

A black and white close-up portrait of a woman with a warm, friendly smile. She has dark hair pulled back and is looking slightly to the right of the camera. The lighting is soft, highlighting her features.

NHS

North East

**Our strategic vision for transforming healthcare
services within the north east of England**

June 2009

OURVISIONOURFUTURE

getting better every day



OUR VISION OUR FUTURE

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foreword

Ian Dalton, chief executive,
North East Strategic Health Authority.

Our ten year vision has been developed after a review of north east health services by NHS professionals who provide care and treatment every day in our homes, GP surgeries, clinics and hospitals and also key stakeholders including staff, patients and the public.

We have found much to be proud of but know further improvements are needed.

In recent years, the general health of the north east population has improved and we've reduced health inequalities, yet overall the region still has some of the poorest health in the country. Across the board, there is an over dependence on hospital based treatment, yet we too often lack the most appropriate services to reach some people or prevent illness in the first place.

Our vision sets out a plan which puts the patient at the heart of what we do and describes how we will transform health services.

Some of the changes required will be complex and will take time. It is essential that we continue to give everyone - doctors, nurses, other health professionals, patients and carers - a chance to have their say.

At the moment, we cannot know all the innovations and ideas that will help us achieve our vision, which is why the ongoing involvement of clinicians is so important.

Our agenda will be heavily steered by the overarching priorities of quality, innovation, productivity and prevention. However, we can start with immediate steps to remove variation in standards and outcomes for health and healthcare services. Throughout the pages of this document, you will see where we have identified the things that need to be done now as current priorities, and our progress to date.

This work has only been possible because of the commitment of the chairs, facilitators and members of the eight clinical pathway groups which were established to instigate the initial work. Members of these groups - which have now been renamed as clinical innovation teams - continue to work hard looking at how to embed the vision in our everyday work and how to encourage consistently high standards.

I would like to thank everyone who is giving their time and expertise to make this happen.

We will continue to refine our plans and work hard to ensure that NHS North East delivers the necessary innovation and improvement to create a world class health system of which everyone can be proud.



Professor John Burn, lead clinician,
Our vision, our future.

Lord Darzi's *High quality care for all* set the challenge for the next decade of a more responsive, clinically led and locally accountable NHS. In the north east, substantial work is being undertaken to achieve this objective.

Over the last year, people involved in the initial 8 clinical pathway groups, which were established to take forward a vision for NHS North East, have been working in partnership with other clinicians and NHS staff to translate *Our vision, our future* into effective local action. The work of these groups is also influenced by two other key documents: the *Better health, fairer health* long term regional strategy to improve health and wellbeing and the *Safer care north east* strategy for improving patient safety.

My own appointment in January 2009 as lead clinician for *Our vision, our future* was designed to emphasise the central role of the clinician and the importance of the interface between standards of care, innovation and research.

As we move into implementation, the pathway groups are being revised with identification of a core team linked to existing NHS structures, including chief executives, commissioners and experienced clinicians. This will ensure efficient action and avoidance of duplication. These teams supersede the clinical pathway

groups and will be known as clinical innovation teams. They will be charged with addressing the urgent need to achieve rapid change, including the development and implementation of consistent standards, and to work more efficiently within available resources.

It is certainly the case that exciting developments are already underway, ranging from major capital investment in new facilities, to implementing new ways of making services more targeted and accessible.

The early progress, current and long term goals of each clinical innovation team are summarised in this document.

'No barriers to health and wellbeing' and 'no waste' will be our guiding principles as we seek to provide even better healthcare for people in the north east. In short, we must be innovative and diligent in our quest to deliver more for less.



the north east review

background and key challenges

main findings of the review and the case for change



The review of north east health services, which took place during 2008, involved patients, staff and members of the public in addressing four key areas:

- 1) To ensure clinical decision-making is at the heart of future health service delivery.
- 2) To improve patient care, treat patients with dignity in safe and clean environments, and ensure high quality, joined-up services for those with long term or life threatening illnesses.
- 3) To deliver accessible and convenient healthcare in the community and in hospital, reflecting best value for money, in the most appropriate place for patients and tailored to meet individual needs.
- 4) To establish a vision for north east health services in the next decade, based on more patient control, choice and local accountability, ensuring services are responsive to the needs of the people using them.



