TOGETHER WE'RE BETTER







An Introduction to the Staffordshire and Stoke-on-Trent Sustainability and Transformation Plan

Contents

1 Introduction

STPs are about local leaders working together and with local people to join up and improve health and care within the budgets available to us.

There are 44 STPs and each has a 'footprint' – the area that it covers. Our footprint is Staffordshire and Stoke-on-Trent and we have named our plan '**Together we're Better**'.

We have two local authorities, six Clinical Commissioning Groups, who are responsible for buying healthcare for the area, and five NHS trusts providing services to 1.1 million people. In addition, Royal Wolverhampton Trust runs Cannock Hospital.

Our population needs are changing as people live longer, often with more complex conditions. There is a life expectancy gap in some of our communities.

Our financial position is challenging - in four years time all organisations across Staffordshire and Stoke-on-Trent will be in deficit, and we will have a funding gap of £542m if we don't change things.

44

STPs Nationally

6 **Clinical Commissioning Groups**

across Staffordshire and Stoke-on-Trent area

Providing services to

1.1m

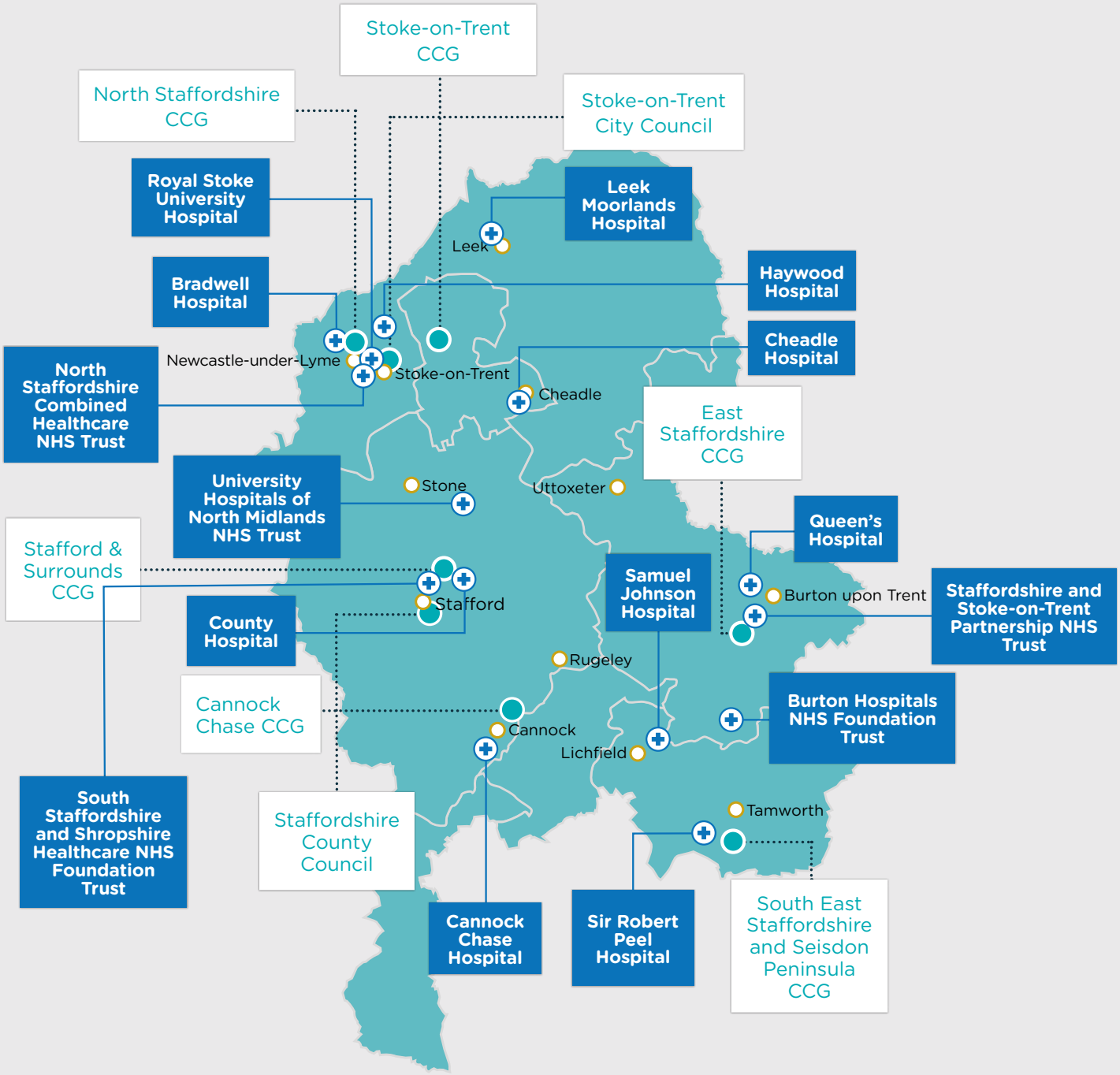
people in Staffordshire and Stoke-on-Trent

In four years time we estimate a funding gap of

542m

for all organisations across Staffordshire and Stoke-on-Trent, if we don't change things

2 STP area map



Not a geographical representation

3 How things should be...

Everyone deserves good quality, safe, health and social care services that make the best possible use of taxpayer's money.

These should be readily available to you regardless of your age, ethnicity, social and employment status, sexuality or where you live.

The standard of care should be the same whether you need physical, mental health or social care services, support with conditions associated with learning difficulties, or a combination of all of these.

The services you use most of the time should be as close to where you live as possible, as long as this is safe and the local health and care system can afford this. For the vast majority of the time you should go home as soon as treatment is completed. More specialist care will be delivered in a centre of excellence, so you may need to travel a little further for this - but rehabilitation and follow up treatment/appointments will happen close to home.

Health and care should be an equal partnership between you and the professionals who support you. We believe that prevention is always better than cure and that we all have a role to play in managing our own health and care—including planning and budgeting for our needs as we get older.

4 How things really are...

There are many reasons why we are not providing the standard of care we have just described. Our biggest challenges can be summarised as follows:

1. **We're spending far too much money and are building up a very big debt** — £542million in five years if we don't act now—but we're not seeing enough improvements in health and care as a result. This matters because we won't be able to make investments in improving care, the latest technology and equipment such as scanners, and training. It will also make it even more difficult to attract GPs, