

Northumberland, Tyne and Wear, and North Durham Sustainability and Transformation Plan

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17 November 2016

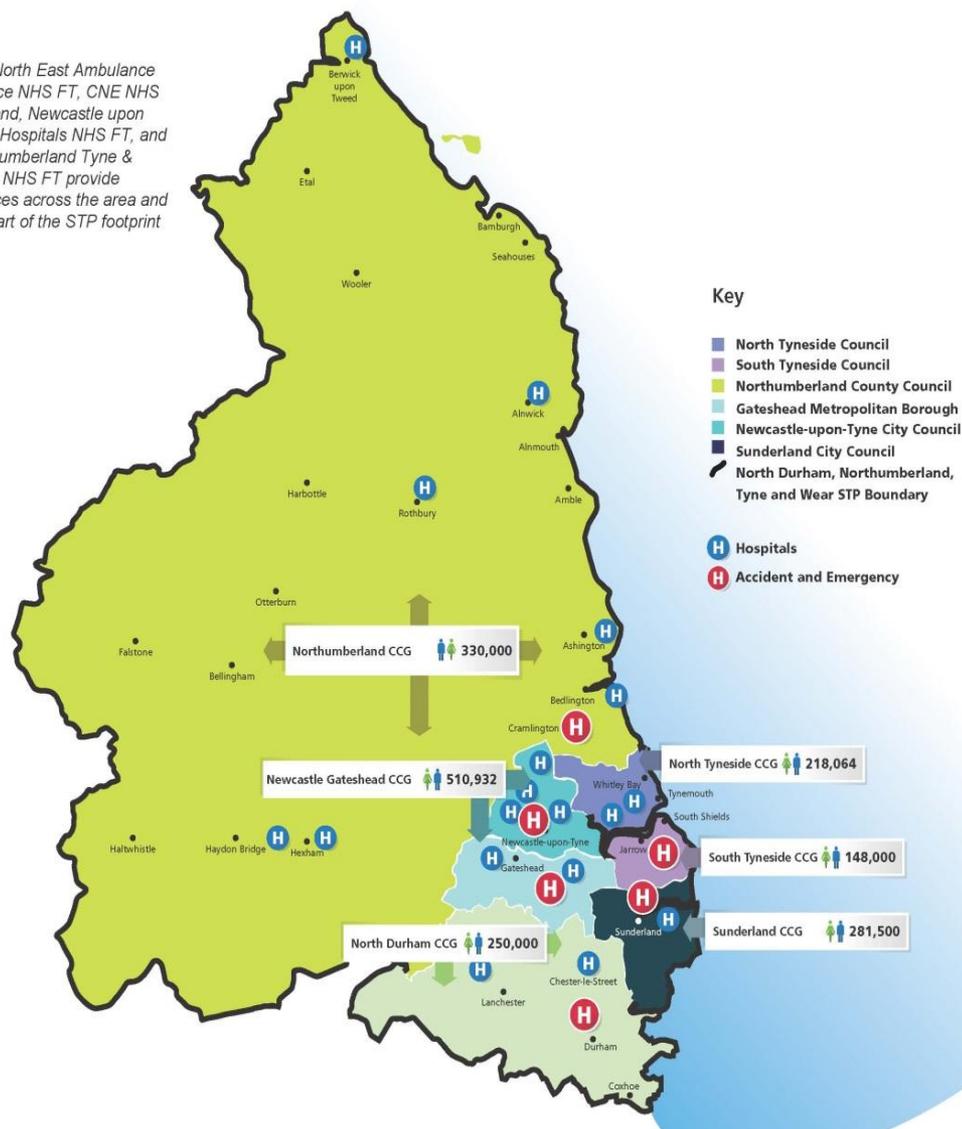
The Northumberland Tyne and Wear and North Durham (NTWND) STP

The Northumberland Tyne and Wear and North Durham (NTWND) 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**

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

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



Northumberland, Tyne and Wear and North Durham STP Vision for 2021

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

Our **collective vision** for NTWND is simple yet effective:

- **Builds upon Health and Well Being Strategies** in each of our Local Authority areas
- **Safe and sustainable health and care services** that are joined up, closer to home and economically viable
- **Empowered and supported people** who can play a role in improving their own health and well being