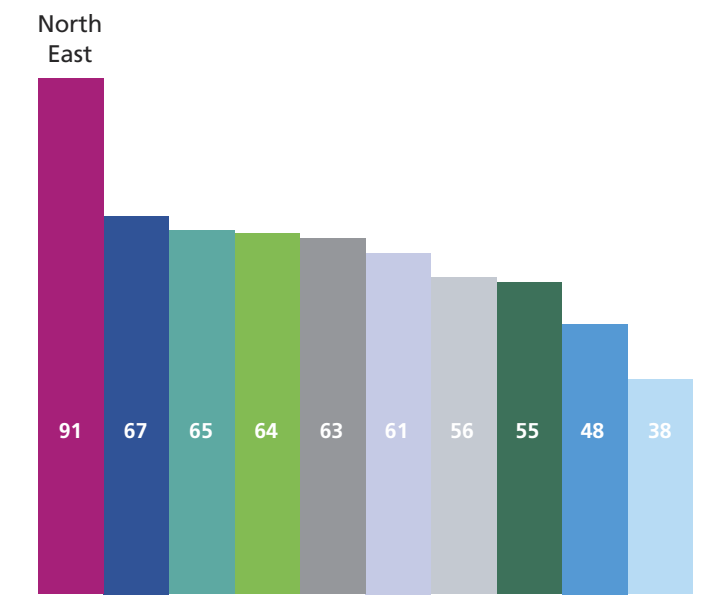
With the involvement of hundreds of doctors, nurses and other staff, the review focused on eight key areas of care:

- > **Maternity and newborn care**
- > **Children's services**
- > **Staying healthy**
- > **Planned care**
- > **Long term conditions**
- > **Acute care**
- > **Mental health**
- > **End of life care**

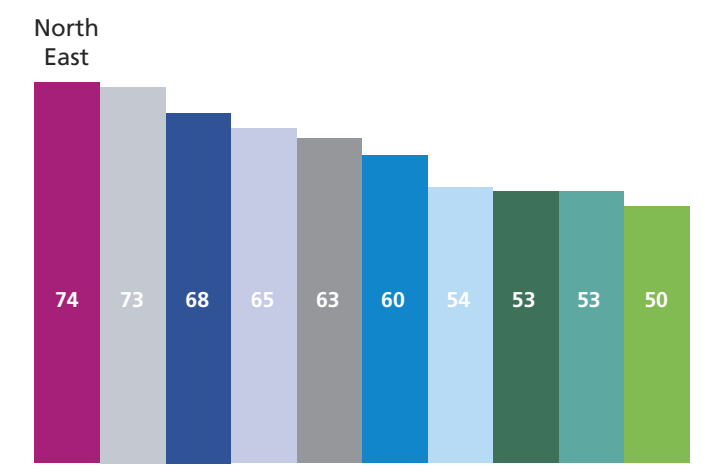
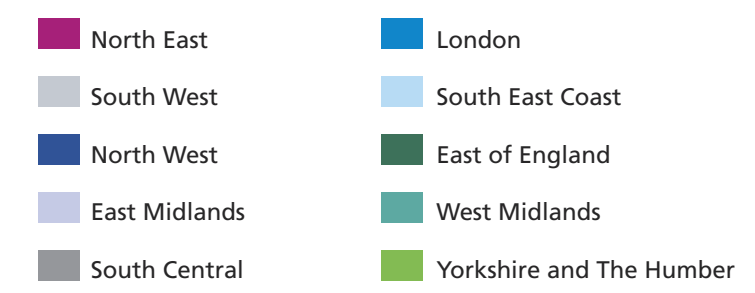
These are the main points of a person's life when they may come into contact with health services and are the key elements of NHS work.

The north east review provided insight regarding challenges for the future provision of health and healthcare services.

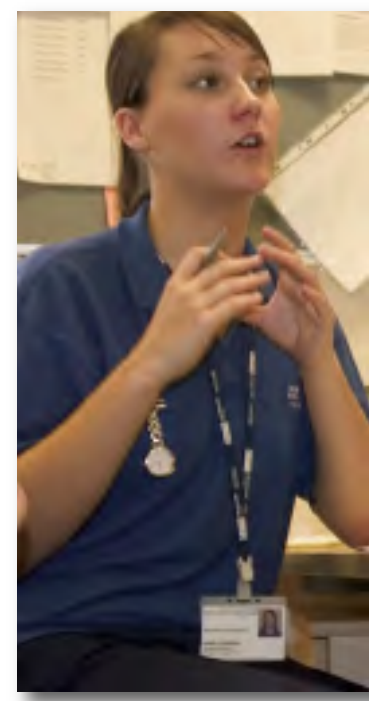
North east NHS services are amongst the best in the country, but our significant challenge is the region's high levels of ill health and premature death.



