

Towards an Integrated Care System for the North East and North Cumbria

Case for change and emerging governance

Developing Integrated Health and Care Partnerships
North East and North Cumbria

Join our journey

June 2018

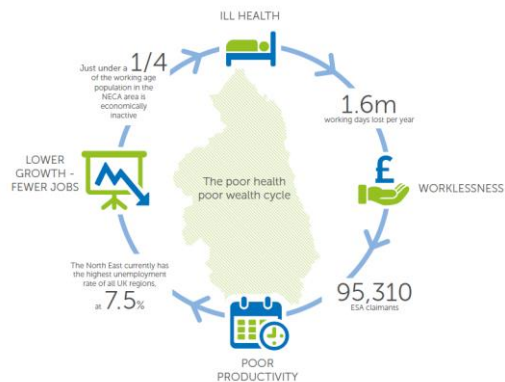
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The context for NHS in NENC

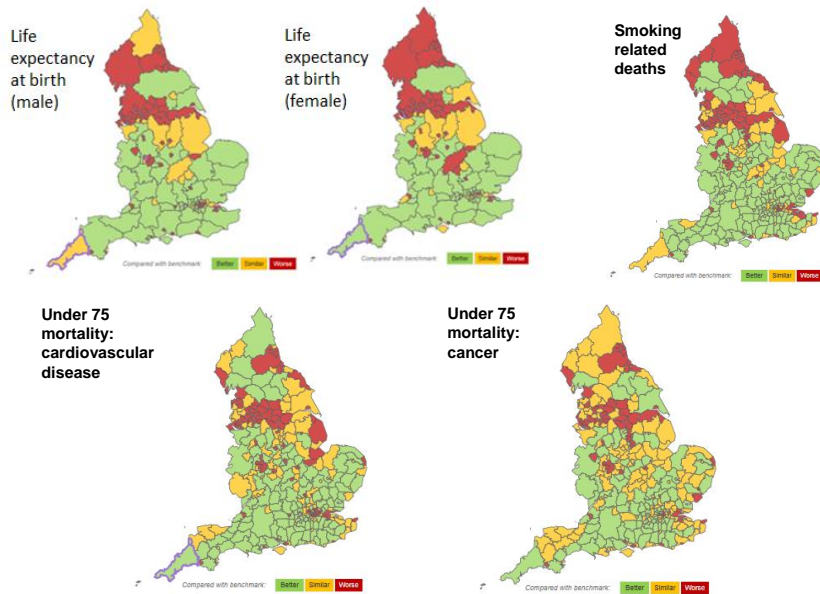


- The NHS cycle is driven by poorer population health as a starting point
- This leads to an over-dependence and over utilisation of the hospital sector
- NHS funding is drawn away from investment in prevention and preventative services which stops the causes of poor health being addressed

- There is a gearing effect applied to the NHS cycle of missed opportunity caused by the "health and wealth cycle"
- Ill health contributes to worklessness, poorer productivity and lower economic growth which impacts onto the health of the population



The opportunity cost is poorer health outcomes



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The case for change: why we need an ICS in CNE

Context

- A long-established geography, with highly interdependent clinical services
- Vast majority of patient flows stay within the patch.
- Strong history of joint working, with a unanimous commitment from NHS bodies to go further as an ICS
- High performing patch, with a strong track record of delivery

