

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

A summary

This summary has been prepared to aid understanding of the draft STP technical submission. Copies of the technical submission can be found on your local CCG website.

1. Background and context

In 2014 NHS England published the Five Year Forward View (5YFV) – a national plan that set out a vision for a better NHS and the steps needed to deliver that vision by 2020-21

To accelerate delivery of the vision every health and social care system in the country has come together in geographic areas to create their own ambitious blueprint to rapidly implement the 5YFV.

These blueprints - Sustainability and Transformation Plans (STPs) - aim to set out a clear approach to how the challenges in the 5YFV will be delivered locally by 2020-21.

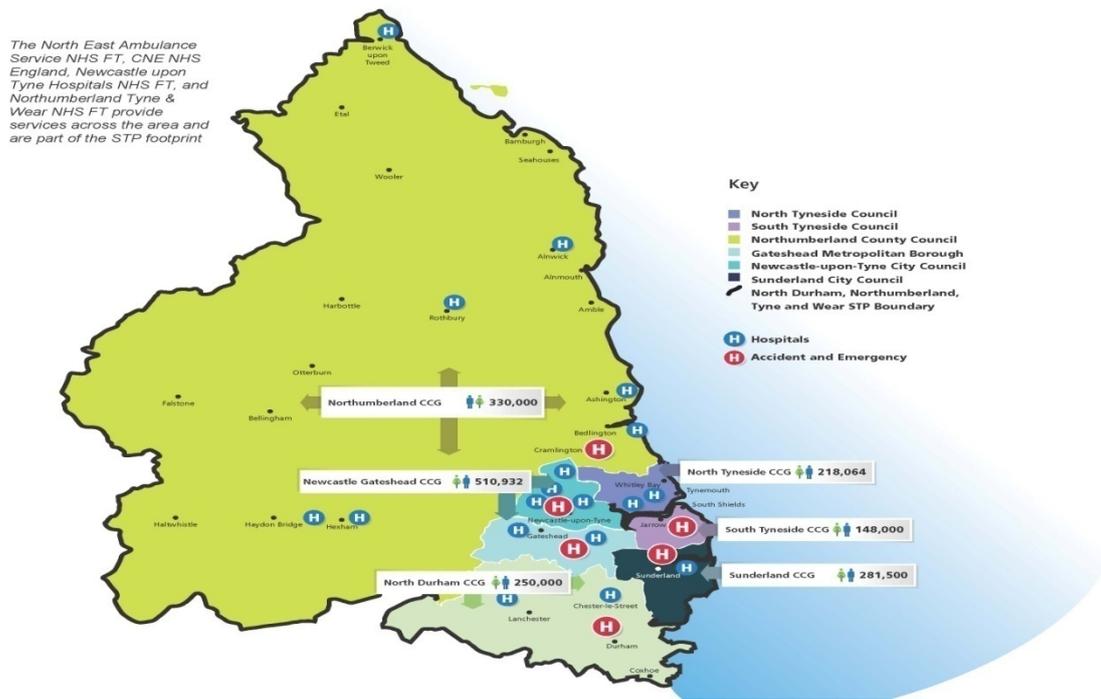
These challenges are grouped into the following categories:

- Improving the health and well being of the population
- improving the quality of care people receive
- ensuring local services are efficient.

STPs will be delivered by local health and care organisations working together in a geographic footprint to ensure the transformation and sustainability of local services. There are 44 footprints across England and one covers the three local health and social care economies of:

- Northumbria and North Tyneside
- Newcastle and Gateshead
- South Tyneside, Sunderland and North Durham area.

There are around 1.7m people living in the Northumberland, Tyne and Wear, and North Durham footprint, which covers the boundaries of six clinical commissioning groups (CCGs), six local authorities, and a number of health and social care providers.



These organisations have come together to develop a draft STP for the area, looking at every part of our local health and social care system to ensure that local people get the highest quality health and social care to meet their physical and mental health needs now and in the future.

While the STP partnership for this area is new, the work it wants to take forward is largely built on developments that had already begun in each of the three established local health and social care economies.

The draft STP vision for our area is simple:

- Everyone who lives, works, learns in or visits the area will realise their full potential and equally enjoy positive health and well being
- Safe and sustainable health and social care services that are joined up, closer to home and economically viable
- Local people are empowered and supported to play a role in improving their health and well being.