% of organisations in each region scoring excellent or good for Quality of Services by Healthcare Commission 2007/08



% of organisations in each region scoring excellent or good for Use of Resources by Healthcare Commission 2007/08



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the north east review

changing how we do things

Growing demand for care and services can deflect focus and investment from tackling the root causes of ill-health, which then contributes to further illness. A focus on simply investing more into existing services can also limit opportunities to look at doing things differently.

Tackling the underlying causes of ill-health must be a priority, along with developing innovative and effective services centred around patient needs.

Because the review looked at how patients travel through the healthcare system, it highlighted the problems that patients can often experience with variations in access, performance and results.

Key elements of NHS and social care systems (including primary and secondary care) have evolved separately from each other. The system was not originally 'designed' to work in an integrated way to ensure seamless, effective care.

The case for change is clear:

- 1) The north east has some of the worst health in England.
- 2) Our population makes more use of hospitals than any other part of England.
- 3) A dependence on hospitals limits the resources we have to prevent poor health and we must do more for patients who have long-term problems.

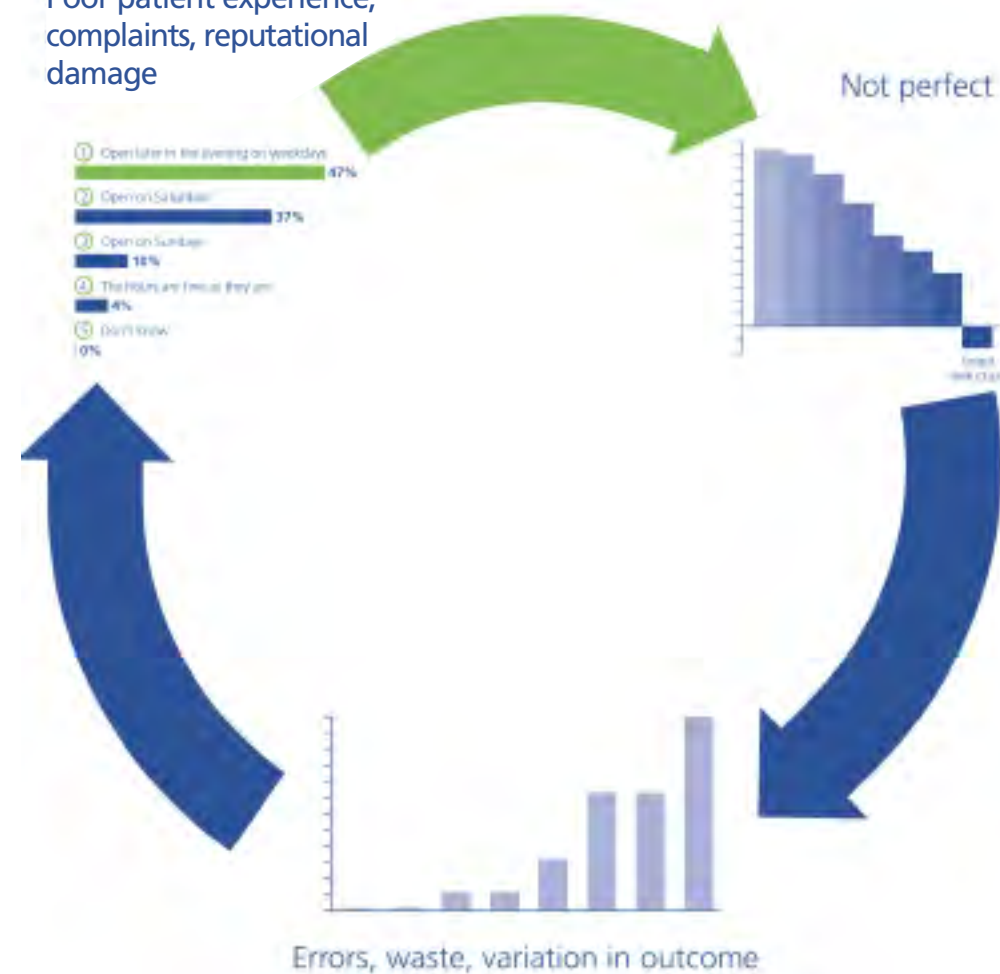


We call these three features 'the cycle of missed opportunities' and we must change how we do things to break this.

