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

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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.
Context and background

• Our 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.

• We are building on a long history of partnership working and through that collaboration the results have been positive and greater than any individual organisation could have achieved alone.

• The NTWND health and social care system is one of the strongest in England. We have some of the highest performing providers in the country (consistently delivering NHS Constitutional Standards) and we have 6 Five Year Forward View ‘Vanguard’ and pioneer programmes.

• Through the implementation of our programmes of work at all levels, our STP indicates how we propose to deliver financial stability.

• On that basis, our STP plan 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

• The STP not only provides an overarching route map for the future direction of travel across the NTWND area, but also provides summary level implementation plans which will be reflected in greater detail in the 2 year operational plans of each of our constituent NHS organisations.

• Robust mechanisms of involvement, consultation and scrutiny based on existing partnerships exist, but clearly ‘fresh conversations’ continue to take place around the scale and pace of our STP proposals. Consequentially, there is recognition that a significant amount of work and support continues to be required to operationalise and refine our STP proposals to ensure delivery
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:

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>Fragmented Payment</td>
<td>Unified Budgets</td>
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<tr>
<td>Hospitals at the centre</td>
<td>Home as the hub</td>
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<tr>
<td>Excellent soloists</td>
<td>High performing teams</td>
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<tr>
<td>Moving people</td>
<td>Moving knowledge</td>
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<tr>
<td>‘What is the matter with you?’</td>
<td>‘What matters to you?’</td>
</tr>
<tr>
<td>A sense of scarcity</td>
<td>A sense of abundance</td>
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</table>
NTWND STP – our evolving Health and Care Model

Construct
- GP registered lists
- 30,000-50,000 units
- Care & Wellbeing Partnerships
- High-value pathways and services

Care and Wellbeing Model
- Individual and Community Resilience
- Closer-to-home, responsive and proactive care
- Generalist and Specialist collaboration

Life Course

Whole Person

System Outcomes

Highest

Ongoing Care

Urgent Care

Whole Population

Pharmacy
- GPs

Health Social MDTs
- GPs

Intermediate Response

Hospital Interface

Hospitals
- Collaborative Care
- Recovery @ home
- Continuity of Care
- SPOA / 111
- Rapid Response
- Urgent Care
- Planned care

Prevention and Wellbeing

Empowering People and Communities

Third/ Voluntary/non-statutory
- Self Families
- Networks community
- Housing Schools Jobs/ Leisure Probation

Integrated commissioning
New Payments
New Contracts

System Leadership

System Governance

IM + T

Estates, Transport, Equipment

Workforce

Collaborative culture

Outcomes
Understanding our three gaps

**Health and well-being**
- 27% of population live among 20% most disadvantaged areas in England
- 16% women smoking at time of delivery (11% in England)
- 68% obese or overweight adults (65% in England)
- 6.7% of adults on a diabetes register (6.4% in England)
- 20% higher early death rate in NTWND due to cancer than across England
- 59.6 years Healthy life expectancy in NTWND (64 years in England)

- Deprivation and broader social determinants set the foundation for poor health across the STP
- Children are not always given the ‘Best Start in Life’
- High prevalence of risk factors that lead to potentially preventable illness, eg smoking attributable hospital admissions over 50% higher than across England - nearly 25,000 admissions per year
- High levels of early mortality from cancer, respiratory disease, and cardiovascular disease
- 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.
- 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

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

<table>
<thead>
<tr>
<th>Out of hospital</th>
<th>Acute consolidation</th>
<th>Provider efficiencies</th>
<th>Shared back office</th>
<th>CCG efficiencies</th>
<th>Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>£89m</td>
<td>£39m</td>
<td>£241m</td>
<td>£31m</td>
<td>£105m</td>
<td>£18m</td>
</tr>
<tr>
<td>STF funding</td>
<td>Specialised services</td>
<td>Pathology</td>
<td>£65m</td>
<td>£44m</td>
<td>£9m</td>
</tr>
</tbody>
</table>

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.
- 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

## Optimal Use of the Acute Sector

- 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
## Northumberland and North Tyneside LHE Plans for 2016/17 - 2017/18

### Scaling up prevention, health and well being
- Deliver the 0-19 & 0-2 Agenda
- Work with partners in health and social care, public health, housing, leisure, policing and the Charitable and Voluntary sector, where possible and appropriate, to signpost people into services to support them with issues relating to the wider determinants of health
- Implement evidence based smoking, alcohol and obesity treatment and prevention plans, promoting better prevention, detection, treatment, and education.
- Establish Alcohol Assertive Outreach Teams (AAOT) to reduce repeat users of hospital and other services such as police and social services, if these are not already included in the Balance NE plans
- Support the Mayor’s pledge to address inequalities
- Secondary/primary prevention considered in all acute contacts
- Develop Community Health and Well Being Hubs
- Agree potential for material shift in investment and focus towards long term prevention
- Healthy Place programme
- Integrated H&SC prevention and early intervention for all adult age groups