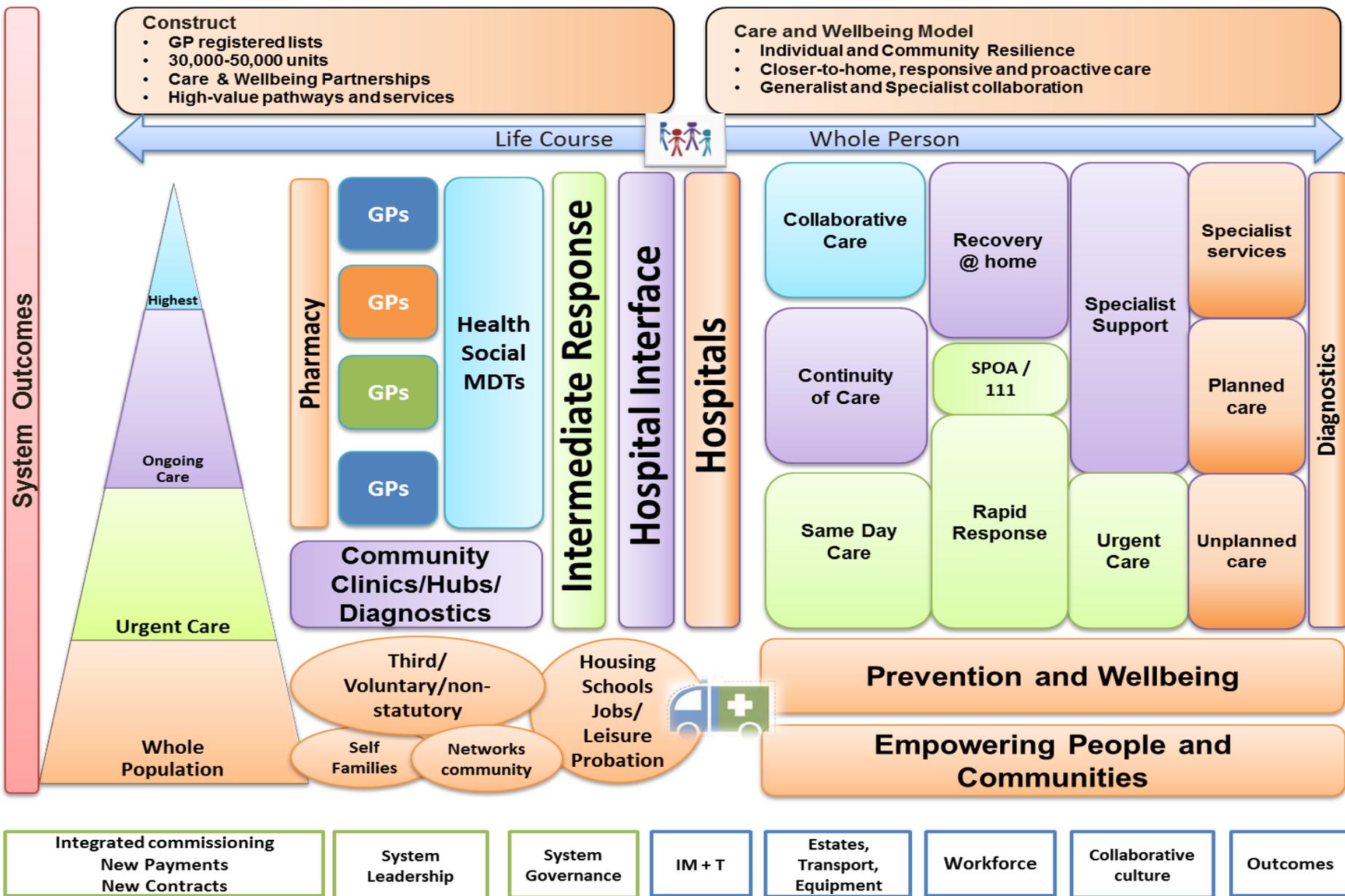
Our **key aims for Health and Care by 2021** are to:

- Experience levels of health and wellbeing **outcomes comparable to the rest of the country** and **reduce inequalities** across the NTWND STP footprint area
- Ensure a **vibrant Out of Hospital Sector** that wraps itself around the needs of their registered patients and attracts and retains the workforce it needs
- **Maintain and improve the quality hospital and specialist care** across our entire provider sector- delivering highest levels of quality on a **7-day basis**

As a system we will be moving:

From	To
Fragmented Payment	Unified Budgets
Hospitals at the centre	Home as the hub
Excellent soloists	High performing teams
Moving people	Moving knowledge
‘What is the matter with you?’	‘What matters to you?’
A sense of scarcity	A sense of abundance

NTWND STP – our evolving Health and Care Model



Understanding our three gaps

GAPS

HEALTH and wellbeing



27%
of population live
among 20% most
disadvantaged areas
in England

Deprivation and
broader social
determinants set the
foundation for poor
health across the STP

16%
women smoking at
time of delivery
(11% in England)

Children are not
always given the
'Best Start in Life'

68%
obese or overweight
adults (65% in England)

High prevalence of
risk factors that lead to
potentially preventable
illness, eg smoking

6.7%
of adults on a diabetes
register, (6.4% in England)

attributable hospital
admissions over 50% higher
than across England - nearly
25,000 admissions per year.