Delivery of the draft STP will mean that by 2021:

- the health inequalities in our area will have reduced to be comparable to the rest of the country
- we will have thriving out of hospital services that attract and retain the staff they need to best support their patients
- there will be high quality hospital and specialist care across the whole area, seven days a week.

2. Why do we need an STP?

Since the NHS was founded almost 70 years ago there have been huge advances in treatments and life expectancy, but the way we deliver care - largely based on GP surgeries and hospitals - has broadly stayed the same.

We know that:

- 27% of people seen by their GP could have had their problem resolved in a different way, such as getting advice from a pharmacist
- 25 – 50% of hospital beds are used by people who do not need hospital care
- 66% of people want to die at home but 55% of people on an end of life pathway die in hospital.

People are now living longer on average, but this means that more people are living with long term, multiple and complex conditions and so need more care and support. But our current health and social care system is a complicated mix of services that are not always joined up to provide the care people want when they need it.

Our area has benefited from strong health and social care services and we have seen the fastest increase in life expectancy of any region in the UK, but there is still a health and wellbeing gap with the rest of the country and health inequalities in our area remain stubbornly high.

Such poor population health puts increased pressure on our health and social care system, and while we are focussing our local resources on treating ill-health we are not able to invest enough in preventing these health problems.

We have devised the draft STP to address the three main gaps identified in the 5YFV:

- health and wellbeing
- care and quality
- funding.

3. The gaps in our health and care system

Health and wellbeing

In recent years we have seen improvements in the health of people living in Northumberland, Tyne and Wear, and North Durham but there is still more we need to do:

- 27% of the population live in 20% of the most disadvantaged areas in England
- Smoking related admissions to hospital – almost 250,000 per year - are 50% higher than the national average
- 68% of our adult population is obese or overweight
- 6.7% of local adults are registered as having diabetes with all the associated health risks from this condition
- the early death rate from cancer is 20% higher than the English average
- the healthy life expectancy in our area is 59.6 years – more than four years less than the national average.

We also have high levels of early deaths from cancer, respiratory and cardiovascular diseases, and a growing elderly population, many of whom are frail and have multiple conditions that need a range of care.

Care and Quality

While our area has strong health and social care services the same standard of care is not provided from place to place. This variation in the quality, safety and experience of people using our services is unacceptable.

Not all our services are joined up in a way that best supports patients and we are also seeing an increasing demand for hospital and bed based services – 20% higher in the North East than across England.

This variation and increasing demand is putting added pressure on our health and social care staff, and in line with other parts of the country we are finding it very difficult to recruit staff with often scarce skills.

This means that some of our services are unlikely to be sustainable in the future in their current form. We also need to make sure that we have enough staff with the right skills to provide high quality services seven days a week, inside and outside of hospital.

Funding

The more people with ill health in a population the greater the cost of providing care for those individuals. If we do nothing to improve the health of our local population then we will no longer be able to afford to provide the same quality of services that we now have.

Currently we have some of the best performing service providers in the country. However demand for care is increasing and NHS budgets are only expected to rise in line with inflation and not to cover the cost of the increasing demand, new treatments and developments. Also our local authorities are under increasing financial pressure and as social care services come under pressure people will inevitably turn to health services and other parts of the system for support, increasing demand for those services.

If we don't make changes to the way our health and social care services currently operate then by 2021 we could be facing a funding gap in health of £641m and could be as high as £904 million including social care, between what services cost to provide and the money we have available locally to provide those services.

That level of funding gap would make our local health and social care system unsustainable.

To close the gap partners from across the STP area have developed a range of solutions that would make the most efficient use of our local resources, while at the same time ensuring patients get the right care in the right place at the right time.

4. How are we going to plug these gaps?

We believe that we can plug the gaps we've identified by focusing on three action areas:

- Scaling up work on ill-health prevention and improving wellbeing
- Improving the quality and experience of care by increasing collaboration between organisations that provide out of hospital care and making the best use of our acute or hospital based services
- Closing the gap in our finances.

We have big ambitions for the health of our population and the services that support our local communities. But we are confident that we can achieve those ambitions because our draft STP builds on work that is already going on across Northumberland, Tyne and Wear, and North Durham.

