NTW STP short return - revised 11th May 2016

Northumberland Tyne and Wear STP footprint

Name of footprint and no: Northumberland Tyne and Wear
Region: Cumbria and the North East
Nominated lead of the footprint including organisation/function: Mark Adams, Chief Officer, NHS Newcastle Gateshead CCG
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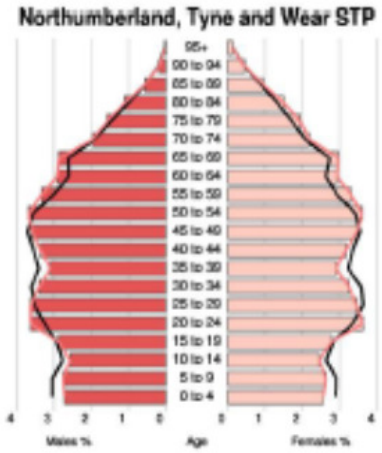
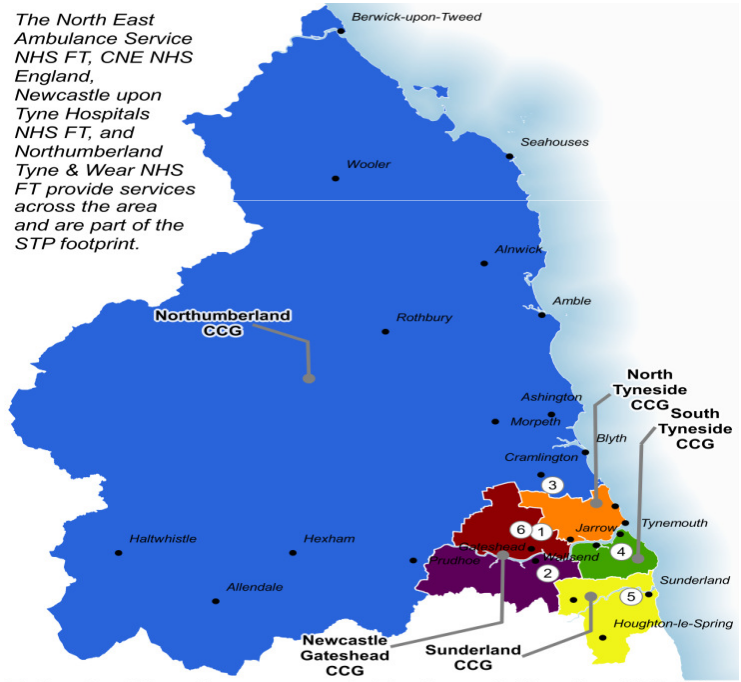
The Northumberland Tyne and Wear STP footprint is a new collaboration covering a total population of 1.5 million residents across three Local Health Economies (LHEs):

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

Organisations delivering Health and Social Care within the STP footprint are detailed on the map.

The NTW footprint has broadly similar age and sex demographic characteristics with the biggest variances occurring in Newcastle and Gateshead which has a larger 20-34 year old population and Northumberland which has a larger 50-84 year old population. Large numbers of students bring the age population down in Newcastle, with increased number of people retiring to Northumberland having the opposite effect.





Map produced Apr'16 by NECS Information Services Boundaries from ONS Settlements from OSM Used under licence

Key initial areas of transformation

Newcastle Gateshead LHE

1. Acute Hospital collaboration across clinical pathways
2. Out of hospital collaboration
    - Re design of intermediate care system
    - Mobilisation and transformation of community services
    - Extended Primary care
3. Prevention and wellbeing

Actions

- Explore and test clinical models across acute providers and develop implementation proposals
- Analyse current intermediate care system capacity and capability and develop business proposals
- Mobilisation and transformation of community services
- Continue to implement the General Practice Strategy ensuring alignment with community model of care
- Develop community led approaches to health and well being