20% higher
early death rate in
NTWND due to cancer
than across England

High levels of early
mortality from cancer,
respiratory disease, and
cardiovascular disease

59.6 years
Healthy life expectancy
in NTWND
(64 years in England)

Growing older population
with associated increases
in frailty and multiple
morbidity

CARE and quality



Unwarranted variation

Cancer, mental health, learning disabilities, maternity services, dementia care. MSK, urgent and emergency care, provision of specialised services.

Variation

in quality, safety and experience of people using health and care services.

Inconsistency

of pathway between local and specialised services.

Increasing demand

for hospital and bed-based services: 20% higher in the North East than across England as a whole.

Clinically sustainable

services whilst maintaining high levels of care and quality.

Capacity and resilience

of community care and community service.

Infrastructure and workforce

required to deliver fully integrated health and care services outside of hospital.

7

Availability of seven day services and mental health advice.

FUNDING and finance



System efficiency and finance challenges:

£641m

gap across health by 2021

a figure as high as

£904m

Indicates the joint health and social financial gap
from work to date with local authorities

The above figures require risk assessment
and validation as the plan evolves

* Ref: JSNA(s), CCG Outcomes, PH Outcomes

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



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



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



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

STP Delivery Areas

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

LHEs

Northumberland and North Tyneside

Newcastle Gateshead

South Tyneside, Sunderland and North Durham

Collaboration/ NCM

NSECH
PACS / ACO

GHFT and NUTH collaboration
EHCH and MCP/PACS

STFT and CHSFT partnership UHND
MCP

Cross cutting themes

Learning Disability services – TLP (Adults and Children)

Cancer Alliance and Strategic Delivery

Mental Health 5YFV (Adults and Children)

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

Closing the financial gap

Size of residual financial challenge by 2021

£641m
Financial challenge

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

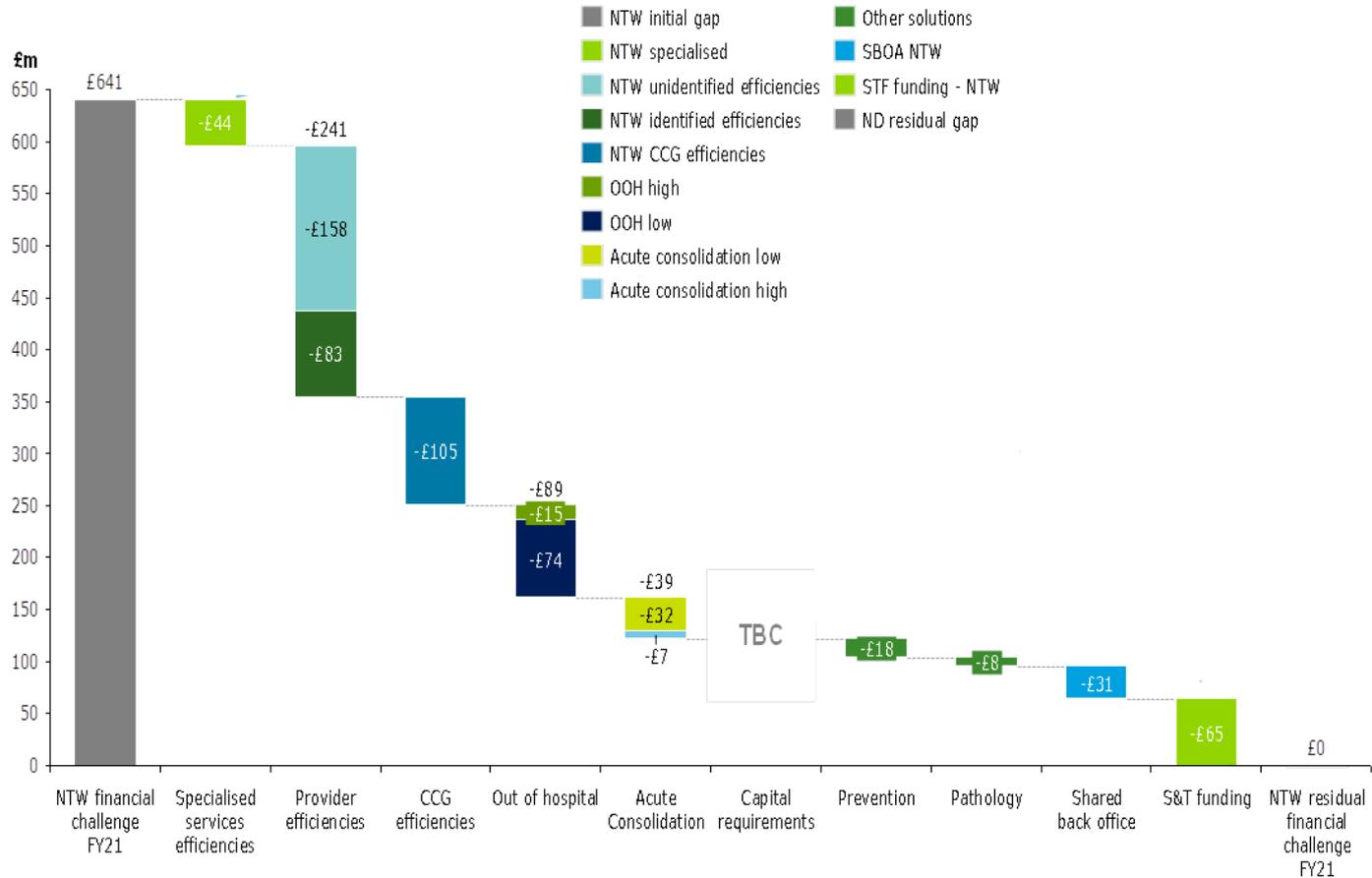
Information Technology – Great North Care Record

