

Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan (NTW - ND STP)

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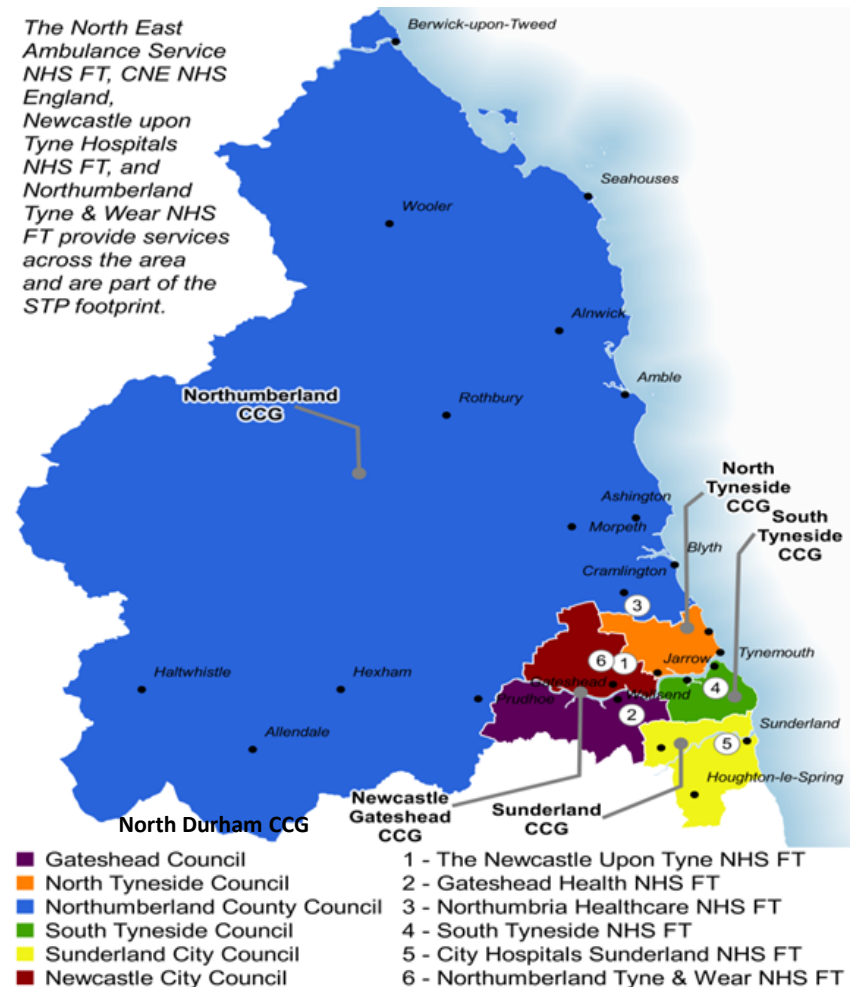
The Northumberland, Tyne and Wear and North Durham STP footprint is a new collaboration covering in excess of 1.5 million residents*

Across four **Local Health Economies (LHEs)**:

- Newcastle Gateshead
- North Tyneside and Northumberland
- South Tyneside and Sunderland
- North Durham (tbc)

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

*It has now been agreed that the North of County Durham will move into the NTW footprint owing to patient flows and ensuring consistency with the NECA footprint



N.B The map above will be amended to include the North of County Durham organisations and boundaries as appropriate.

What are Sustainability & Transformation Plans?

- Part of the NHS planning requirements – NHSE/NHSI
- Designed to support the delivery the NHS 5 year forward view by 2020/21
- Planned on a bigger spatial footprint
- Focused on place and population not organisation boundaries
- 44 STPs nationally - transformation/evolution
- Transformation and sustainability funding will be dependent on the quality of the plan
- Plan submission in October 2016 – narrative plan and financial templates

