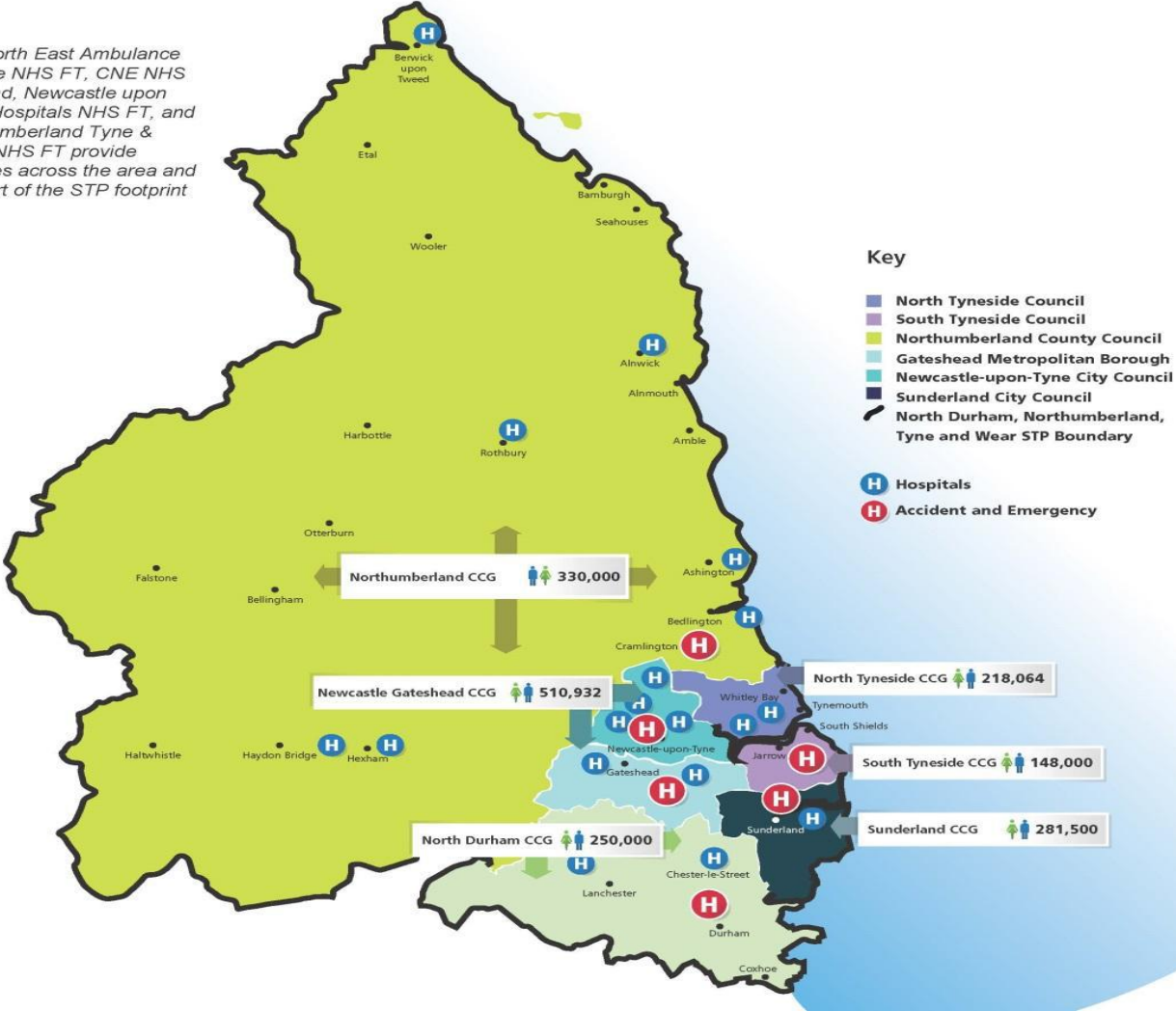


Sustainability and Transformation Plan for Northumberland, Tyne & Wear and North Durham