Timeframe for delivery

- April 2017

North Tyneside Northumberland LHE

1. Development of the ACS / ACO models
2. Interaction of new model with partners across the STP footprint
3. Financial stability of the LHE footprint

Actions

- Strategic commissioning functions to be agreed
- Financial modelling and due diligence
- Capitated budget and transition arrangement
- Schemes of delegation - proportionality
- New vehicle construct – procurement options
- Business case submission and ongoing engagement

Timeframe for delivery

- April 2017

South Tyneside Sunderland LHE

1. Reconfiguration of services across the two acute providers
2. Ensuring this fits with currently developing out of hospital model of care
3. Health and wellbeing and prevention

Actions

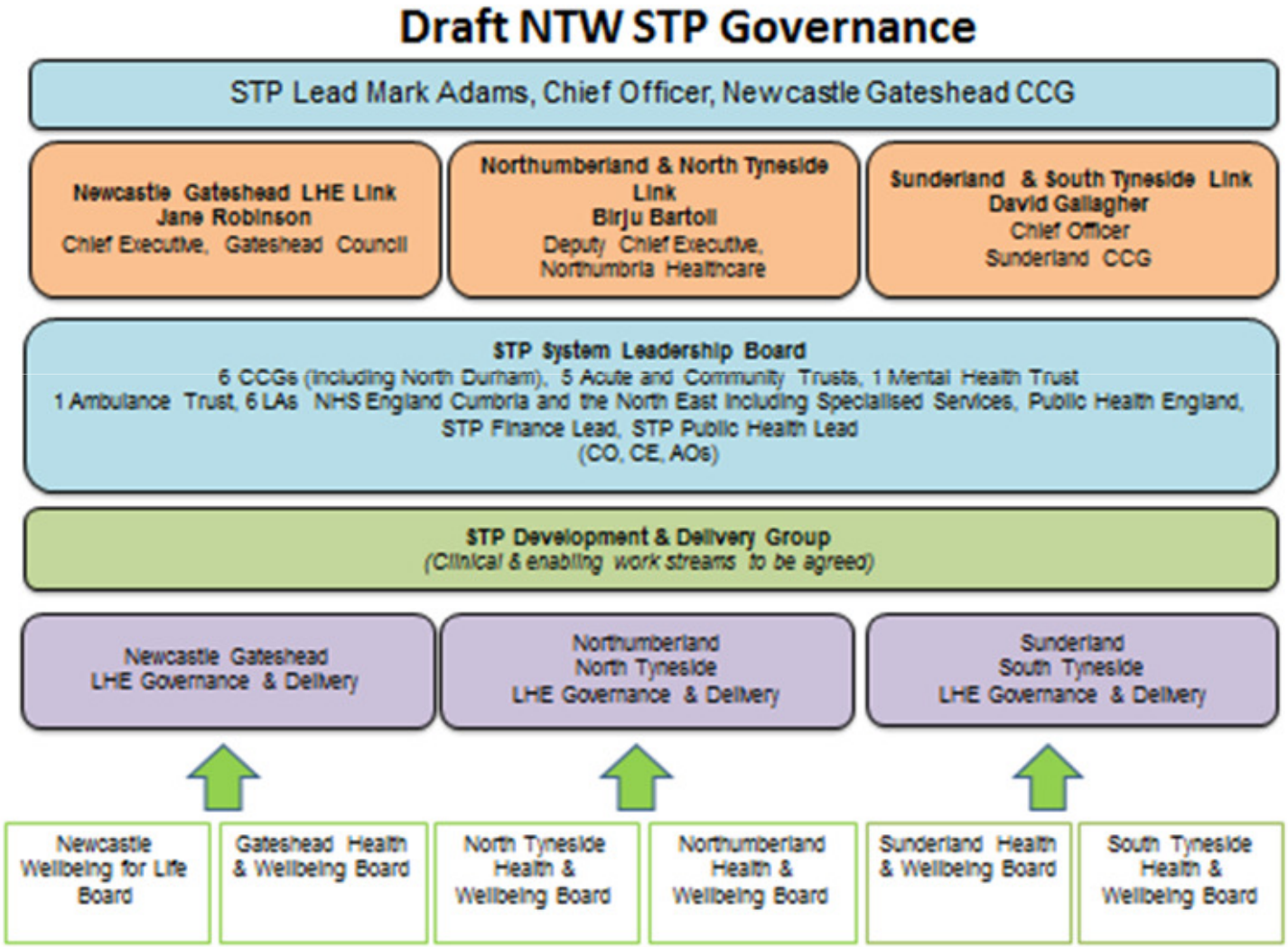
- Review “in hospital” clinical schemes
- Learn from developing out of hospital models across the LHE (MSCP Vanguard and Pioneer)
- Deliver general practice strategies
- Reduce primary care variation
- Deliver Digital Roadmap
- Right Care / Map of Medicine/ Health Pathways

