

## Health and Wellbeing Board

22 June 2017



### **Sustainability and Transformation Plans update report: Northumberland, Tyne and Wear and North Durham and Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby Draft Sustainability and Transformation Plans**

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**Report of Michael Houghton, Director of Commissioning and  
Development, North Durham Clinical Commissioning Group and  
Dr Stewart Findlay, Chief Clinical Officer, Durham Dales, Easington and  
Sedgefield Clinical Commissioning Group**

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#### **Purpose of the Report**

1. To provide an update to the Health and Wellbeing Board (HWB) on the two local Sustainability and Transformation Plans (STPs): Northumberland, Tyne and Wear and North Durham Draft Sustainability and Transformation Plan (NTWND STP) and the Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby Draft Sustainability and Transformation Plan (DDTHRW STP)
2. Both plans are available to view online on the Northumberland, Tyne and Wear and North Durham (NTWND) Clinical Commissioning Group (CCG) website ([Link](#)) DDTHRW Draft STP is available to view online on the Durham Dales, Easington and Sedgefield (DDES) Clinical Commissioning Group (CCG) website ([Link](#)).

#### **Background**

3. 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. 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.
4. 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.

5. Workstreams associated with the two STPs in the North East workstreams are being coordinated and delivered across the area. Both DDES and North Durham CCGs, in conjunction with Durham County Council Officers, ensure consistent coordination of delivery of plans for the population of County Durham.
6. A Prevention, Health and Wellbeing Workstream, sponsored by Terry Collins, Chief Executive, Durham County Council has been established across both STP foot prints in the region. This workstream is focussing on the following priorities in collaboration with partners:
  - Primary prevention,
    - Reduce the impact of alcohol
    - Reduce obesity prevalence
    - Reduce smoking prevalence
  - Secondary prevention
  - Best start in life
  - Work and health
  - Asset based approach
  - Flu immunisation
  - Workforce development
  - Joined up public health campaigns

### **Progress update (NTWND STP)**

7. A number of planned activities associated with the STP was delayed because the General Election Purdah. This was in line with guidance issued by the Cabinet Office. The key areas delayed were:
  - Publication of the Engagement Report from the events held in December 2016 and January 2017, which will be published on 27 June 2017;
  - The strategic timeline outlining the engagement plan and activities for the next draft of the NTWND STP, which is being considered at the end of Purdah.
8. The STP identified four key priorities and workstreams are being established to take these forward, wherever possible on a regional basis:
  - Prevention, health and wellbeing (please see information in paragraph 6 above)
  - Communities and neighbourhoods
  - Optimal use of the acute care sector
  - Mental health

## Progress update (DDTHRW STP)

9. DDTHRW STP identifies four priority areas:

1. Preventing ill health and increasing self-care
2. Health and care in communities and neighbourhoods
3. Quality of care in our hospitals - 'Better Health Programme'
4. Use of technology in health care

10. **Priority 1** – help people look after themselves by providing information about self-care and encouraging use of services like local pharmacy – the biggest priority areas are reducing rates of smoking and alcohol attributable to admissions and related harm. Identify 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; Increase early diagnosis of cancer and quicker treatment, and improve survival rates.

**Priority 2** - In the last 6 months we have been developing robust and credible delivery plans for our priority areas in order to: Implement new models of primary care; Improve local access to health, social care and voluntary services by developing community based care hubs in Darlington, County Durham and Tees; Improve integration with hospital-based care (Urgent Care & Specialist Care); Shift from hospital care to more community-based settings e.g. midwifery, more out-patients; Improve community based support so patients have their care needs assessments at home, once medically fit, rather than in hospital (“discharge to assess”); Improve local access to mental health support; In Hambleton, Richmondshire and Whitby, implement the proposals that have been consulted on in “Transforming our Communities”.

**Priority 3** - 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 in fewer specialist emergency hospitals; Planned operations being provided in dedicated facilities, separate from emergency care, to offer a better patient experience, and to reduce cancellations.

### Updated timetable (DDTHRW STP only):

<b>Phase 1: Feedback on health services improvements</b>	<b>February 2016</b>
<b>Phase 2: Draft principles and framework of care</b>	<b>May 2016</b>
<b>Phase 3: Decision making criteria for future services</b>	<b>July/August 2016</b>
<b>Phase 4: Short list of scenarios ahead of consultation</b>	<b>Oct/Nov 2016</b>
<b>STP draft submission</b>	<b>Oct 2016</b>
<b>STP Publication</b>	<b>Nov/Dec 2016</b>

<b>Phase 5: Maternity and children's services</b>	<b>Feb/March 2017</b>
<b>Purdah – General Election</b>	<b>Apr-June 2017</b>
<b>Further engagement - including further staff engagement</b>	<b>June-Sept 2017</b>
<b>Consultation on service change begins</b>	<b>From Autumn 2017</b>

**Priority 4** - Develop the “Great North Care Record” (GNCR), 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; Medical Interoperability Gateway ('MIG') is a data sharing scheme which is now live in and out of hours; Continued development of the GNCR. Please note that this is a regional piece of work being implemented in County Durham and across both STP footprint areas.

11. **Public Engagement**

- 60 events so far
- 94% found the events informative
- 96% found the workshops helpful
- 3 stakeholder events
- 150 discussions with community groups
- Public and staff engagement will progress after the general election. Staff engagement events and video ready to roll out in late June.

12. The numbers of people attending these events to date is as follows:

- 1,163 attended the 60 public events overall
- 351 attended the stakeholder events
- 1,174 attended voluntary sector events/discussions

13. Feedback from events has highlighted the following areas of concern, with those in bold identified as the top 3 areas from across the feedback of all events.

- **Quality of care, and results for patients**
- **The right staffing**
- **Travel and transport to hospital**
- Access to primary care
- Access to mental health services
- Communication
- Discharge support
- Integration of services

## **Recommendations**

4. The Health and Wellbeing Board is recommended to:

- Receive the progress updates for both STPs
- Agree to receive further joint updates to future Health and Wellbeing Board meetings.

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**Appendix 1: Implications**

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**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** – Consultation and Engagement is ongoing across both STPs and will resume following purdah.

**Procurement - NA**

**Disability Issues - NA**

**Legal Implications – N/A**