An Update for the North Tyneside
Health and Wellbeing Board
15th June 2017

Northumberland Tyne and Wear and North Durham STP footprint

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



A reminder of what Sustainability and Transformation Plans must address

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

Understanding our three 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

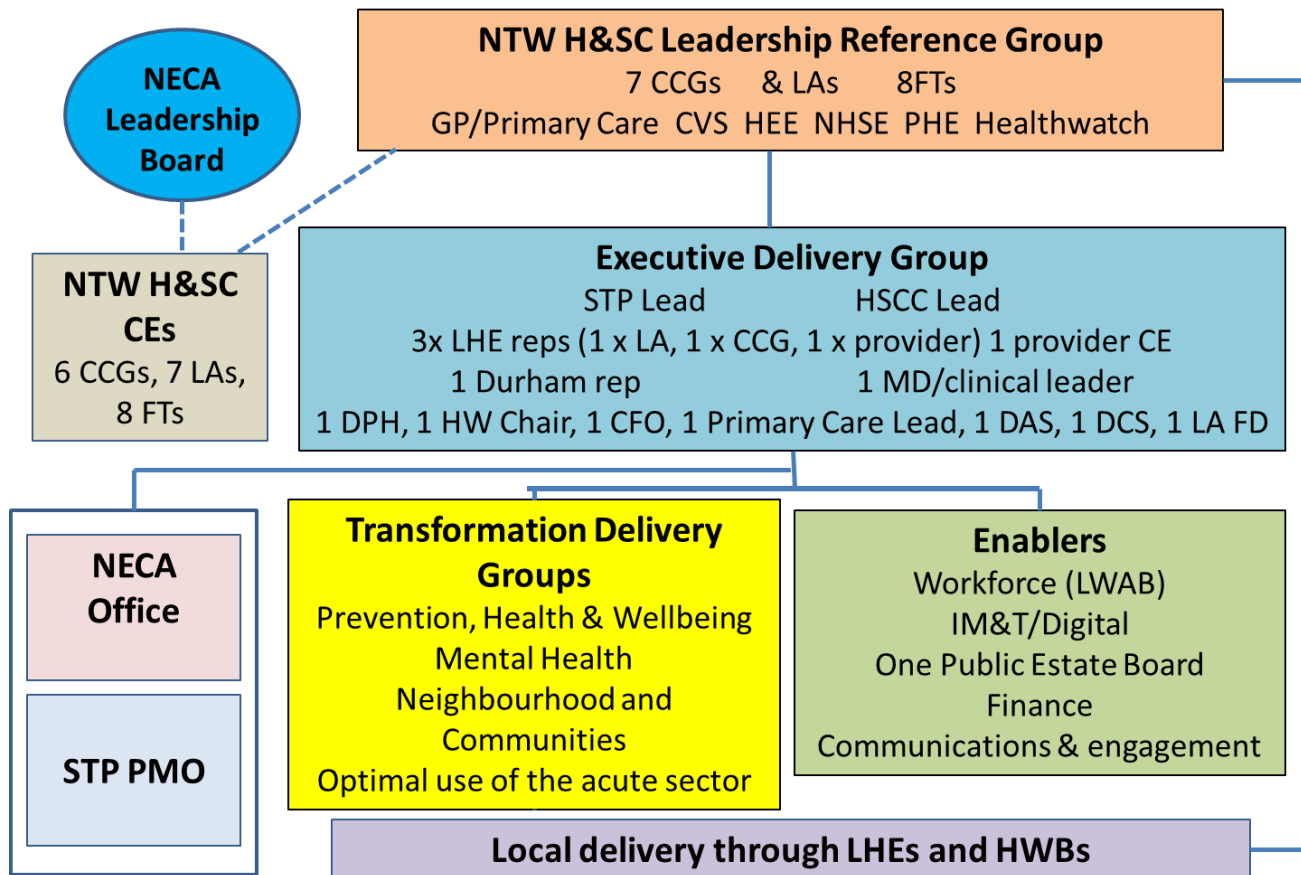
a figure as high as

£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

NTWND STP Governance Arrangements



Transformation Delivery Groups

Optimal use of the Acute Sector

Communities & Neighbourhoods

PREVENTION

DEMAND MANAGEMENT

URGENT CARE

MENTAL HEALTH

LEARNING DISABILITIES

CANCER

PATHOLOGY

DIGITAL CARE

WORKFORCE

ESTATES

COMMUNICATIONS & ENGAGEMENT

A single prevention workstream across the two North East STP's

The aim of this group is to provide leadership to each of the identified prevention priorities of the NTWND and DDTHRW STP programmes

To focus is on the development of key programmes that will close the health and wellbeing gap and

- ensure the delivery of the NHS 5Year Forward View and Mental Health Forward View
- be based on evidence
- be focussed on areas where a NE approach as well as local delivery makes most sense (primary prevention, secondary prevention, tobacco free NHS, best start in life, flu vaccination etc)

The Group will ensure the following are in place to support the programme

- a suitably detailed case for change that the programme can build upon
- specific work plans for each priority with identified outcomes and monitoring arrangements

Chair: Dr Guy Pilkington Chair Newcastle Gateshead CCG

Sponsor: Terry Collins Chief Executive Durham County Council

Prevention Workstream Plan for the two North East STP's

- Primary prevention
 - Reduce the rate of smoking attributable admissions and smoking prevalence
 - Reduce the number of alcohol attributable admissions and alcohol related harm
 - Reduce Smoking in Pregnancy rates
 - Increase breast feeding rates
 - Reduce the prevalence of excess weight in adults and children
 - Increase the uptake of flu immunisation
- Secondary prevention
 - Reduce premature mortality
 - Increase screening and early diagnosis of cancer
 - Reduce prevalence of diabetes
- Workplace health
- Shift in spend to prevention
- Community centred asset based approaches
- Making Every Contact Count