Timeframe for delivery

- In hospital reconfiguration Jul 2016 – Jul 2017

Section 1: Leadership, governance & engagement

The NTW STP footprint is a new construct which will enable us to plan and work together across organisational boundaries and a larger geography, in order to maximise opportunities for closing the three gaps in each LHE. Our approach and our plan will build upon positive partnership work within each LHE.



Section 2a: Improving the health of people in our area

The gaps

1. **Higher incidence of children living in poverty (under 16s)** – NTW STP average of **22.3%** against the England average of **18.6%**
2. **High prevalence of risk factors and potentially preventable illness** – for example, average **68.3%** of adults in the NTW STP footprint area classified as obese or overweight compared to an England average of **64.6%** and with over **30%** of our 10 and 11 year olds having excess weight (overweight and obese)
3. **Excess premature mortality from Cancer, Cardiovascular and Respiratory disease** – **-3%** to **35%** variance against the England average for potential years of life lost across the NTW STP footprint
4. **A growing elderly population with age associated frailty and increasing ethnic diversity** – **8.4%** of the NTW population is over the age of 75 years compared to the England average of **7.8%**

Our aim

We will ***improve the physical and mental health*** of people across the ***life course*** and ***reduce inequity*** by prioritising positive development from early childhood, ***embedding health improvement interventions in all contacts***, and ***enabling healthier behaviours through individual support and engineering environments*** that positively promote health, wellbeing and independence. We will ***adopt asset-based and community centred approaches*** that give more ***control to the citizen***. These approaches will ***increase individual and community resilience***, support the ***prevention of ill health*** through ***earlier diagnosis, intervention and improved self management*** of illnesses.

Our collective response

We will:

- Build upon the priorities within each of our Health and Well Being Strategies and use existing approaches and new powers to ***reduce prevalence of smoking (Fresh NE), obesity and the impact of alcohol (Balance) and drug misuse*** and to develop ***person centred community led approaches*** that support people to ***live well*** and ***make positive lifestyle choices***
- Work collaboratively to ensure a ***radical upgrade in our approach to prevention,*** focusing not only on ***physical factors*** and ***emotional wellbeing*** but also on the ***wider determinants of health***.
- Focus on our ***out of hospital care system*** with ***intermediate care as an early priority*** in order to increase ***individual independence and resilience*** and to alleviate service pressure
- Collaborate across the system to ensure the ***best start in life for children e.g. use of Baby Clear as our approach to reduce incidence of maternity smoking***
- ***Enhance people's ability to self-care*** to increase their *independence, self-esteem, and improve outcomes, using the opportunities facilitated through* ***personalisation*** to ***reduce their requirement for specialist intervention***
- ***Roll out Making Every Contact Count (MECC)*** across the public and third sector workforce locally and support the NHS England Healthy Workplace initiative
- Work with ***Strategic Clinical Networks and Health Education North East*** to look at ***good practice***, ***achieve waiting times*** and ***scale up our response*** to prevention, early intervention and access to diagnostics in priority areas.
- ***Align STP and NECA Health and Social Care Commission*** priorities to ensure we are able to respond collectively to deliver prevention at pace and scale