Health and wellbeing

Each of our local authority areas already has a health and wellbeing strategy to address local priorities for improving the health of their communities. Our draft STP builds on those strategies – accelerating work where we can that is already underway to make the planned improvements more quickly.

Our draft STP sets out how we will do this by promoting healthy behaviours and targeting action at high risk areas, such as reducing smoking, obesity, and alcohol-related hospital admissions, and giving children the best start in life by reducing smoking in pregnancy.

We will increase the number of people who feel supported to manage their long term conditions, and help long term unemployed people back into work, focusing on those with mental health and muscular skeletal conditions.

We will reduce the number of early deaths from conditions such as cancer and cardiovascular disease. We will increase the take up of flu immunisation and improve the number of mothers who breast feed. We will reduce the rate of staff sickness in our health and social care system to increase the number of staff available to support local people.

Improving the health of our local population will over time reduce the demand for our health and care services.

Out of hospital collaboration and making the best use of hospital services

Each of our local health economies is looking at how it can improve the way organisations work together to provide community health and social care services, and so reduce the need for hospital based care.

They are learning from work that is already going on in Northumberland, Tyne and Wear, and North Durham, as well as other parts of the country, including:

- Sunderland's All Together Better vanguard
- Newcastle and Gateshead's enhanced healthcare in care home vanguard
- Northumberland's primary and acute care system vanguard
- Northumbria NHS Foundation Trust's collaboration vanguard
- South Tyneside integration pioneer
- North Durham multi speciality community provider health and social care integration

The region has already been recognised as a National Transformation Area, which means we have the opportunity to bid for investment and support to look at new ways of providing out of hospital care

The draft STP sets out our aims for improving community and GP based services, including increasing the number of weekend and out-of-hours GP appointments available to local people, and using technology to improve processes around repeat prescriptions and referrals for consultant led care.

Improving the health of our population and services in the community will mean we reduce our reliance on hospital-based care.

The draft STP sets out our ambitions to reduce attendances at accident and emergency departments and emergency hospital admissions, as well as the need for as much planned care and out-patient appointments. We will also improve the variability in quality in our maternity services, cancer and diabetes care.

Organisations are working together on plans to make the best use of our hospital based services, reviewing those services on a speciality by speciality basis to make sure they are sustainable and able to provide the same level of quality service across Northumberland, Tyne and Wear, and North Durham seven days a week

Focusing on these three areas will make the best use of the resources we have available now and in the future, but underpinning our draft STP is our absolute focus on providing quality services for local people. We will ensure all our GP and hospital services are rated as good or outstanding and improve patients' satisfaction with those services.

[Closing the financial gap](#)

To close the predicted £641m gap the STP partners have developed a range of solutions that would make the most efficient use of our local resources, while at the same time ensuring patients get the right care in the right place at the right time.

The commissioners and providers of health and social care services in our area each have their own efficiency plan that together should address around 60% of the gap.

STP partners are also working on a model of community based care that could be rolled out across the whole area to make sure patients get care as close to home as possible and so reducing the pressure on hospital based services. Initial estimates indicate that this could reduce non-planned hospital care by up to 15% by 2021

There are seven hospital sites in our STP area and we know that issues such as scarce staffing mean that we will have to consider how we will deliver hospital based services in the future. Partners will work together to understand how the hospitals might work together more closely, building on the collaboration that South Tyneside NHS Foundation Trust and City Hospitals Sunderland NHS Foundation Trust have already begun.

We are also looking at a number of smaller efficiency schemes, such as organisations sharing back office functions and greater collaboration on pathology services.

5. What will change?

We can't make improvements in the three action areas without making changes to the way we currently run services, and some of the programmes of work will inevitably mean structural change in how services are managed and where they are delivered. However that isn't new to our area.

Many structural changes have been planned for some time and are already underway. Whether that's the creation of an accountable care organisation in Northumberland – responsible for commissioning and providing both health and care services in the area – or the collaboration between South Tyneside NHS Foundation Trust and City Hospitals Sunderland NHS Foundation Trust, coupled with the Pathway of Excellence programme looking at the development of a single clinical operating model. These changes have been designed to improve the delivery of services and make the best use of the resources available locally.

It is too early to say what other change may be proposed. As we work through detailed plans to address the three action areas further potential change will become clearer. However each STP partner organisation is committed to actively involving patients, carers, staff and local people in shaping those changes and ensuring they have their say on how services will look in the future. Any proposal to substantially change any service will be subject to thorough and detailed engagement and consultation with those people potentially affected by any suggested change.