Estates – One Public Estate

Accountable and outcome-based systems

NTWND STP impact– Finance and efficiency

NTWND Waterfall diagram



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
- Collaborate across the system to ensure the **best start in life**
- Network approach to support **community asset-based approaches**, working closely with the third sector
- **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** - align with the 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**
- 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.
- 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
- **'Local Maternity System' (LMS)** will co-ordinate and oversee a programme of work to develop this new, innovative, and transformative service model

Mental Health

- Provide **Mental Health** care that is 'closer to home' and easily accessible, coordinated and supported by appropriate specialist input implemented through the MH5FV
- Ensure **"no health without mental health"**. Development of an integrated life span approach to the integrated support of mental health, physical health and social need which wraps around the person from enabling self- management, care and support systems within communities, through to access to effective, consistent and evidence based support for the management of complex mental health conditions

Our approach to developing the plan

County Durham Integration Board was established to oversee and report on progress with Health and Social Care Integration

The Sunderland Transformation Board has met monthly with Executive Directors from Sunderland CCG; City Hospitals Sunderland FT; South Tyneside FT; Northumberland Tyne and Wear Mental Health Trust; Director of Public Health; Chief Executive of Sunderland's GP Alliance; Sunderland LA; Chair of HealthWatch; LMC and NEAS

Discussions have been held at Health & Wellbeing Boards across the STP

Accountable Officers across Health and Social Care have met at STP level in April, July and September

Mark Adams, Amanda Healy, Jane Robinson & Steve Mason have been actively involved in HSCC meetings to ensure all work is aligned to the plan

STP discussions have been held with Local Authority representatives

Dr Mark Dornan has met with clinical leaders across the STP to discuss clinical pathways

In Newcastle Gateshead LHE a joint Integrated Care Programme Board was established to report LHE and STP progress and contribute to development, includes members of the Wellbeing for life/HWB Board

Northumberland North Tyneside Board established with senior trust, CCGs and LA representation to provide a vehicle for leadership across NNT to consider and contribute to the development of the LHE response to the STP and the overall alignment to the NTW STP.

Engaging local people and stakeholders

Pre- October
2016

Stakeholder engagement carried out at LHE Level to date, includes:

- Health and Wellbeing board presentations and discussions
- NHS CEOs and LA CEOs meetings and discussions
- Clinical Leaders and CEOs meetings and discussions
- Overview and Scrutiny presentation
- Engagement and discussions with Clinical Networks
- Discussions with Healthwatch chairs
- STP leads actively involved in Health and Social Care Commission meetings

Communication and Public Engagement Objectives

- Ensure legal duties to engage and consult are met
- Maintain public confidence in NHS services
- Support safe reconfiguration of services where needed

Post - October
2016

Communication and Public Engagement strategy includes:

- Stakeholder mapping
- NE&C Comms & PPI network
- LHE engagement plans
- Democratic engagement
- Clinical engagement
- Staff engagement