In addition:

- 1) Variation in performance means we are not providing a uniformly good service.
- 2) There is waste, errors and variation in outcomes for patients.
- 3) Patients' experiences of our services are too often inadequate or failing to meet expectations.

Poor patient experience, complaints, reputational damage



We call these three features 'the cycle of tolerating imperfection' and we must change how we do things to break this.



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summary and vision

the summary of our findings

Each clinical innovation team has a long term vision for world class health services in their specific area of work. The visions of each team will be implemented in line with the following cross-cutting themes.

1) Everything we do will:

- Have a clear focus on the regional NHS North East vision (see page 8).
- Take forward the concept of 'Team North East', ie. we are in this together and need to have a collaborative approach. (The review emphasised the sense of community and common purpose within the north east, referred to as 'Team North East').
- Be linked to clinical networks which span the region and which will be central to driving progress and implementing change.

2) Developments will fit with one of four important regional strategies covering:

- Development of primary and community care (see page 26 for more details).
- Patient safety - the *Safer care north east* strategy was launched in July 2008 to ensure the highest possible standards across all organisations for safe and effective services.
- Improvement of health and wellbeing - *Better health, fairer health* is the region's first health and wellbeing strategy. Within one generation it aims to make people in our region the healthiest in the country.



Achieving this will rely not just on the NHS, but on the expertise and commitment of other partners and organisations too. Further details can be found at www.northeast.nhs.uk/your-health

- Estates development, including buildings and facilities.

3) All of the changes will be enabled by:

- Information technology.
- Workforce development.
- Leadership development.

4) The North East Transformation System.

Which provides a proven methodology and approach for supporting continuous and sustained improvement.

5) Primary care trust commissioning strategies.

- Further details can be found at: www.ourvisionourfuture.nhs.uk

the regional NHS north east vision

Over the last few years, NHS North East has developed a unifying and aspirational vision for the health service in the region.

This overarching vision is a shared sense of direction for all NHS organisations in the area and states that:

"The NHS in north east England will be the leader of excellence in health improvement and healthcare services."

This will be achieved by pursuing seven clear aims:

- **No barriers to health and wellbeing**
- **No avoidable deaths, injury or illness**
- **No avoidable suffering or pain**
- **No helplessness**
- **No unnecessary waiting or delays**
- **No waste**
- **No inequality**

There is a recognition that these aims will not be achieved in the short term. But there was a clear view from clinicians and members of the public who were involved in developing the vision, that a 'zero tolerance' approach should be taken to anything which falls short of these ideals.

People in the north east deserve to benefit from the best health and wellbeing possible and the region wants to be recognised for an outstanding and sustainable quality of life, which is enjoyed by everyone.



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Priorities under discussion

- Identify standards to help improve the health of mothers in the priority areas of teenage pregnancy, smoking, obesity, alcohol and substance misuse and breastfeeding.
- Work with clinicians, commissioners and key stakeholders to assess the impact and implications of delivering 98 hour consultant cover and 1:1 midwifery care in labour units.
- Define a way of identifying high risk women earlier.
- Work with clinicians, commissioners and key stakeholders to improve breastfeeding rates across the north east.
- Collaborate with primary care trust commissioners to ensure consistent implementation of effective, evidence-based standards and care pathways.

Long term objectives

- Standardised, quality care - ensure a genuine choice and consistently high quality maternity services for all women.
- High risk pregnancies - take a more proactive approach to identifying high risk women before and during pregnancy.
- Transparency and communication - provide clear information to women about their choices.
- Maternity care assistants - greater use of support workers to improve attendance at appointments, as well as improve communication and links to vulnerable groups.
- Personal and consistent support from pre-pregnancy care through to midwife 'sign off'.
- Consultant cover - all relevant guidelines for ensuring appropriate consultant cover will be met.

Progress

- Draft standards to help improve the health of mothers have been drawn up and will be implemented across the whole region. These standards will be reviewed by primary care commissioners before they are signed off by the clinical innovation team.
- A regional standard of 1:1 care in labour has been agreed, using the NICE definition, alongside an assessment of the implications of introducing 98 hour consultant cover on labour wards.
- A pathway has been proposed to enable better and earlier identification of high risk women.



