

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

- Implications for North Tyneside

14 February 2017



The Headlines 1/3

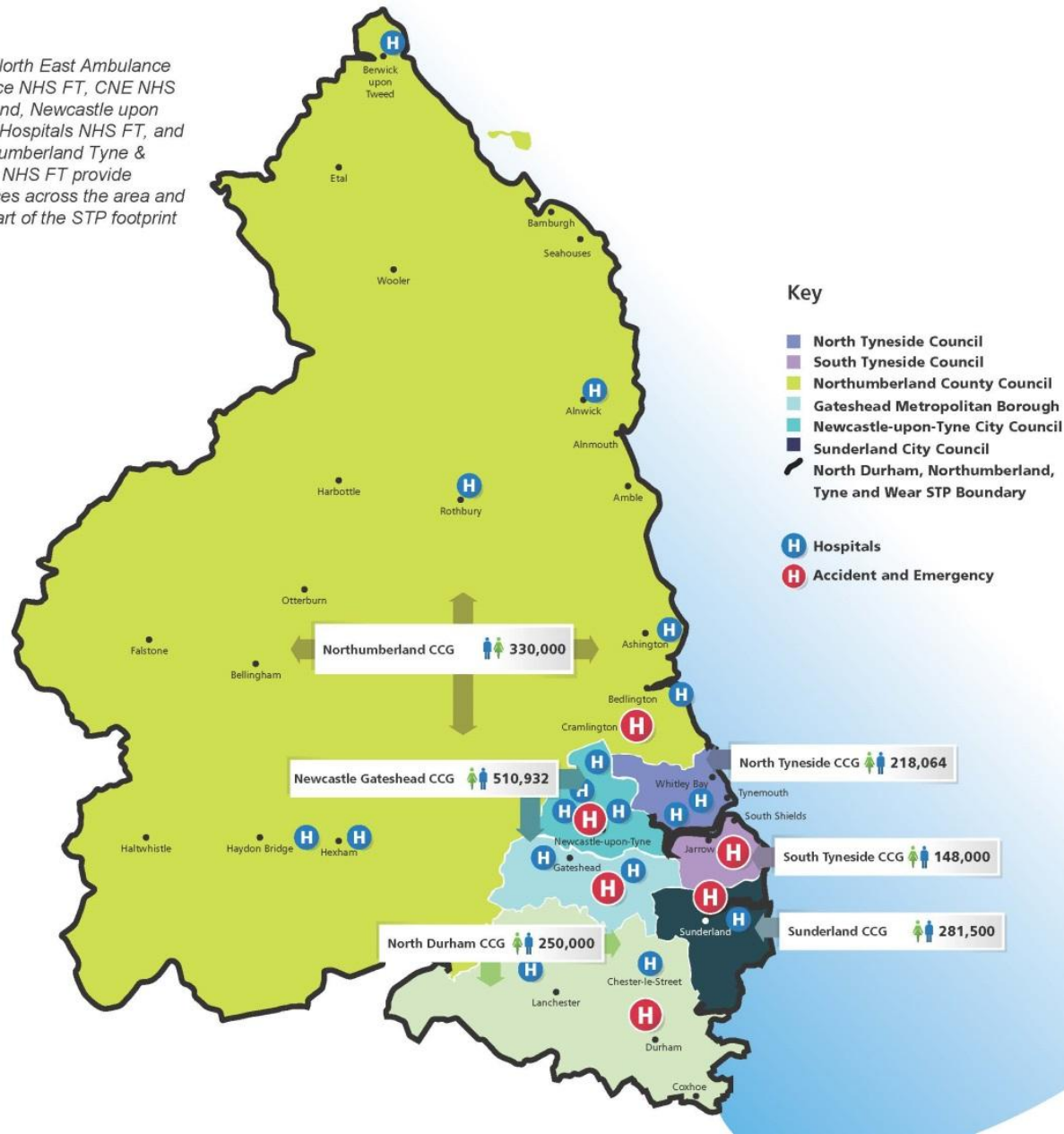
The Northumberland Tyne and Wear and North Durham (NTWND) STP footprint is a new collaboration covering a total population of 1.7 million residents across three Local Health Economies (LHEs):

- **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



The Headlines 2/3

STPs address 3 gaps

- The health and wellbeing gap
- The care and quality gap
- The funding and finance gap



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

The Headlines 3/3

The STP is built upon established programmes of work within each of our Local Health and Social Care Economies as well as additional new proposals for prevention over the next 5 years with common priorities being delivered at an STP level.



What's the STP's vision?

