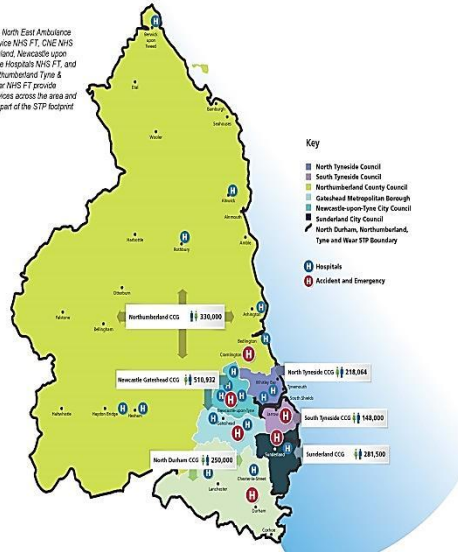
Reduction in LOS for those aged 65 and over – average LOS reduced from 7.79 days in 14/15 to 7.42 for 15/16.

Reduction in no. of patients aged 65 and over dying in hospital – trends suggest a 5.2% reduction from 14/15 to 15/16.

Reduction in Oral Nutritional Supplements prescribed – reduction in prescriptions by 17.9% (Gateshead) and 13.4% in Newcastle.

Working across boundaries: Being a vanguard enabled us to work smarter and to build relationships in the health & social care sector.

The North East Ambulance Service NHS FT, ONE NHS England, Newcastle upon Tyne Hospitals NHS FT, and Northumberland Tyne & Wear NHS FT provide services across the area and are part of the STP footprint



Northumberland PACS Vanguard

Description: The model will move care outside of hospital for primary care based services to proactively manage more complex patients.

Impacts on the wider system: 30% reduction in emergency admissions releasing £8m into the local health economy

Working across boundaries: Moving towards an ACO is underpinned by key stakeholders being committed to demonstrating system leadership to ensure services provided are in best interests of local population rather than restricted by organisational structures.

Northumbria Acute Trust Collaboration Vanguard

Description: Vision to create a high performing Foundation Group to run health organisations and provide shared services across the NHS.

Impacts on the system: Northumbria Healthcare has already operated as a group for some work, can demonstrate replicability across a range of back office services and have a well-established track record including technology, finance, procurement and payroll.

Working across boundaries: Approach focused on inclusivity to support and work with multiple trusts and can flex depending on the needs and requirements of each trust. Membership model provides options to support partnership working across NHS organisations

South Tyneside Integration Pioneer

Description: "A Better U" South Tyneside, connecting with public and staff working across health, social care and the voluntary sector, changing behaviours and culture to ensure local people control their health and wellbeing and are supported to self-care at every opportunity.

Impacts on the wider system: Improved capability, opportunity and motivation of our residents to self-care promoting independence and wellbeing; increased awareness and knowledge of self-care across our staff .

Working across boundaries: Our method for achieving this is the extension of preventative services, engaging staff across all of our services in 'change conversations' with our residents on a 'self-care offer' stimulating cultural and behavioural change across the Borough.

Plan on a page - Glossary

LHEs	Partnerships/ NCM	
Northumberland and North Tyneside	NSECH	NSECH – Northumbria Specialist Emergency Care Hospital
	PACS / ACO	PACS – Integrated Primary and Acute Care Systems ACO – Accountable Care Organisation
Newcastle Gateshead	GHFT and NUTH collaboration	GHFT – Gateshead Hospital FT
	EHCH and MCP	EHCH - Enhanced Healthcare in Care Home Vanguard MCP - Multi-speciality Community Providers
South Tyneside, Sunderland and North Durham	STFT and CHSFT partnership UHND	STFT – South Tyneside FT CHSFT – City Hospitals Sunderland FT UHND – University Hospital of North Durham
	MCP	MCP - Multi-speciality Community Providers