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vision, current priorities and progress of the eight clinical innovation teams

Priorities under discussion

- Establish standards and a common pathway for sick and injured children.
- Review reasons for current variations in services and associated implications for safety, effectiveness and appropriateness of clinical support.
- Develop an 'exemplar' pathway for paediatric surgery, for discussion with hospital trusts and commissioners.
- Strengthen local services in primary care and paediatric assessment units and coordinate overall plans for paediatric services.
- Prepare recommended standards and arrangements for a regional clinical network for acutely sick and injured children, for discussion with hospital trusts and commissioners.
- Develop regional guidance for the care of children with a urinary tract infection.

Long term objectives

- Safe and consistent standards - healthcare for all sick and injured children will be consistent, safe, equitable and sustainable, based on best practice and patient expectations.
- Parents - to reduce uncertainty and concerns for parents, better access and referral procedures will be put in place.
- Specialist, highly trained staff - competent child health experts will enable fast recognition of an acutely sick or injured child and initiate the appropriate response 24/7.
- Improved local care - local services will be strengthened, including primary care, hospital paediatric assessment units, better coordination of in-patient medical care and surgical paediatric services.
- Review and improve - a review of specialist care to ensure appropriate clinical support, and improved safety and effectiveness.

Progress

- A paper is being prepared to look at two specific aspects of child care. The 'front end' or first point of contact for all acutely ill children, and also urgent paediatric surgery which focuses on the configuration of units undertaking acute surgery on children.



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Priorities under discussion

- *Better health, fairer health* - having set up regional advisory groups to guide implementation, we'll continue to identify priorities across the ten themed workstreams and seek coordination and commitment for action across partners.
- Work with commissioners to deliver a major shift in the range and scale of interventions to improve health and wellbeing.
- Increase opportunities for 'health improving contacts' with people and patients by providing a training and development programme in basic health education for all the NHS workforce.

Further details can be found at www.northeast.nhs.uk/your-health



Long term objectives

- *Better health, fairer health* - partnership implementation of the ten themes of our regional health and wellbeing strategy.
- The right support - the risk of illness will be reduced by using more proven interventions and providing a wider range of support to help people improve their lifestyle.
- Reducing health inequalities - every 'at risk' person will have access to support and services to make healthier choices.
- Family doctors will play a key role in supporting health improvement by monitoring and reviewing personal health plans.



Progress

- January 2009 saw the start of regional activity to support the *Change 4 Life* campaign, including a series of staff-facing communications to raise awareness amongst NHS employees about the role they play in helping patients improve their lifestyles.
- A health improving induction programme is being developed for all new members of NHS staff. The scheme is currently being piloted and, if successful, will be introduced across the region.
- 'Balance', the UK's first ever regional alcohol office, has been launched to provide a multi-agency, targeted approach to the health and social problems caused by alcohol.
- The north east is pioneering vascular risk assessments, and thousands of people across the region have already been assessed.



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Priorities under discussion

- Streamline endoscopy services to reduce potential complications and improve access times.
- Make dermatology services as accessible and close to home as possible.
- Create new, aligned models for musculoskeletal care, to span hospital and community-based services.
- Maximise appropriateness of referrals under the two week cancer rule.
- Consider whether earlier access to consultant-level clinical advice can avoid a significant number of unnecessary referrals.

Long term objectives

- Streamlined services - breaking down barriers between sectors, services and organisations, will put patients at the centre of seamless care, based on their needs.
- Convenience - a wider range of services will be provided closer to people's homes, with appropriate outreach and enhanced community care and treatment.
- Integration - a focus on minimising unnecessary variation and inconsistency within planned care, by joining up primary and secondary care to improve efficiency and effectiveness.
- Better information systems will be made available to provide accurate, accessible, up-to-date information to support choice and ensure the use of current evidence-based practice.



Progress

- Progress has been made in undertaking the mapping of 'marker' conditions to inform future commissioning.
- Work is underway with commissioners to explore potential capacity management outside acute trusts, and this is emerging in some primary care trust annual operating plans. For instance, enhanced roles for allied health professionals such as pharmacists and physiotherapists.
- The *Good news, you choose* campaign ran across the region to raise awareness of patients' rights to choose a place, date and time for their first hospital appointment.
- Information on day surgery rates has been analysed, indicating widely differing rates. The results will be used as the basis for further discussions with commissioners to form a programme of improvement.