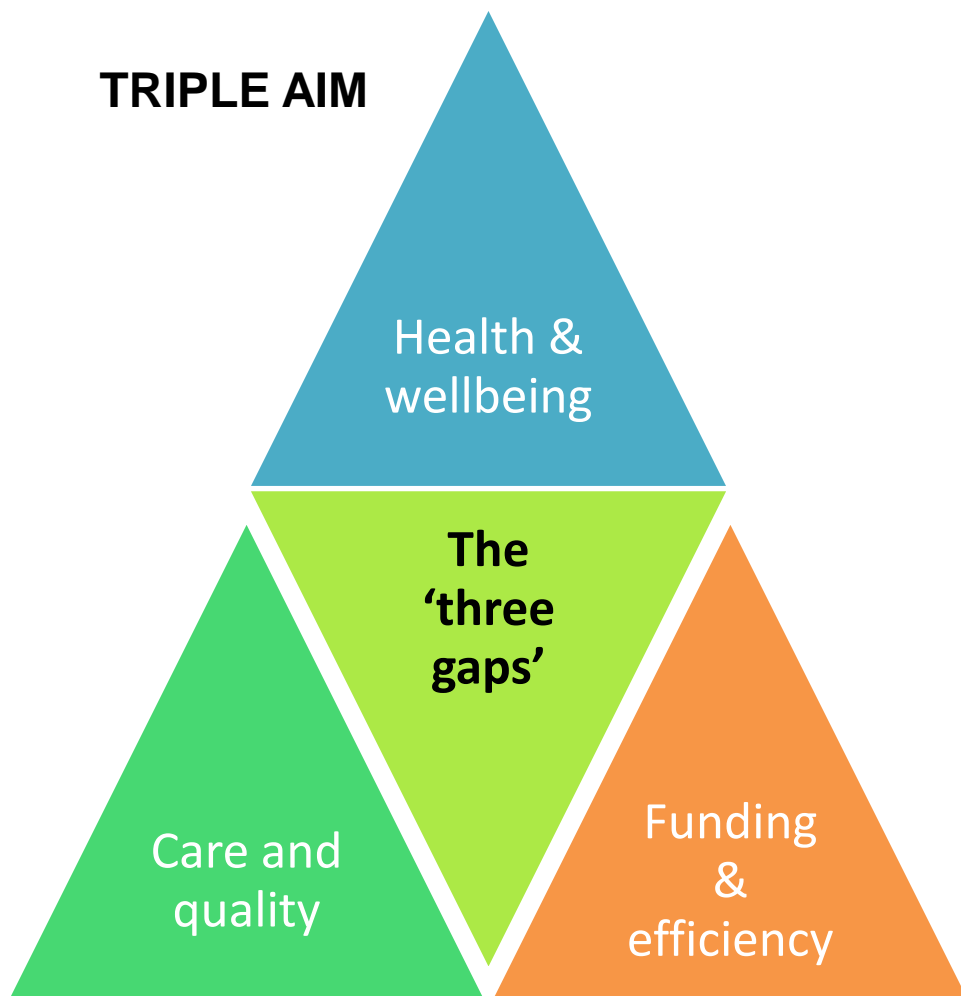


A reminder of what does the STP needs to address?

10 Key lines of enquiry

1. How are we going to **prevent ill health** and **moderate demand** for healthcare
2. How are we **engaging** patients, communities and NHS staff
3. How will we **support, invest in and improve general practice**
4. How will we **implement new care models** that address **local challenges**
5. How will we **achieve and maintain performance** against core standards
6. How will we **achieve our 2020 ambitions** on key **clinical priorities**
7. How will we **improve quality and safety**
8. How will we **deploy technology to accelerate** change eg **LDR**
9. How will we **develop the workforce** you need to deliver change
10. How will we **achieve and maintain financial balance**

TRIPLE AIM



Opportunity

- Sustainability and Transformation Plans (STPs) are an opportunity to develop a route map to an improved, more sustainable, health and care system by:
 - Bringing organisations together to work much more closely, beyond organisation boundaries
 - Sharing of good practice and expertise
 - Identifying those areas where a single or small group of organisations would, or is, having difficulty transforming services
 - Identifying areas where the common agenda suggests we can do something once well rather than several times less effectively
 - Alignment with the work of the NECA Commission for Health and Social Care Integration