Section 2a: Improving the health of people in our area

LHE specific actions	Newcastle Gateshead LHE	North Tyneside Northumberland LHE	South Tyneside Sunderland LHE
	• Enhance approach to ***secondary preventative lifestyle support*** extending access by 2020 to a minimum of 20,000 people per year • Develop opportunity for people to access ***social prescribing*** using learning from '***Ways to Wellness***' and other local initiatives • Work with Northumbria University to embed outcomes from the ***Health Champions and Care Navigator*** pilots • Embed an ***asset based approach*** through our '***Connected People Connected Communities programme***' • Work with Northumbria University design school using a ***proof of concept*** methodology to develop ***community led approaches to health and well being*** • Continue to ***influence environmental and housing development*** proposals and decisions to support primary prevention and positive well being • Design our approach to positive health and well being for children and young people '***Enhancing Minds, Improving Lives and Amazing Start'*** • ***Focused tobacco quits and harm reduction*** in vulnerable populations	• Provision of ***integrated health and social care prevention and early intervention*** service for children, young people aged ***0-19 years*** and their families • Development of ***community health and wellbeing hubs*** promoting a range of healthy lifestyles advice and services • Specific programmes of support for alcohol, tobacco control and healthy weight • Focus on ***mental health wellbeing and resilience for children and adults*** • Continued development of ***Healthy Place workstream*** utilising Local Plan and policy development to influence planning • Utilise ***current and new alcohol licensing powers*** to reduce alcohol related harm	• Further development of ***integrated wellbeing programmes*** support for alcohol, tobacco control and healthy weight underpinned by emotional wellbeing • Build on the ***community led approaches*** to health and wellbeing • Continued support to the ***better health at work award*** • Pioneer a '***better u work***' in South Tyneside • Continued focus on ***prevention of CVD Cancer and respiratory*** conditions • Ensuring that ***prevention and integrated wellness services*** are part of local health and care pathways

Section 2a: Improving the health of people in our area

Impact

Improved outcomes and reduced inequalities for our population in all of the following:

Lifestyle

- reduced rise in overweight and ***obesity*** in adults and children
- reduced prevalence of ***diabetes***
- extensive lifestyle management of e.g. ***hypertension, mental health, peripheral vascular disease*** in place of medical treatments
- increased per capita ***active travel***
- reduction in excess ***alcohol consumption***
- ***tobacco*** rates in adults, pregnant women and vulnerable groups will be at or lower than the national average by 2025, with narrowed gaps by 2020

Cancer / Cardiovascular disease / Respiratory disease (esp. COPD):

- accelerated ***fall in deaths*** to outpace national rates,
- significantly ***reduced burden of disease***,
- significantly ***reduced use of health and social care services***

Mental Health

- ***transformed*** service landscape
- ***reduced unwanted social isolation***
- improved ***parity of esteem***
- improved measures of ***population wellbeing, safety, ownership and satisfaction***
- ***reduced prescribing*** for lower level depression and anxiety

Musculoskeletal disorders

- accelerated ***reduction in fracture rates*** for older people;
- more people supported through a ***bio psycho social model with reduced drug reliance***

Wider determinants of health

- ***Improved employment*** opportunities
- ***Sustainable communities***
- ***Healthy workforce***

Through achievement of the above we aim to deliver the ***anticipated 11% (£71m) prevention and early intervention*** efficiency gains as outlined on slide 13

Major challenges

- ***Investing in prevention and early intervention*** across the life course whilst demand for services continues to rise.
- Achieving ***sufficient progress*** to release adequate savings.
- Delivering a ***sufficient degree of cultural change*** to support necessary progress
- Impact of ***investment in prevention isn't realised*** within life span of 5 year strategy