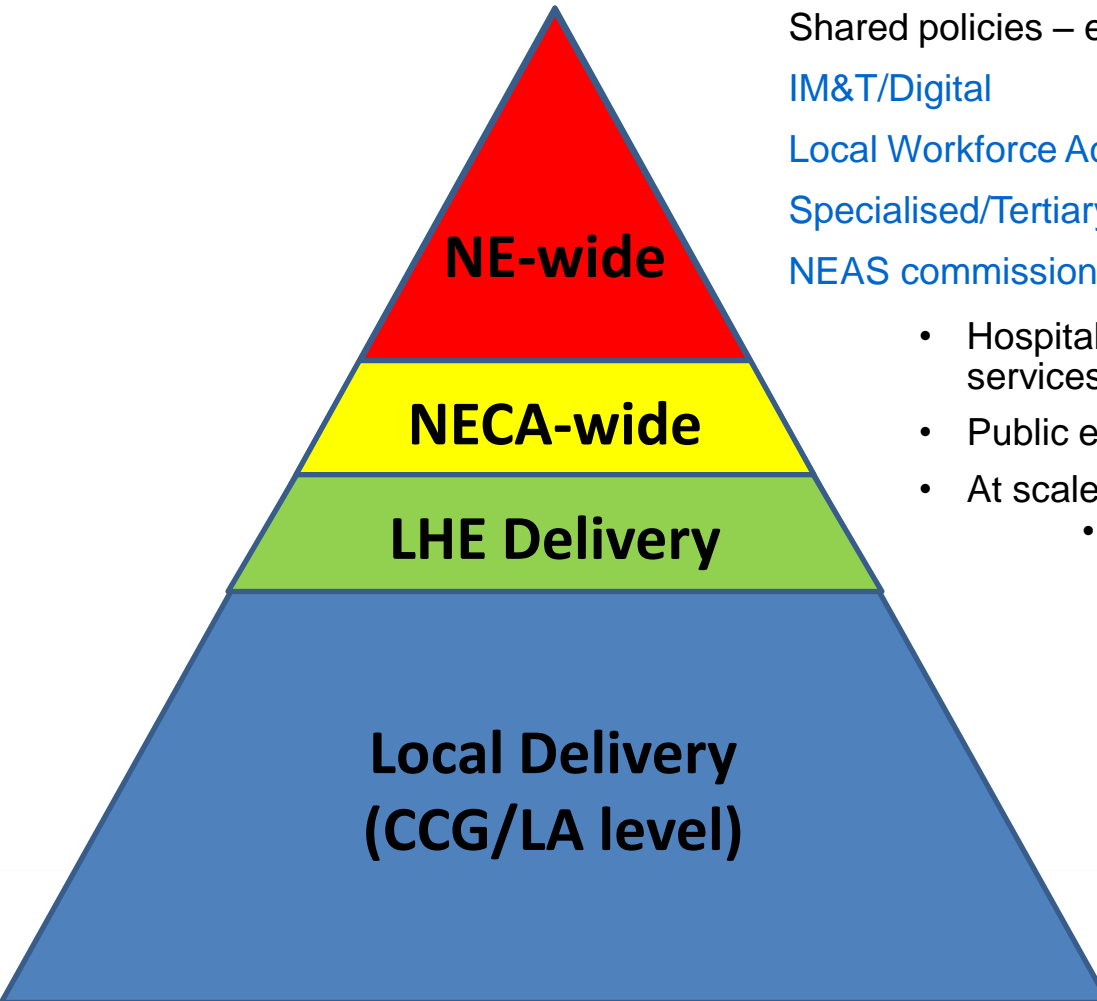
Our collective vision for NTWND is simple:

- 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 STP 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

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

- Primary Care development
- Community Services/Out of Hospital
- Local secondary service commissioning
- Self-care and health promotion
- Engagement with voluntary sector

Key Priorities for North Tyneside 1/3

Organisational forms

- Learn from the development of the Northumberland Accountable Care Organisation (ACO) as proof of concept of the Primary and Acute Care Services (PACS) model.
- Supporting joint management arrangements between Newcastle Gateshead CCG and North Tyneside CCG

Urgent Care

- Procurement of single point of access urgent care centre in North Tyneside, opening October 2017
- Improve A&E and urgent care pathways at NSECH to manage growing demand and improve ambulance handover delays
- Get the most from NE urgent care network 'vanguard' innovations

Promote Self Management

- Shared decision-making and create self-management tools for patients
- Structured diabetes education for newly diagnosed diabetics & ongoing

Key Priorities for North Tyneside 2/3

Care of the elderly

- Manage Continuing Healthcare effectively and improve end of life care
- Improve early diagnosis of dementia rates & dementia support
- Continue to improve efficiency and care options for intermediate care
- Explore frailty care models and reduce harm from falls

Primary Care Strategy

- Improve access to GP services 8am-8pm, 7 days per week
- Develop the Extended Primary Care Team
- More integrated specialist support to move services from hospital to the community

Right Care

- Work collaboratively to find ways of improving the cost or outcomes of care for patients where it is worse than places with similar populations
- Initial focus of e.g cancer, muskulo-skeletal, gastrointestinal, respiratory and circulation

Key Priorities for North Tyneside 3/3

Mental Health

- Improve community mental health pathways, especially crisis response
- Improve eating disorders, ADHD/Autism and psychological therapy service provision for children and adolescents
- Implement the Mental Health 5 Year Forward View
- Review liaison psychiatry for people in A&E with mental health needs

Community Services

- Roll out the Care Plus (New Models of Care) service across North Tyneside
- Consider future of community services to improve integration with primary care, social care and new models of care
- Continue focus of support for people in nursing homes



Reflections on the Northumberland ACO – Birju Bartoli

- Implications for North Tyneside?
- Nland ACO – fbc end March
- Understand clinical model and financial impacts
- Understand what is transferable / needs adaptation
- Establish the framework to proceed with new organisational form incl governance
- Impact on patients, staff, organisations & communities
- Learn what works well and from the mistakes
- Will allow NT to move at pace



What key questions do you have?