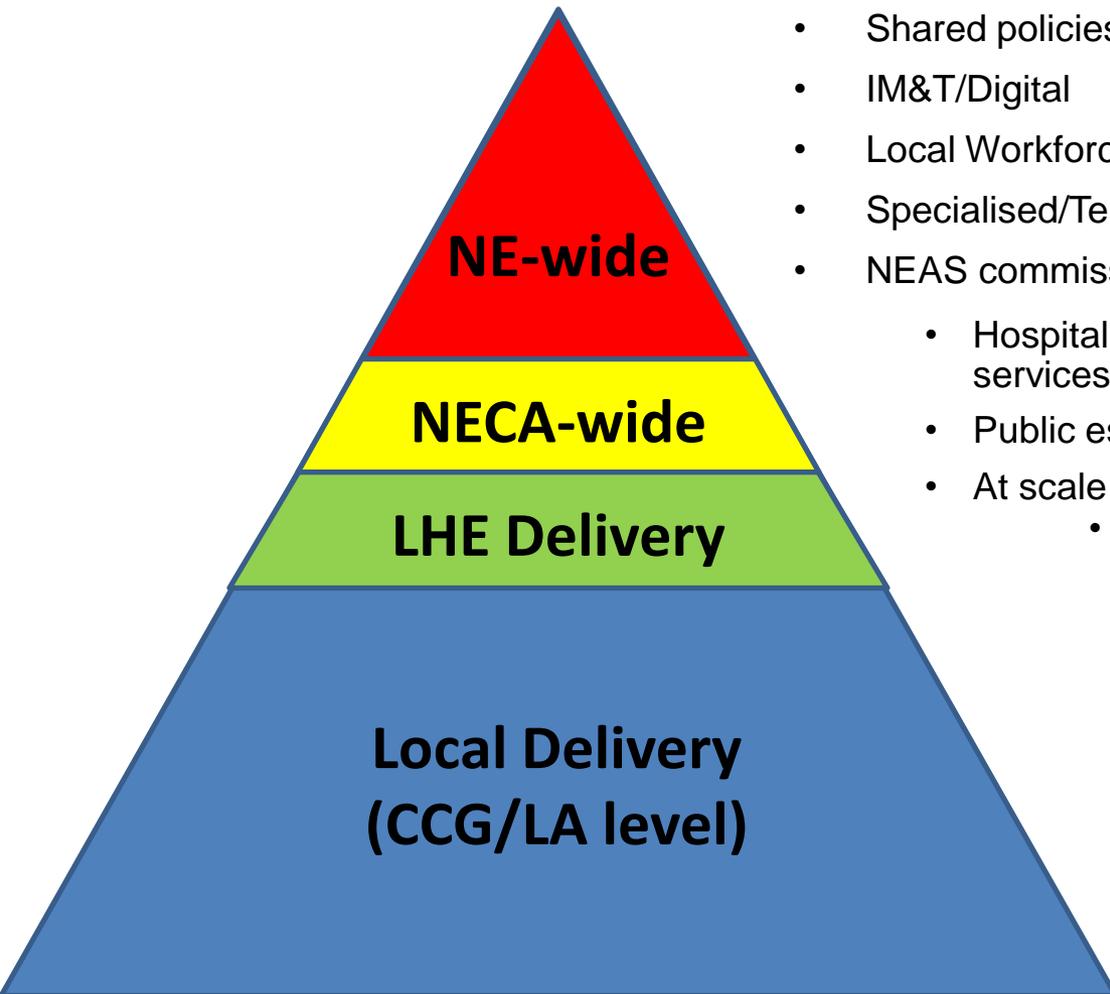
Public Publication date: 23 November includes:

- Summary doc with clear description of the issues and challenges
- Regional event for key stakeholders
- Arrangements for public involvement
- 5,600 My NHS members

Outline timescale – 5 stage approach

- Stage 1 – publication – engagement and plan
- Stage 2 – update plan with insights from stage 1
- Stage 3 – formal consultation on STP as strategic plan
- Stage 4 – update plan with consultation feedback becomes final plan
- Stage 5 - future various reconfigurations with final consultation process

Local vs At scale delivery (examples)



- Shared policies – e.g. tobacco control
 - IM&T/Digital
 - Local Workforce Action Board
 - Specialised/Tertiary Services
 - NEAS commissioning
 - Hospital configuration, Integrated employment services
 - Public estates ,System finance
 - At scale prevention/social marketing
 - Local service configuration
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- Primary Care development
 - Community Services/Out of Hospital
 - Local secondary service commissioning
 - Self-care and health promotion
 - Engagement with voluntary sector