Section 2b: improving care and quality of services

The gaps

1. Unwarranted ***Variation*** – Cancer, Mental Health, Learning Disabilities, Maternity Services, Dementia Care, MSK, Urgent and Emergency Care, Provision of Specialised Services
2. ***Variation in quality, safety and experience*** of people using health and care services
3. ***Increasing demand*** for hospital and bed based services
4. ***Clinically sustainable services*** whilst maintaining high levels of care and quality
5. ***Capacity and resilience*** of Primary Care
6. ***Infrastructure and workforce*** required to deliver fully integrated health and care services outside of hospital
7. Availability of ***seven day services***

Our aim

Working together as ***health and care systems*** will allow us to ***build upon transformation and sustainability plans*** underway in each LHE, to ***shape services based on need and opportunity*** and to ***reduce organisational silos and barriers*** to ensure we are well placed to ***deliver personalised and high quality care.***

Our collective response

Explore and develop alternative service models that improve productivity and reduce the demand burden

We will:

Integrate Health and Social Care provision

- Maximise the opportunities within each LHE to integrate Health and Social Care - ***aligning with the emerging NECA Health and Social Care Commission, National Network and Health and Wellbeing priorities***.

Transform General Practice across the STP

- ***Develop and implement general practice strategies*** to ensure a vibrant and sustainable sector including clustering and workforce development

Redesigning urgent and emergency care through the North East UECN Vanguard

- Implementation of a ***leading edge approach to configuring urgent care services*** in line with the national blueprint

Improving access to high quality care

- Working collaboratively across the system to support all our providers to achieve ***CQC rating of good or outstanding*** by 2020
- Continue to make best use of the ***Regional Value Based Commissioning process*** (IFRs)

Transforming care for people with learning disabilities

- As an early adopter the ***North East and Cumbria Learning Disability Transformation*** plan aims to reduce reliance on inpatient admissions, developing community support approaches whilst promoting prevention and early intervention.

Transforming mental health services

- Complete the ***transformation and reconfiguration of mental health inpatient and community services*** across the STP

Develop optimum health pathways and reduce variation

- Using analytical and modelling tools such as ***Right Care*** to help identify the further opportunities for more efficient service delivery

Section 2b: improving care and quality of services

Our collective response

Ensure new models of care improve experience and quality

- Implement approaches to ***hospital collaboration*** within the LHE areas
- Work with people and partners across health and social care, voluntary sector, housing, education and employment to develop ***place based solutions***
- ***Optimise productivity and efficiency of in-hospital treatment*** across physical and mental health
- Formalise ***learning and sharing of best practice*** from new models of care programmes including the ***7 Vanguards and Pioneer sites***
- ***Harness research and innovation*** working with AHSN to address the challenges we are facing – combining regional innovation and learning
- Work in ***partnership with Specialised Commissioning*** to develop whole system, pathway led approaches to provision and commissioning of services
- We will ***adopt best practice*** from current and planned programmes of work operating at various levels including:

    - ***LHE*** – Stroke, Trauma & Injuries, Mental Health Transformation Programmes.
    - ***Regional*** – Mental Health, Local Digital Care (LDR plan), Learning Disabilities Transformation Plan, North East Urgent Care Network.
    - ***National*** – Maternity Taskforce, Cancer Task force, Dementia Strategy and Diabetes Prevention Programme.

Enablers

- Develop ***recruitment, retention and redesign workforce strategies*** in collaboration with HENE that ensure healthy and capable individuals and teams.
- ***Design and implement technology*** to assist communication and information sharing, to manage access and demand and to support self-care e.g. interoperability, MIG
- ***Deliver estate solutions*** that enable collaboration and integration of 'out of hospital' teams e.g. 'One public estate'