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Priorities under discussion

- Focus is on the top three conditions which have the highest levels of morbidity and service demand: diabetes, chronic obstructive pulmonary disease and chronic kidney disease. An early improvement in services for one of these conditions could provide learning for improvements and change in other provision.
- Ensure that resources for caring for people with long term conditions are being used in the most effective way and that care is focused outside hospitals.
- Work with commissioners and others to develop more accurate and detailed ways to measure the effectiveness of what we do, and use this consistently to monitor performance.
- Hold a major event involving service users and staff to agree key actions to improve outcomes and experiences.
- Focus on consistent implementation of the type of interventions and support that we know already work.

Long term objectives

- Well targeted care - built around the specific needs of individuals, and including effective and coordinated multi-agency involvement.
- Good care planning - everyone living with a long term condition will know about the services and care available to them, and be more involved in decisions about these.
- Fewer hospital admissions - no one will be admitted to hospital because of a lack of services or support at home.
- Active case management for those with complex needs - primary and community care will actively manage care and appropriate interventions.
- Personal budgets - we will learn from pilot schemes how resources will be provided to fit with individuals' preferences and desired outcomes.
- Patient experience - there will be a clear system to measure the effectiveness of services from the viewpoint of users.
- More support to stay at home - greater use of latest technology to give people the ability to safely care for themselves.
- Higher standards - patients will be provided with information and support to improve self-care and self-management of their condition.

Progress

- We are sharing, comparing and studying best practice already established in the region, including work in diabetes and from lessons learned during *Year of Care*.
- We are approaching other parts of the country in order to draw on their knowledge and expertise across a range of long term conditions.



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Priorities under discussion

- A project to pilot a single point of access/telephone number for urgent care to take place, with a view to future implementation across the north east.
- Where it saves lives and money, develop service models for specialist care.
- Care of the frail elderly - develop a consistent and integrated pathway for elderly patients who suffer hip fractures and apply lessons learned to improve care.
- Work with clinical networks to develop improved care models for stroke, trauma and surgical emergencies.
- Formally agree relationships and accountability between the acute care clinical innovation team and existing clinical networks which are delivering key objectives around cardiovascular disease, trauma and critical care.

Long term objectives

- Access - a single telephone number will give simpler and easier access to urgent care for those who need it.
- Around the clock support - key services will be available 24/7, with support from senior clinicians with the knowledge and ability to make immediate decisions about patient care.
- Diagnostics - where clinically and economically viable, scans and tests will be available throughout the patient pathway.
- Joined up - integrated health and social care teams will facilitate the safe and timely discharge of older, frailer patients and prevent unnecessary admission into residential care.
- Acute care network - a network will be established to explore opportunities for more integrated acute care services and with responsibility for future acute care service standards.

Progress

- A pilot scheme in Darlington and County Durham will help with the closer alignment of services and with patients being directed to local services more effectively.
- Plans are being drawn up to undertake an externally validated audit of acute stroke services, with the aim of units being able to offer complete, 24/7 cover in the future.
- Plans are in place to develop a further pathway for frail and elderly patients with hip fractures.
- We are assessing the future delivery models for major trauma.
- Four nationally recognised pilot schemes to integrate community and hospital based acute care.



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Priorities under discussion

- Map inter-agency mental health pathways to improve access to care.
- Develop a performance framework allowing waiting times to be managed with the rigour found in acute hospitals.
- Initiate a review of dementia services and produce recommendations.
- Work with key partners to establish a region-wide approach to reducing harm, which will become part of the regional *Safer care north east* strategy.
- Research current practice and explore peer review findings in relation to anti-psychotic drugs, with a view to increasing standard practice and use.
- Improve links with non-health organisations who have a key role in providing services and support to people with mental health needs.

Long term objectives

- The 'recovery' approach - the active focus of all care will be about recovery for service users, with early detection and intervention as a priority.
- Improved dementia services - this will be the focus of development and resources to better meet the needs of a growing, ageing population.
- Enhanced access - mental health services, and how to access them, will be actively promoted across all health and social care settings.
- Better models of service - standardised, high quality care with reduced waiting times.
- Reduced number of deaths - through better management, risk assessment and the sharing of lessons learned.