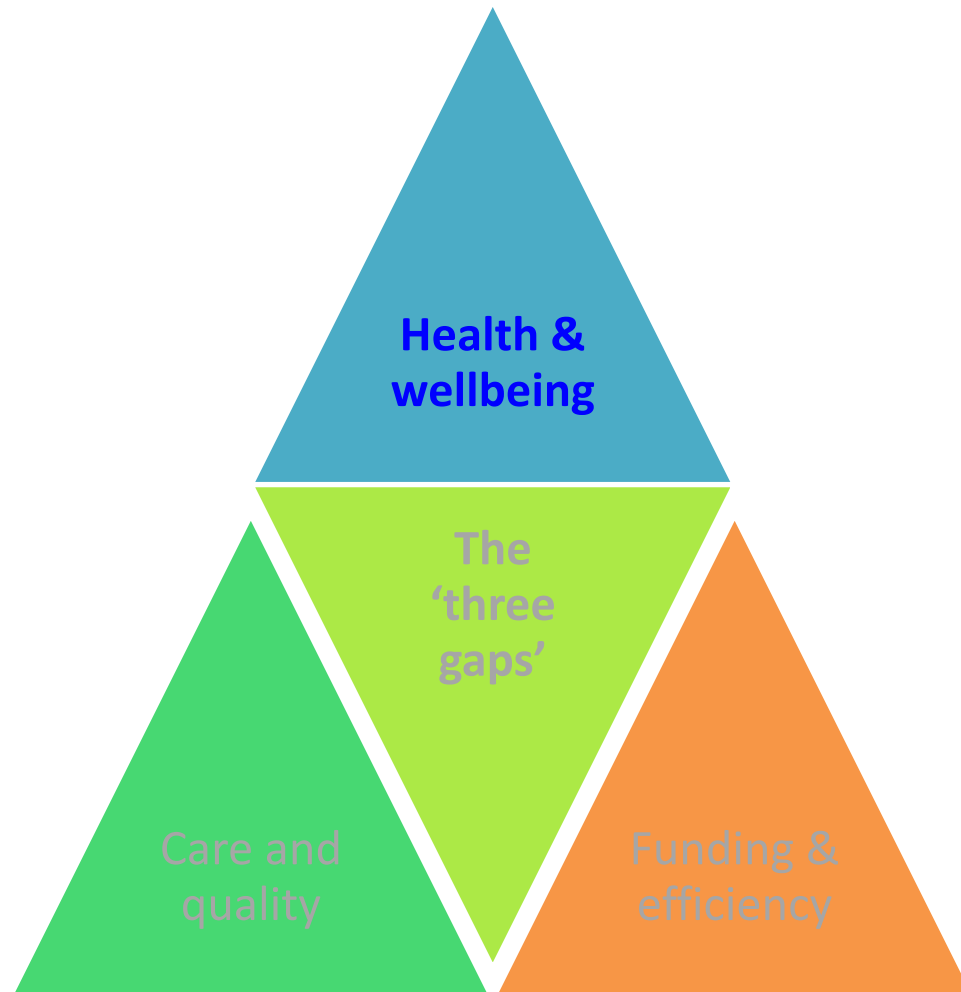
Northumberland, Tyne and Wear and North Durham STP

5 year forward view three gaps		STP areas of transformation	STP delivery priorities
Funding and Efficiency	Health and Wellbeing	1. Scaling up prevention, health and wellbeing	<ul style="list-style-type: none"> • Best start in life • Radical upgrade in our approach to ill health , prevention and secondary prevention • Cancer
	Care and Quality	2. Out of Hospital collaboration	<ul style="list-style-type: none"> • General Practice • Community and Social Care (incl intermediate care) • Urgent and Emergency care • Mental Health • Learning Disabilities
		3. Optimal use of the acute sector	<ul style="list-style-type: none"> • Acute hospital / service collaboration • Maternity

- Underpinned by areas for collaborative work including system enablers:
 - IT, estates, workforce, payment and contract mechanisms etc
- Whole system focus – commissioners and providers across health and social care for example accountable care systems