Section 2b: Improving care and quality of services

LHE specific actions

Newcastle Gateshead LHE	North Tyneside Northumberland LHE	South Tyneside Sunderland LHE
Acute hospital collaboration across clinical pathways • Vascular • ENT • Pathology • Diagnostics • Hyper-acute stroke • MSK • Children's services Out of hospital collaboration across health and social care • Re design of intermediate care system • Mobilisation and transformation of community services • Extended Primary care Prevention and wellbeing • Use proof of concept methodology to develop community led approaches to health and well being Mental health transformation • Deciding Together	• Acute reconfiguration complete • Accountable care system /organisations across both CCGs • Urgent care reconfiguration in line with vanguard • Strengthening Primary Care access and capacity • Development of community model – reducing reliance on beds	• One clinical model of acute care • Standardisation of care in primary care • Integrated community services • Mental health reconfiguration largely complete

Section 2b: Improving care and quality of services

Impact

Improved care, quality and experience for our population in all of the following:

- ***Reduce over reliance on bed based services*** and enable people with physical and mental health needs to remain well and independent for longer
- ***Populations care needs will be more appropriately met*** through redesign of emergency and urgent care services and increased capacity and capability in primary care
- Work as a system across all provider sectors to ***improve quality, safety and experience*** for our population
- ***Improve health outcomes and quality of life experiences*** for people with learning disabilities
- Deliver the ***NHS Constitution standards***

Through achievement of the above we aim to deliver the anticipated 53% (£343m) in provider efficiency and productivity gains as outlined on slide 13

The challenges

- ***Consolidation and alignment*** of emerging new models of care
- ***Workforce availability and transferability*** from hospital to out of hospital care settings.
- ***GP and practice nurse age profile*** in NTW has caused disequilibrium in supply and demand which may not be addressed sufficiently through national recruitment targets

Section 2c: Improving productivity and closing the local financial gap

The following financial calculations based on ***national modelling tools and assumptions*** (e.g. Right Care, Anytown, Carter review and intelligence from strategic service change including active cost management, increased productivity through workforce change, asset management, reducing clinical variation and the standardisation of pathways) have ***highlighted potential areas of opportunity*** for closing the financial gap. Further detailed analysis and modelling is underway to test these assumptions locally and to ***identify priority areas of action*** which are ***clinically robust*** and allow us to drive up quality as well as improve financial efficiency across each LHE and NTW as a whole whilst ***delivering sustainable services for our patients and public.***

System efficiency and finance challenges:

- If we 'do nothing' we will incur a £650 million gap across health by 2020, representing 23% of total NHS allocation.
- £650 million represents 40% of the total North East and Cumbria £1.7 billion financial gap by 2021*
- Work to date with Local Authorities indicates our joint health and social care financial gap could be as high as £960 million
- Joint working continues to refine these figures including with providers to confirm details of provider/commissioning gaps

NTW STP Commissioner Funding £m		
Place Based Allocation (CCG: NHSE Specialised Commissioning: NHSE Primary Care)	Estimated funding in 2019/20 £m	Estimated funding gap in 2019/20 £m
Newcastle Gateshead	963	202
North Tyneside Northumberland	1032	217
South Tyneside Sunderland	874	229
Total Health	**2869**	**648**
Total expected Health and LA gap could be as high as £960m		

*** NHS England Planning guidance 24/11/2016**

Section 2c: Improving productivity and closing the local financial gap

Our collective response

Building upon existing analysis we will continue to:

Develop robust financial models

- Qualify assumptions underpinning the productivity and financial gap analysis through ***national STP financial modelling (Deloitte)***
- Understand ***point of greatest impact to drive out inefficiencies and harness opportunities*** identified through Right Care, Anytown, Carter and New Care Models
- Work with partners (including Metrodynamics and Deloitte) to develop proposals that ***ensure value and financial sustainability***
- ***Capitation financial modelling*** with PWC
- Detail investment required to support ***closing of health and wellbeing and care and quality gaps***

Develop 'best practice' that maximises efficiencies and productivity

- Work to ensure ***delivery of opportunities arising from provider collaboration to improve quality, safety, efficiency and productivity*** (e.g. care pathways redesign, back office sharing)