Progress

- Information has been gathered regarding current out-of-hours arrangements and waiting times for all ages, to identify variations and inform planning for how they will be addressed.
- With the release of the official national dementia strategy in February 2009, there are now 17 clear objectives to achieve. We are developing a tool to measure and provide information about delivery against these goals.



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Priorities under discussion

- Draft, consult upon, publish and promote a north east end of life charter.
- Commissioners to identify resources to support individuals at end of life and explore flexible alternatives.
- Work with primary care trusts and GPs to ensure that palliative care registers are used effectively to support personalised care planning.
- Identify a baseline of outcomes and experiences across each primary care trust area, to measure success of the charter, and develop stronger links with commissioners.
- Develop a model of 24/7 support for those with end of life needs, to ensure that the choices and wishes of individuals can be met.
- Consider piloting new standards in one part of the region, including learning from other regions where the model for end of life care is mainly community based.

Long term objectives

- A sensitive, appropriate and proactive approach will ensure dignity and choice for people identified as approaching end of life. Key workers will be identified for patients, whilst regular multi-disciplinary team meetings will tailor care and provide support at home.
- Last days of life - patients will have a choice over where they wish to die and will receive an ongoing assessment of physical, spiritual and emotional needs. All dying patients will have regular care plan reviews, tailored care and the discontinuation of any inappropriate interventions, including the rationalisation of medication.
- Good communication - patients and families will know when death is expected, and what to expect, with access to relevant information and support.
- After death care - relatives and families will have access to advice about practical issues and relevant procedures. Possessions will be handled with dignity and details will be shared appropriately with all key professionals. Information will be provided about the grieving process and bereavement support.

Progress

- A draft version of an end of life charter is under consultation with key stakeholders with a view to publication in the autumn.
- Primary care trusts are completing a template on current finance and staffing resources to help identify variations in standards, and key actions for 2010 have been identified.



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enablers and timelines

other activity to deliver on the vision

Clinical leadership

- Local clinical networks will work closely with clinical innovation teams to complement and support implementation of improvements. This will involve agreeing programmes of work and making links with relevant national work streams, and will be supported by a development programme for clinical leaders.
 - Potential for new clinical networks, and clinical innovation themes will be identified and established where necessary.
 - Clinical innovation teams to provide advice for local commissioning and planning and collate insight from developments which are taking place across the region.
 - A new clinical leaders network will strengthen engagement with the work of clinical innovation teams. Up to 120 clinicians will participate to ensure a 'reality check' for strategic initiatives and to act as influencers and champions of change.
- Wider patient engagement through local forums and groups.
 - Raising public awareness through media and websites.
 - Further discussions and events for partner organisations.
- Clarify priorities of the vision's work programme with all NHS chief executives and other senior influencers.
 - Primary care trust chief executives will engage with key partners, including local authorities.

Primary and community care strategy

- A regional primary and community care strategy is under development and will set out a specific vision for primary and community care. Implementation will be overseen by a regional steering group and a 'Team North East' agreement will underpin the development of detailed steps for working in partnership to deliver the vision.

Commission on rural health

- The North East Commission on Rural Health is looking at how to ensure high quality healthcare in rural areas. Work is underway to map current services and look at lifestyle behaviours. This will inform future work which is likely to focus on: access, integration and transport.

Communication and engagement

- Continue to challenge, refine and deliver on key themes and priorities, by engaging wider groups of clinicians, staff, patients, the public and other partners. This will include:
 - Ensuring all staff are aware of the vision and engaged with developments relevant to their work.

Estates and facilities

- Buildings and facilities of the highest standard are crucial to support excellent patient care and provide a productive working environment for staff. Numerous state-of-the-art buildings and refurbishments - including new hospitals and community health buildings - have opened recently across the region, with many many more construction projects underway and planned for the near future. Part of the assessment for all new developments includes ensuring that they are closely aligned with the principle of providing more accessible care closer to people's homes and other service improvements within *Our vision, our future*.

timelines

jan 2009	Completion of reviews on mental health and acute innovations, priority programmes agreed for implementation, initial communication/engagement activity and completion of PCT five year commissioning strategies.
july 2009	Fully established clinical innovation teams start to improve quality and encourage innovation.
2010	Priority recommendations fully implemented.
2012	Services are moving closer to home and a focus on innovation and quality is fully embedded. Changes in workforce development and planning reflect fully integrated health and social care services.
2014	New service models continue to emerge. Networks have now matured and care is managed clinically around evidence-based pathways. Less demand for treatment due to successes of prevention.
2018	NHS North East acknowledged as a world class health system. The focus of services and interventions is on prevention rather than treatment and the culture and behaviour of the local population has changed. Health outcomes are the best in England and patient feedback is now approaching 100% satisfaction.