Closing the gaps



Improving the health of people in our area - **NTW STP level**

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

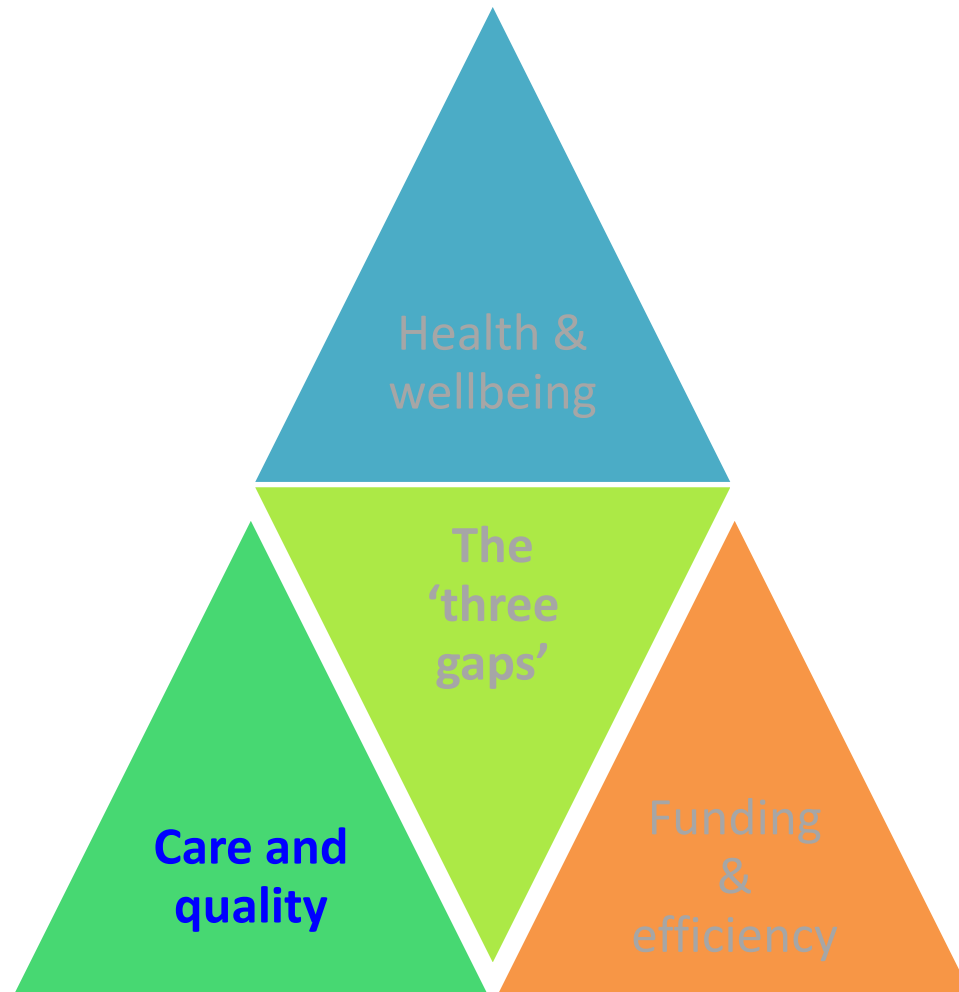
We will **improve the physical and mental health** of people across the **life course** and **reduce inequity** by prioritising positive development from early childhood, **embedding health improvement interventions in all contacts**, and **enabling healthier behaviours through individual support and 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