Challenges

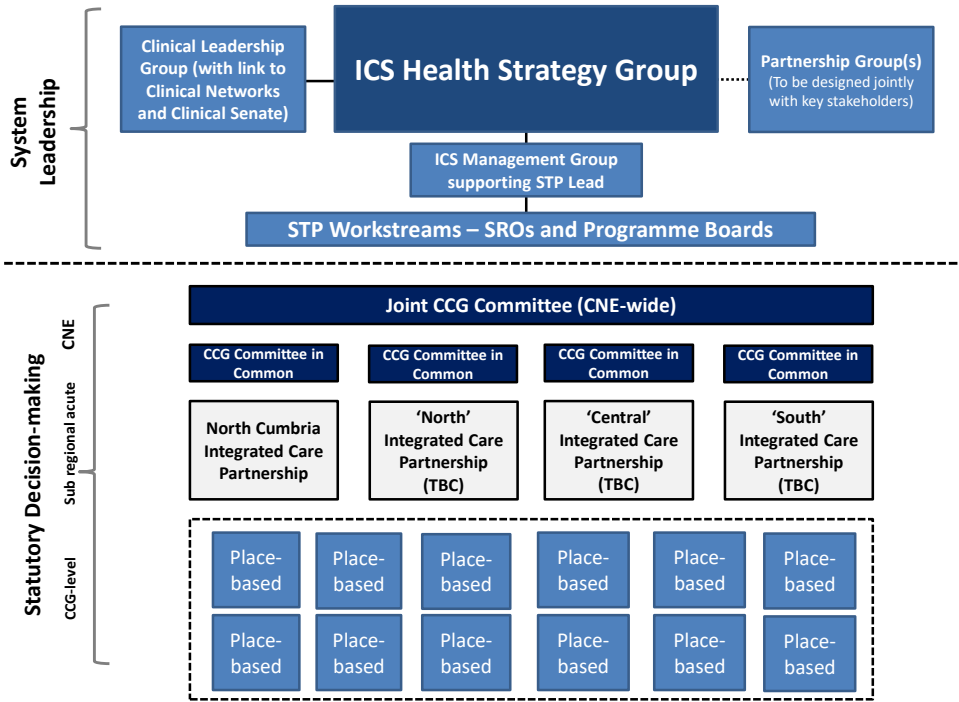
- Fragmentation following the 2012 Act has made system-wide decision-making difficult
- Significant financial gaps, service sustainability issues and poor health outcomes
- Maximising our collective impact to delivery the triple aim whilst reducing duplication and overheads.

Our ICS will:

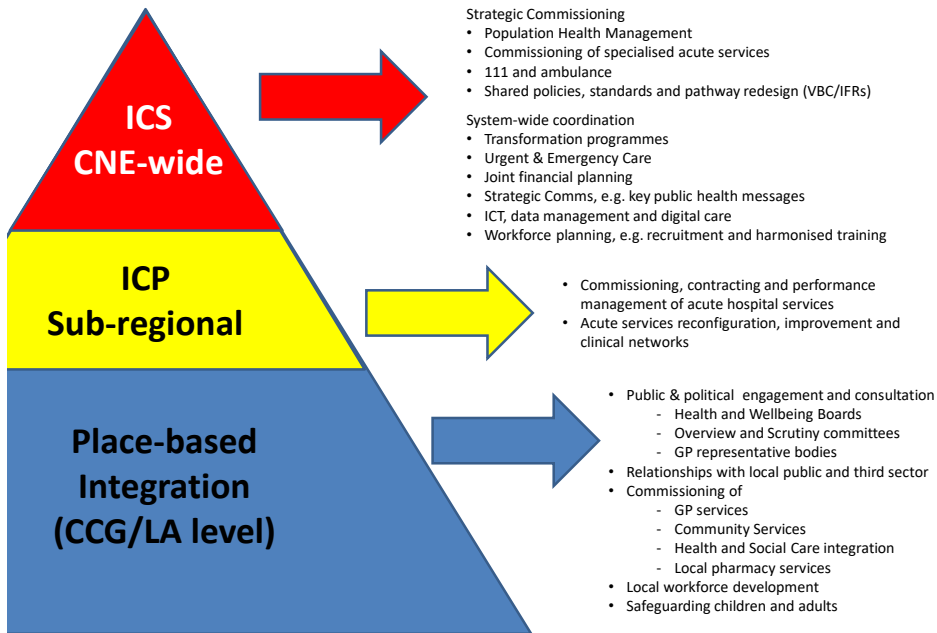
- Create a single leadership, decision-making and self-governing assurance framework for CNE
- Coordinate the integration of 4 ICPS – building on the learning from North Cumbria
- Establish joint financial management arrangements
- Aspire to devolved control of key financial and staffing resources
- Set the overall clinical strategy, standards, pathways and enabling workstreams to reduce variation
- Coordinate 'at scale' shared improvement initiatives
- Arbitrate where required and hold the ICPS to account for the delivery of FYFV outcomes

