

Health and Wellbeing Board

31 January 2017

Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby Draft Sustainability and Transformation Plan



Report of Dr Stewart Findlay, Chief Clinical Officer Durham Dales, Easington and Sedgefield Clinical Commissioning Group, and Dr Jonathan Smith, Clinical Chair Durham Dales, Easington and Sedgefield Clinical Commissioning Group

Purpose of the Report

- 1 To provide an update to Health and Wellbeing Board (HWB) on the Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby (DDTHRW) draft Sustainability and Transformation Plan (STP). The DDTHRW draft STP is available to view online via the Durham Dales, Easington and Sedgefield (DDES) Clinical Commissioning Group (CCG) website ([Link](#)).

Background

- 2 The NHS shared planning guidance asked every health and care system to come together to create their own ambitious local blue print for accelerating the implementation of the *Five Year Forward View*. Sustainability and STPs are place based, multi-year plans built around the needs of local populations. STPs are expected to support closing three gaps across health and care systems that were highlighted in the *Five Year Forward View*:

- Health and wellbeing;
- Care and quality;
- Funding and financial efficiency.

- 3 STPs bring organisations together to develop a shared plan for better health and social care for local populations. STP footprints are not new statutory organisations. An umbrella plan has been developed containing specific plans to address key challenges.

- 4 The NHS organisations involved in the DDTHRW STP are as follows:

Commissioning organisations:

- NHS Darlington Clinical Commissioning Group;
- NHS DDES Clinical Commissioning Group;
- NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group;
- NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group;

- NHS South Tees Clinical Commissioning Group.

Provider organisations:

- County Durham and Darlington NHS Foundation Trust;
- North Tees and Hartlepool NHS Foundation Trust;
- South Tees Hospitals NHS Foundation Trust;
- Tees, Esk and Wear Valleys NHS Foundation Trust.

Ambulance services:

- North East Ambulance Service NHS Foundation Trust;
- Yorkshire Ambulance Service NHS Trust.

The DDTRW STP is led by Alan Foster, Chief Executive of North Tees and Hartlepool NHS Foundation Trust.

- 4 Partner organisations may be familiar with aspects of this work, and may be involved in them. The DDTHRW STP remains draft, further work is being done within the NHS and with local councils and other partners including the voluntary sector.

Key Priorities

- 5 The DDTHRW draft STP identifies four key priorities:

Priority 1 – Preventing ill health and increasing self-care:

- Helping people look after themselves by providing information about self-care and encouraging use of services like local pharmacy;
- Identifying people who are at risk and take early action before illness or problems occur, and offer better support to help them stay healthy and take care of their own health;
- Increasing early diagnosis of cancer and quicker treatment, and improve survival rates.

Priority 2 - Health and care in communities and neighbourhoods:

- Sharing experience of community based services that have worked well, and extend to neighbouring areas;
- Improving community based support so patients have their care needs assessments at home, once medically fit, rather than in hospital (“discharge to assess”);
- Improving local access to mental health support;
- Improving local access to health, social care and voluntary services by developing community based care hubs in Darlington, Durham and Tees;
- In Hambleton, Richmondshire and Whitby, implement the proposals that have been consulted on in “Transforming our Communities”.

Priority 3 – Quality of care in our hospitals – “Better Health Programme”:

- Most routine hospital care as local as possible, including outpatients, diagnostic tests, urgent care, frail elderly assessment and children’s assessment;
- For serious emergencies and life threatening situations, care provided by senior consultants and experienced teams of staff 24/7 who see high numbers of patients with similar problems;
- Planned operations being provided in dedicated facilities, separate from emergency care, to offer a better patient experience, and to reduce cancellations.

Priority 4 – Use of technology in health care:

- Develop the “Great North Care Record”, so NHS and other care organisations can share patient records, with the patient’s permission;
- Use technology to support care in remote rural areas;
- Use technology so patients can maintain independence.

Finance

- 6 Across the STP footprint, around £2.4 billion is spent on health care every year. The local NHS could be over budget by around £281 million in 2021 (about 12% of our funding) if we do nothing. Individual organisations already identify opportunities for improving efficiency every year, but we now need to look at how we do this across the whole system. Our priority will be to invest in and protect high quality frontline services that deliver the best care for our patients.

Engagement

- 7 Significant public engagement has been undertaken including over 50 public events to date. In addition to this there have been three stakeholder events and 100 discussions with community groups.

Key issues raised across our engagement are:

- Safety and quality of services;
- Transport for patients and visitors;
- Communications and availability of information;
- Access to primary care;
- Access to mental health care;
- Experience of hospital discharge.

- 8 Additional stakeholder engagement has been undertaken including:

- Establishment of a leadership forum in August;
- A programme board meeting with officers of local authorities was held on 10 October 2016 to review governance;

- Monthly meetings with joint Overview and Scrutiny Committees with elected members of all local authorities in Better Health Programme area;
- Local authority member briefing events;
- CCGs/Trusts briefing MPs.

Next steps

9 The draft STP was submitted to NHS England on 21 October 2016 in line with the national timetable. A copy of the draft STP has since been published. Copies of the draft STP plan, process for engagement and briefing materials were shared with HWB members individually.

10 Next steps for the DDTHRW STP include:

- Further engagement with patients and public;
- Building on existing work with local authorities and other partners;
- Introducing the “discharge to assess” model across the STP, noting that this had already been introduced in County Durham and Darlington Foundation Trust;
- Developing an approach to integration;
- Submitting a draft business case to NHS England to seek support for capital requirements;
- Planning for public consultation on any significant changes.

Recommendations

11 The Health and Wellbeing Board are recommended to:

- Note the contents of this report, and;
- Receive and comment on the draft DDTHRW STP.

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Appendix 1: Implications

Finance – N/A

Staffing – N/A

Risk – N/A

Equality and Diversity / Public Sector Equality Duty – N/A

Accommodation – N/A

Crime and Disorder – NA

Human Rights - NA

Consultation – N/A

Procurement - NA

Disability Issues - NA

Legal Implications – N/A