Item 5

Gateshead Council

HEALTH AND WELLBEING BOARD
28 April 2017

TITLE OF REPORT: **Communities and Neighbourhoods Model (Out of Hospital Care)**

Purpose of the Report

1. This report provides an overview of the Communities and Neighbourhoods model currently under development in Newcastle and in Gateshead designed to facilitate more care being provided in community and neighbourhood settings.

Background

2. The Community and Neighbourhood model for Gateshead and Newcastle has been developed over the last 12 months through a range of stakeholder conversations. Describing a system architecture designed to shift care from hospital settings to community settings and ideally to people's own homes, the model captures work already underway in many parts of the Gateshead geography. The model will not duplicate existing work – but will bring into a coherent story, the collective efforts of statutory, voluntary, community and third sector agencies.

3. The Communities and Neighborhoods model is designed to deliver improved outcomes for the population in terms of their health and wellbeing and builds upon measures and metrics already in place. For example, its success will be measured through the number of patients remaining at home 91 days after discharge, permanent admissions to care homes, reduced readmissions and delayed transfers of care. Such measures of success are taken from existing frameworks, and importantly from the Better Care Fund.

The Sustainability and Transformation Plan

4. In 2014 NHS England published the Five Year Forward View, setting out a vision for a better NHS and the steps needed in the Northumberland, Tyne and Wear and North Durham plan to deliver that vision by 2020-21. There are 44 footprints across England and ours covers the three local health and social care economies of:
    - Northumbria and North Tyneside
    - Newcastle and Gateshead
    - South Tyneside, Sunderland and North Durham area.

5. STPs will not replace existing plans to improve services in an area. Instead they will act as an 'umbrella' plan: holding underneath it a number of different specific

plans to address certain challenges, such as improving cancer diagnosis, mental health care, or transforming urgent and emergency care services.

6. Much of the STP describes transformation work and programmes already underway across the patch and is simply a continuation of that work over the next few years. The Health and Wellbeing Board and scrutiny arrangements have previously considered many of these; for example, the Deciding Together programme (mental health) was considered by a joint scrutiny meeting between Newcastle and Gateshead on 31 March 2016).

7. There are four 'Transformation Delivery Groups' which will operate at the STP footprint level and will oversee the development of the new care models in our STP. Each work stream is led by a nominated director – three of the four of which are from the Newcastle and Gateshead patch, giving us a really strong leadership role across the STP footprint.
   - Prevention, health and wellbeing – a north east wide programme (is covering two STP areas) and led by Amanda Healey, DPH at South Tyneside.
   - Neighbourhood and community services (out of hospital) – led by Dr Dan Cowie, Director of Transformation at Newcastle Gateshead CCG.
   - Optimum use of the acute sector – led by Susan Watson, Director of Strategy at Gateshead Health.
   - Mental Health – led by James Duncan, Deputy Chief Executive at NTW mental health trust.

8. There is a community and neighbourhood STP wide group (covering Northumberland, Tyne and Wear and North Durham) – its role is to provide expert clinical and non-clinical advice on the health and care outcomes all areas should be working to achieve. This work is led by Dr Dan Cowie (from Newcastle and Gateshead CCG) across the STP footprint. The design of the local model to achieve the outcomes is entirely within the gift of the local health economy.

A Model for Communities and Neighbourhoods

9. Right now, we have a high reliance upon hospitals beds in the north east compared with the rest of the country. In the next 20 years, we will see a 50% increase in the number of people over 70 years old and a 100% increase in the number who are over 80 years old. This increase will put more and more demand on the NHS and social care system unless we change the system. For example, in the next 20 years, if we continue as we are we will need twice as many hospital and social care beds than we currently have. We will not be able to provide the staffing nor the premises to meet this kind of demand – let alone be able to afford to do so. We therefore need a new care model.