### Out of hospital collaboration
- New Models of Care implemented to support most vulnerable frail elderly population through targeted support
- Pathways for Frailty developed
- LTC management strategy developed
- Develop innovative workforce strategy to allow movement across care settings.
- Primary care engagement and support GPs to develop capacity and workforce

### Optimal use of the acute sector
- Development of the PACS / ACO model
- Develop ACO Strategic commissioning functions, financial modelling/due diligence, capitated budget/, schemes of delegation and business case submission.
- Implementation of Northumberland ACO during 17/18
- Formal NTW wide risk and escalation arrangements for ‘at risk’ services
- Progress ‘One Estate’ strategy
- Right Care - MSK, CVD, Respiratory & Gastroenterology
- LTC strategy incl. New Models to support frail elderly population (targeted support)
- Prioritise service collaboration based on sustainability risks and workforce gaps
- Targeted evidence based work between acute providers, primary care and commissioners to manage demand.

### Mental Health
- MH well-being and promotion activity occurring across NL and NT
- Sustained improvements to access to mental health services at all tiers

## Plans for 2018/19
- Shift in financial levers through capitation and ACO in shadow form.
- Ensuring secondary and primary prevention is considered in all acute contacts, with plans in place for audit to ensure follow through.
- Development of robust approach to interventions, including social prescribing and health improvement services in health, social care and CVS sectors
- Continue development of Asset-based and community-centred approaches to health and wellbeing that will lead to increased capacity of individuals to change behaviours
- Greater hospital collaboration
- One Estate priorities progressed
- Continued implementation of workforce strategy
- Review of scope for increased role for domiciliary and residential staff supported by telecare/tele-monitoring
- Training designed for all health staff to identify mental health needs in patients being seen for physical health concerns and to support mental wellbeing e.g. social prescribing
- Implementation of increased collaboration and shared services amongst acute, primary, community and MH providers as appropriate to streamline pathways
- Continue to broaden and develop Northumbria’s Acute Collaboration Model.
- Training for mental health staff to identify physical health needs, and to offer advice on lifestyle factors such as smoking and weight reduction, including social prescribing and community assets
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

Public engagement to date carried out at LHE Level to date, including:

- Health and Wellbeing boards
- NHS CEOs and LA CEOs
- Overview and Scrutiny
- Clinical Networks
- Healthwatch chairs

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

Communication and Public Engagement strategy includes:

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

Publication date: 9 November includes:

- Summary document 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)

- NECA-wide
  - 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
- NE-wide
- LHE Delivery
- Local Delivery (CCG/LA level)
  - Primary Care development
  - Community Services/Out of Hospital
  - Local secondary service commissioning
  - Self-care and health promotion
  - Engagement with voluntary sector
NECA Leadership Board

NTW H&SC CEs
7 CCGs, 7 LAs, 8 FTs

NTW H&SC Leadership Reference Group
7 CCGs & LAs 8FTs
GP/Primary Care CVS HEE NHSE PHE Healthwatch

Executive Delivery Group
STP Lead HSCC Lead
3x LHE reps (1 x LA, 1 x CCG, 1 x provider) 1 provider CE
1 Durham rep 1 MD/clinical leader
1 DPH, 1 HW Chair, 1 CFO, 1 Primary Care Lead, 1 DAS, 1 DCS, 1 LA FD

Transformation Delivery Groups
Prevention, Health & Wellbeing
Care Closer to Home
In Hospital
Mental Health

Enablers
Workforce (LWAB)
IM&T/Digital
One Public Estate Board
Finance
Communications & engagement

Local delivery through LHEs and HWBs
Further work

- No partner organisation has formally ‘signed off’ the draft plan because there is no requirement to do so. This is now the start of an engagement process which will continue over the next several months.

- It is envisaged that the engagement on the current draft will formally start on 23rd November and will continue to Friday 20th January (8 weeks).

- This period of engagement will then inform the next version of the STP. This updated version will then be formally consulted upon as a draft strategic plan for the region.

- The estimated time for that consultation to start would be approximately February/March 2017.

- Any future potential NHS service reconfigurations would still require their own case for change and formal consultation process in their local area in line with NHS statutory duties to engage and consult and other NHS policy guidance.

- This offers a number of opportunities for local authorities, NHS organisations, community and voluntary sector organisations and other interest groups to consider the draft plans as they develop and for their views to inform the next stages.

- In the meantime, plans for public engagement will be finalised and shared

What are boards and committees being asked to do?

- Statutory organisations are being asked to consider the content of the STP and to feedback their views.

- Organisations are not being asked to sign off the STP – this will only be required after a formal consultation process in the later stages.