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For more information visit www.ourvisionourfuture.nhs.uk





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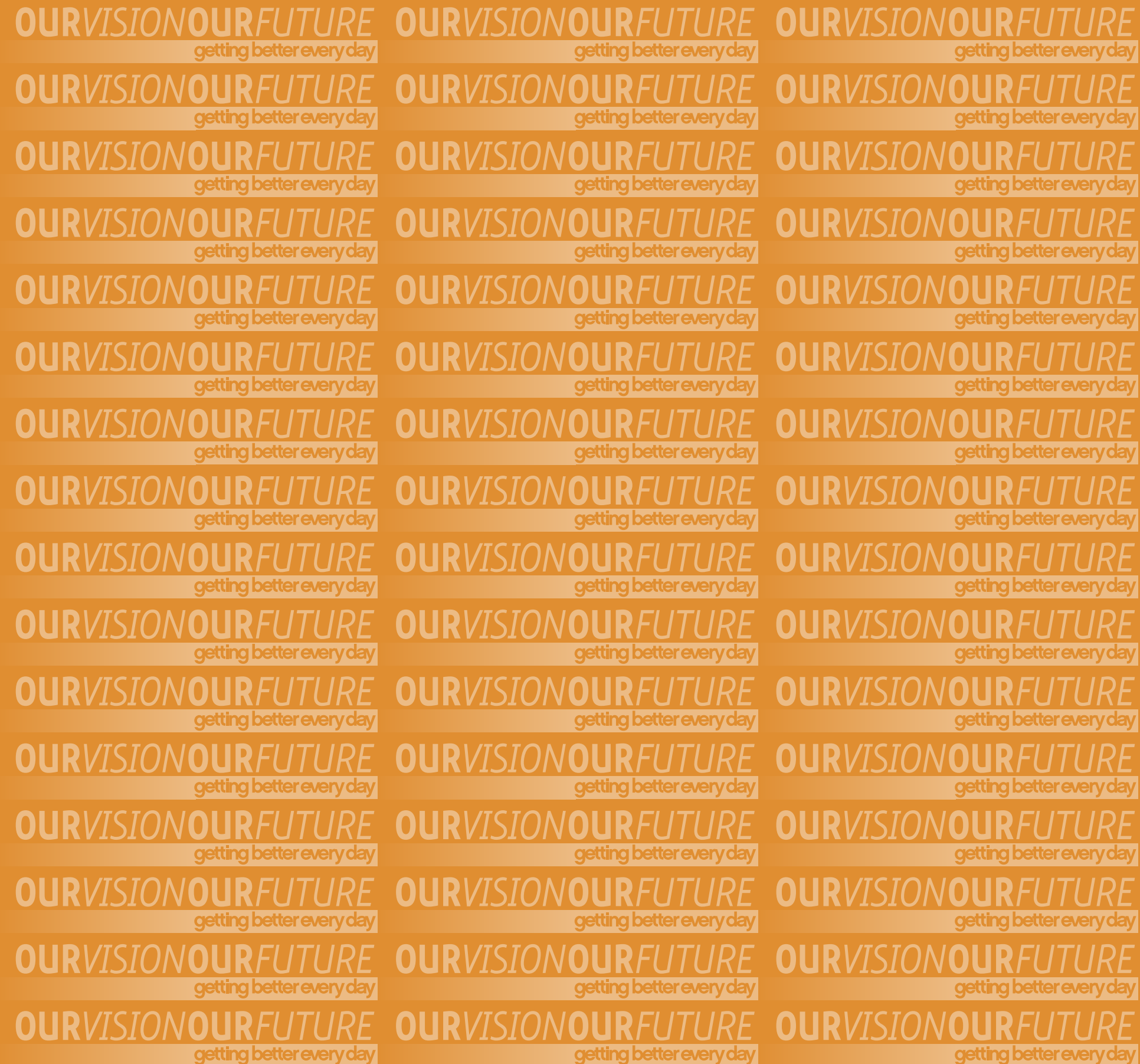
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This document can be made available in large print and on audio tape.

Arrangements for translation can also be made for anyone whose first language is not English.

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