10. So, we need to work together to help the population live healthy and happy lives, independently and at home and that means first and foremost focussing upon making the most of our personal health and wellbeing behaviours and our community resources and only when we need NHS or social care services, do we access them - quickly and easily.

11. Services will be designed to help people live their entire lives at home, reduce the number of people going into hospital; when people do go to hospital, they will stay there for as short a period as possible. Teams will include district nurses, social workers, matrons, GPs, physios, occupational therapists and a whole host of other professionals. Professionals will be asked to collaborate with colleagues

and help wrap their services around the person. We will see hospital specialists not only delivering services in hospital but also in communities, be that through providing advice, delivering training programmes or sitting within the communities teams and giving direct care to patients ***out of the hospital setting***.

12. To make a reality of the model, we need to change how some services will operate and ensure that they are set up to deliver the kind of services we will need for the future.

13. It is envisaged that an ***enhanced primary care*** model would operate across populations of 30 – 50,000. This doesn't mean practices having to merge with each other, but it does mean them working together and sharing their scarce workforce resources.

14. The model describes an approach where the population will receive its care from ***locality-based integrated care teams*** that bring together the NHS and Local Authority with voluntary and community sector services in each locality, wrapping the health and care service around the person, working in synchrony to help the person continue to live at home.

15. Equally the locality based integrated care teams would benefit from ***specialist interface services*** which will see specialist providers (acute and mental health trust, local authority specialist advice etc.) providing advice to the locality teams and direct services to the population in the community with the aim of reducing admissions to hospital and helping those who are in hospital get back home as quickly as possible.

    The attached Appendix provides a graphical representation of the model.

Current Position

16. The neighbourhoods and communities model is a large scale change programme and we have spent much of March and April in 'conversation sessions' with various stakeholder groups to share and shape the story further. To support the conversation programme, we have developed:
    - A standard slide deck
    - A single sheet handout describing the model and a series of statements about 'what this means to me/ my organisation' to help the public and stakeholders understand the model and shape it further with us.
    - Guidance notes for those presenting the model – which are of course, entirely sharable with the audience.

17. The first five conversation sessions held in March have also identified some points which **require further consideration**, including:
    - The slides and handout are written for professional audiences. We are working on the public facing documents.
    - The model encompasses health and care services – there is not yet sufficient emphasis on children, health inequalities or the workforce challenge. This will be addressed in the final version in May.
    - The work on 'prevention' and improving overall health and wellbeing is subject to a separate work stream. Again, this is not sufficiently described in the slides and will be addressed in the final version in May.

- The way in which we describe the voluntary sector in the 'what it means to me' part of the single sheet handout, needs to be reframed.

18. The following table lists the conversation sessions scheduled in March and April 2017. Members of the board are asked to provide direction about where the revised model should be discussed, following the conversation sessions below.

Organisation / Forum	
Gateshead HWB	Joint Integrated Care Board
Newcastle well-being for life	Gateshead Transformation Board
Newcastle people directorate	Gateshead CWL directorate/ Strategy Group
Newcastle portfolio holders	NUTH Trust board
Gateshead portfolio holders	NUTH integration group
Accountable officers meeting	Gateshead Health Trust board
Sub AO meeting	NTW Trust board
Newcastle task force	NTW transformation team
CCG internal staff briefing	LMC/ CCG conversations
CCG corporate management	NG CCG governing body
Blue Stone consortium	Newcastle design lab
Estates group	Newcastle GP federation
GP forum	

Proposal

19. It is proposed that the Gateshead Transformation Board, which exists as part of the Gateshead Care Partnership, leads the work to implement the communities and neighborhoods model.

Recommendations

20. The Health and Wellbeing Board is asked to:

(i) Note the title of the model will be changed from 'Communities and Neighbourhoods' following feedback already received;
(ii) Suggest alternative titles for the model;
(iii) Comment upon the content of the model and suggest alterations accordingly;
(iv) Provide direction on the meetings in which the revised model should be taken, following the 'conversation' sessions to shape the model.

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