Support prevention, early intervention and wellbeing to reduce hospital demand

- ***Share learning from each LHE*** on current approaches to develop community resilience, enhanced social intervention and prevention models
- ***Implement out of hospital models*** that provide wrap around care, promote independence and reduce need for acute intervention
- Identify ***actual impact of implemented programmes*** of work to understand opportunity for rapid roll out across the STP footprint as appropriate
- Identify and act upon ***opportunities to systemise our approach*** to prevent avoidable disease e.g. STP footprint approach to smoking cessation and Cancer prevention

Section 2c: Improving productivity and closing the local financial gap

Impact

Closing the gap and sustainability – based on national assumptions

- ***53% (£343m) provider efficiency and productivity*** gains through allocative efficiencies including Carter
- ***17% (£110m) efficiency from pathway service innovation*** and reducing variation (Right Care)
- ***19% (£123m) efficiency from strategic service change*** (new models of care)
- ***11% (£71m) from the impact of prevention and early intervention*** strategies (Anytown)

Challenges

- Ensuring we have ***system wide grip and action within each LHE and collectively across the STP*** where it is appropriate to close the financial gaps
- ***Managing inherent risks*** in the various financial modelling assumptions and understand how we can qualify best practice and isolate cause and effect
- ***Managing the time lag*** between cause and effect as we shift from management of illness to prevention and early intervention
- ***Pump priming requirements*** to develop new models of care

Section 3: Emerging priorities

We have begun to quantify the size of the challenge and qualify the change requirements and opportunities. It is expected that the STP leadership will ensure delivery of our collective actions and work with LHE leaders to align local plans to support delivery of our outcome ambitions.

Priority areas where we expect to **focus our collective STP effort** include:

1. Development of ***Collaborative Care Systems*** to ensure the delivery of sustainable health and care in each of the three LHE areas
2. Alignment with ***NECA Health and Social Care Commission*** proposals - to improve population health through ***Prevention and Early Intervention*** programmes and scaling existing approaches that are working
3. Implementation of ***Needs and Assets Based Out of Hospital Models*** – that support individuals and community resilience helping to reduce the need for health and social care support and acute intervention. Exploring opportunities for alignment of models where appropriate to maximise opportunity to improve outcomes for people across the STP (***focus on out of hospital and intermediate care is an immediate priority***)
4. Development and implementation of ***Primary Care / General Practice*** sustainability strategies – to ensure Primary Care is able to actively contribute to the out of hospital model
5. Continue to identify opportunities for ***Acute Collaboration*** – to improve quality, safety and experience for people and productivity and efficiency across the system

Section 3: Emerging priorities

Collectively we will focus on the **key enablers** to support our emerging priorities:

- **Workforce -** Develop an STP workforce strategy that promotes recruitment, retention, role development and the health and wellbeing of staff building upon good practice within the NHS and Local Authorities including Making Every Contact Count (MECC)

- **Technology -** Implement the ***Great North Care Record*** to facilitate sharing of patient level clinical information and enable seamless pathways of care that reduce unnecessary reassessment and admission. Develop ***Local Digital Roadmaps*** to support delivery of 'Personalised Health and Care 2020'

- **Involvement and engagement -** Align LHE and STP actions and best practice approaches to engagement and involvement with a specific focus on:
  - ***Embedding the 6 principles*** of engagement and involvement (5YFV)
  - ***Fulfilling statutory responsibility*** in areas such as PHB in order to realise value and achieve person centred commissioning
  - Building ***health partnerships and collaborative care programmes*** to support carers, volunteers, social movements and social action.
  - Build on the ***community led approaches*** to support community resilience

- **System Architecture**
  - Explore ***new payment systems, incentive and contracting mechanisms*** and ***role of personal budgets*** to support the personalisation agenda
  - Delivering ***positive outcomes through best use of 'one public estate'***
  - Move towards ***collaborative planning***
  - Develop ***system leadership***
  - Working outside of ***traditional health and social care boundaries***