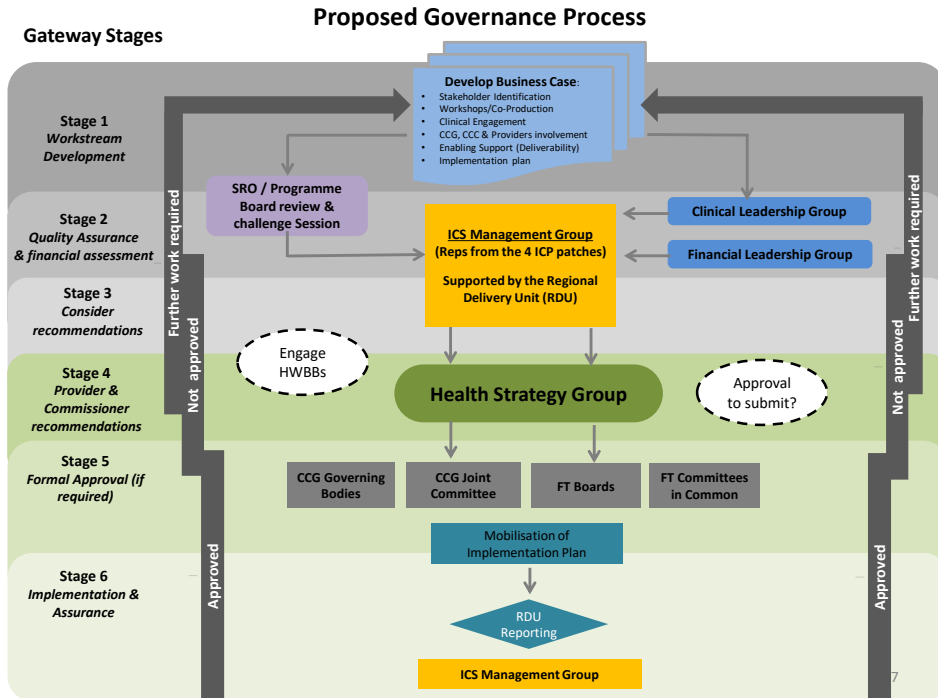
Our ICPS will be commissioned to

- Deliver integrated primary, community and acute care (aligned to the overall ICS strategy).
- Ensure critical mass to sustain vulnerable acute services within their geography



Options for service planning and delivery





Headline Clinical Strategy

- Driven by extensive clinical engagement and informed by insights from population health management
- Shifting the emphasis of care to prevention and early intervention in the community
- Collaboration and networking of acute services around four centres of population
- Service consolidation and organisational change only where necessary
- CNE-wide solutions for Pathology and Radiology
- Building on CNE-wide coordination arrangements: UEC Vanguard & Cancer Alliance
- Developing new models of primary care to meet the needs of an ageing population
- Industrialising our approach to prevention focused on screening for atrial fibrillation and osteoporosis
- Delivery of ambitious 'No Health without Mental Health' programme

CNE Acute Hospital Vulnerable Services		Localised Pressures
Specialised Services	Core Services	
Neonatology (HDU and ICU)	General Radiology	Ophthalmology
Vascular	Pathology	Rheumatology
Breast symptomatic and Breast screening	Obstetrics <small>Low-dependency neonatal Acute and general paediatrics</small>	Dermatology
Hyper Acute Stroke <small>Diagnostic & Interventional Neuro-radiology Mechanical Thrombectomy Rehabilitation</small>	Emergency, general and paediatric surgery	Clinical Haematology
Interventional Radiology	Emergency Departments <small>Front of house acute and specialities</small>	Urology
Neurosciences	Acute Gastroenterology and Planned Endoscopy	Anaesthetics