Closing the gaps



Improving care and quality of services – NTW STP level

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

Improving care and quality of services – NTW STP level

Our collective response

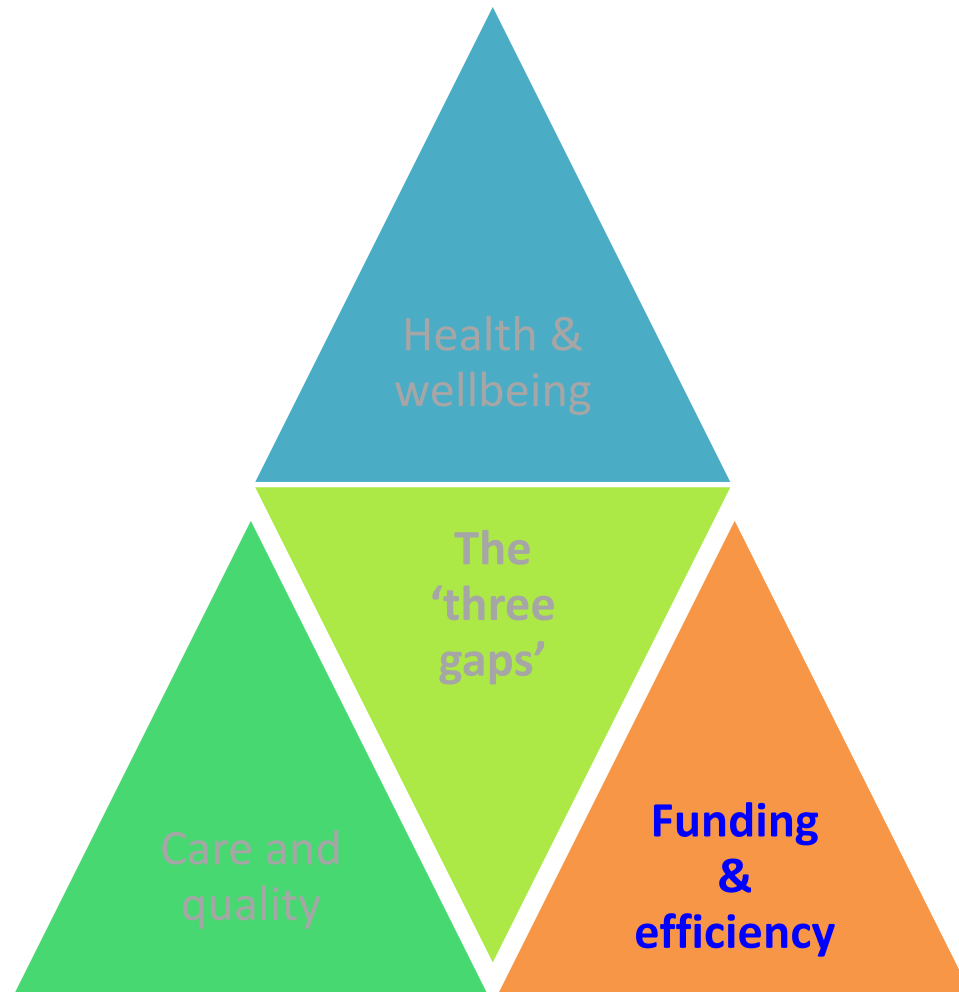
Ensure new models of care improve experience and quality

- 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 Vanguard 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'

Closing the gaps



Systems efficiency and finance challenges

- In June 2016 the STP submission outlined the NTW financial challenge in 2020/21 at c.£635m
- Ongoing work with support from Deloitte continues to assess and refresh the financial challenge and solutions required to close the financial gap
- The impact of the inclusion of the North of County Durham into the NTW footprint is currently being finalised
- Solutions may include:
 - Efficiencies across all organisations
 - Prevention and well being strategies
 - Development of new models of care for out of hospital
 - Acute hospital / service collaboration
- Working across the whole footprint (and wider) will support us to realise the greatest efficiencies

Governance

- A draft Governance structure to support implementation of the STP aligned to NECA and local LHE Governance arrangements is in development
- This draft structure is being shared for discussion, amendments and final approval

Next steps

- The Plan continues to be a **point in time/work in progress**
- The next submission is scheduled for the 21st October 2016 with finance submission due 16th September 2016
- Ongoing **conversations** with NHS England and NHS Improvement
- The plan will **inform decisions** about the geographical targeting of financial **growth** in the intervening **years to 2020**
- No **formal approval** or **consultation** from organisational boards has been stipulated however we recognise the need **involve** and **engage** all key stakeholders
- Awaiting guidance on formal **consultation**, transformation at local areas will continue to follow **standard consultation procedures**
- Plans need to reflect a shared view from systems leaders, based upon the needs of patients and the public.