While we don't yet know the detail of what will change across Northumberland, Tyne and Wear, and North Durham, the draft STP does set out what the organisations in each of our local health economies hope to be working on over the next two years to address the three action areas.

The draft STP contains the full details, which in summary in each local health and social care economy areas include:

Northumberland and North Tyneside

The development of an accountable care organisation and vanguard for Northumberland will be the key focus as it will allow new models of commissioning and delivering services to be tested, and learning shared with other STP partners.

Other activities proposed by the draft STP include:

- Newcastle Gateshead CCG looking at supporting North Tyneside CCG with a joint management team to help financial recovery
- Continuing to support Northumbria Healthcare NHS Foundation Trust and Northumberland, Tyne and Wear NHS Foundation Trust to provide outstanding care, while Northumbria also looks at how it can provide seven day care for the wider North of Tyne population.

Newcastle and Gateshead

This health economy aims to build on existing work to develop community services and the idea of building teams around GP practices, as well as completing the testing of the concept around the enhanced care in care homes vanguard. Learning from this will be shared with other STP partners

Other activities proposed by the draft STP include:

- Looking at the best way to provide integrated care across Newcastle
- The Newcastle upon Tyne Hospitals NHS Foundation Trust and Gateshead Health NHS Foundation Trust collaborating on work to provide the best hospital based care for the two populations
- Continuing to support The Newcastle upon Tyne Hospitals NHS Foundation Trust and Northumberland, Tyne and Wear NHS Foundation Trust to provide outstanding care, while Newcastle Hospitals also looks at how it can provide seven day care for the wider North of Tyne population.

South Tyneside, Sunderland and North Durham

This health economy aims to focus on developing and testing the ideas behind the Sunderland multi-speciality community provider vanguard and the South Tyneside integrated pioneer work. Lessons learned from this will be shared with other STP partners.

Other activities proposed by the draft STP include:

- Continuing the Pathway to Excellence programme with South Tyneside NHS Foundation Trust and City Hospitals Sunderland NHS Foundation Trust working together to develop plans to provide high quality services seven days a week to both populations
- A programme of clinically led service reviews to ensure the best possible services are provided within the resources available.

From 2019 – 20 the health economy would also like to encourage greater collaboration between the University Hospital of North Durham and South Tyneside NHS Foundation Trust and City Hospitals Sunderland NHS Foundation Trust, in partnership with The Newcastle upon Tyne Hospitals NHS Foundation Trust and Gateshead NHS Foundation Trust, which also provide care for patients from North Durham.

Mental Health

Mental health is a cross cutting theme and features in all the local health and social care economy area plans.

The core ambition of the draft STP is to ensure “no health without mental health”. This will involve the development of an integrated life span approach to enable 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.

6. What happens next?

Local health and social care organisations have spent months working up the draft STP that was submitted to NHS England at the end of October 2016. The draft was built on work that has been or is currently going on across the area, and it was developed in line with what local people had already told us was important to them about local health and social care services. This included that services should be

- high quality, safe and sustainable
- as close to home as possible, and
- meet the needs of local people.

To be successful STPs must be developed with, and based upon the needs of local patients, carers and communities, and health and social care professionals must be effectively engaged with those plans.

In preparing our draft STP the local partner organisations talked to lots of organisations about the gaps in the local health and social care system, and how those gaps could be filled. Senior health and social care professionals were involved in drawing up the draft, and many more will be involved in developing the plans to take forward the three areas for action.

The publication on 9 November 2016 of the draft STP, along with this summary, marked the start of further engagement around our proposed way forward for local health and social care services. We have also published our engagement and consultation strategy that sets out the approach we will take in the coming weeks to getting the views of people from across Northumberland, Tyne and Wear, and North Durham on our draft STP.

From now until the end of January 2017 we will be talking to lots of people to ensure there is a general level of awareness and understanding about the need for change, and to listen to ideas or concerns about any aspect of the draft STP.

The views of local people will help to shape the final version of our STP and guide the development of our health and social care system between now and 2021.

For more information about our draft STP check out the full document available on your local CCG website, where you will also find our engagement and consultation strategy, and details of how you can have your say on our draft plan.