

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 25 January 2017

Title and Author of Paper: Sustainability and Transformation Plan response

Executive Lead: John Lawlor

Paper for Debate, Decision or Information: Information

Key Points to Note:

Statutory Boards from NHS organisations across the STP areas have been asked to provide a formal response to the draft STP as submitted to NHS England in late 2106.

As these responses were required prior to the Board Meeting, the draft response was discussed by Executive Directors and circulated to Non-Executive Directors for comments.

The final response submitted is included here for reference purposes.

Risks Highlighted to Board :

Risks in relations to the STP are included in the response

Does this affect any Board Assurance Framework/Corporate Risks

No

Equal Opportunities, Legal and Other Implications: None at this stage

Outcome Required: to note the submitted response

Link to Policies and Strategies:

Executive Corridor
1st Floor
Main Building
St Nicholas Hospital
Jubilee Road
Gosforth
Newcastle upon Tyne
NE3 3XT
Tel: 0191 2456801
e-mail : kirsty.allan@ntw.nhs.uk

JL/ka

18 January 2017

Mr Mark Adams
Accountable Officer NHS Newcastle Gateshead CCG
Riverside House
Goldcrest Way
Newburn Riverside
Newcastle upon Tyne
NE15 8NY

Dear Mr Adams,

Re: Sustainability and Transformation Plan (STP) for Northumberland, Tyne and Wear, and North Durham

With reference to your letter dated 29 December, please find below responses in italics from NTW to contribute to the draft of the STP.

1. What do you think about the STP vision for our area? Is there anything missing or more we should aim for?

- Everyone who lives, works, learns or visits the area will realise their full potential and equally enjoy positive health and well being
- Safe and sustainable health and 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

The Northumberland, Tyne and Wear NHS Foundation Trust (NTW) Board welcomes the focus throughout the STP on 'wellbeing'. This is helpful in that it avoids the more traditional focus on physical health and includes wider mental health issues and other determinants of health including social factors such as housing and employment. We are pleased to note the creation of a mental health workstream which recognises the importance of mental wellbeing across all aspects of health, and settings in which health and care services are delivered, particularly noting the impact that good mental health can have on those with other long term conditions.

While the vision can't be argued with, further work is needed on what is expected to be delivered in the next five years in the context of the resource constraints. It is right that the vision has a longer term focus, but is equally important that public expectations are set appropriately to avoid disappointment.

2. What do you think about our ambitions for what health, well-being and services should look like by 2021? Is there anything missing or more we should aim for?

- The health inequalities in our area will be 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.

While it is right to be ambitious here, we are not sure if it is realistic or achievable to reduce health inequalities to be comparable with the rest of the country such a short timescale.

In relation to bullet point 1: *As a Board we have long highlighted the significant difference in life expectancy and life chances for local citizens who experience mental ill health and learning disabilities. We feel that it is vitally important to ensure that health inequalities in relation to mental health and learning disabilities are addressed – not just years of life lost overall in north east.*

We should not forget that people with learning disabilities are over 50 times more likely to die before the age of 50 than the rest of the population (Emmerson and Baines 2010).

Alongside this, the 5 Year Forward View for Mental Health (2016) states '*Physical and mental health are closely linked – **people with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than other people** – one of the greatest health inequalities in England. Two thirds of these deaths are from avoidable physical illnesses, including heart disease and cancer, many caused by smoking. There is also a lack of access to physical healthcare for people with mental health problems – less than a third of people with schizophrenia in hospital received the recommended assessment of cardiovascular risk in the previous 12 months.'*

In relation to bullet point 2: *We would prefer to not have the focus on 'hospitals/out of hospital' as the venue for care as most specialist mental health care is provided in the community. It may be better now to use the terminology around neighbourhoods and communities, and reference developing integrated services around the needs of local communities.*

Perhaps the ambitions should make reference to services which address the whole health and care needs of the population, rather than relying on traditional service delivery models and language.

In relation to bullet point 3: We support and are working towards providing 7 day a week hospital care. However, this should not be restricted to hospital based services. We would prefer to see the ambition towards better integrated support around care pathways, reducing the need for hospital admission and promoting earlier discharge whilst ensuring that when a hospital bed is needed, it is provided in the right environment with that right specialist care and support.

3. The Five Year Forward View identifies three main gaps – health and wellbeing, care and quality, funding – what do you think about the proposed actions to address those gaps locally? Is there anything missing or other actions we should take?

- Scaling up work on ill-health prevention and improving well being
- Improving the quality and experience of care by increasing collaboration between organisations that provide out of hospital care and making the best use of acute or hospital based services
- Closing the gap in our finances which, if we do nothing we could be facing a funding gap in health of £641m by 2021 and could be as high as £904 million including social care

While the three gaps identified are appropriate, with relevant actions to address, it is not clear at the stage how these are going to be able to be joined up. For instance, the level and timing of investment in prevention and the resulting impact of this are not clearly understood nationally or locally. There needs to be clearer articulation of the choices and trade-offs that need to be made to achieve the right balance across these areas.

This should be the basis of further consultation with the public or there could be a belief that everything can be delivered without any fundamental change. This is unrealistic given the scale of the financial challenge. We need to be clearer about the potential changes for the public and clearer about what choices we are asking them to make. For example, are we potentially asking people to travel further to achieve increased specialisation, safety and economy across hospital based services? What services are we willing to forego to enable a shift in resource towards prevention? What will be the public's role in achieving these aims be? How can we clearly articulate how we are collectively going to meet the three aims described or deliver on the actions?

As a Board we are conscious that there remain some unanswered questions about the proposed governance arrangements for STPs. We acknowledge the hard work that has been undertaken to explore and resolve these questions, though it remains unclear as yet what decisions will rest at an STP level, what at a CCG level and what at a locality level. The role of statutory Boards in the STP

Governance structure also needs to be further clarified. The link between vanguards and workstreams also need to be articulated with delivery vehicles such as ACOs and MCPs described more clearly.

At an STP level there needs to be a clear understanding and process by which organisations will agree collective decisions. We need to work closely together to agree how organisations are going to be asked to support arrangements where individual organisations may be asked to cede decision making to a collective body and, if so, how is it proposed that this should work.

4. What do you think about the scale of the challenge facing us in making significant improvements to health and well-being, services and efficiencies? Are there any other actions we could take to make these changes or speed up the rate of improvement?

There has been much good work in bringing together collective thinking in the STP process. However it is early in the process and so perhaps inevitable that we remain organisationally focussed rather than truly concentrating on the overall needs of patients and local communities.

As a Board, we believe that partners in the STP need to collectively make some fundamental decisions about crucial issues such as:

- *contracting,*
- *payment methodologies to support the aims of significant shifts in balance of investment,*
- *collective risk management.*

It is difficult to see how the fundamental shift can be made without some of these difficult discussions being raised and resolved.

As partners, we collectively need to make sure that the scale of the task is transparent to the public so that there is realism in local engagement and consultation discussions and decision making. The scale of the financial challenge is unprecedented in scale and speed, and this will not be achieved (particularly in the short term) without some fundamental changes in what the local NHS and social care community can be expected to deliver.

I trust that these comments are helpful and I and Board members would be happy to discuss these further individually or collectively.

Yours sincerely



John Lawlor
Chief Executive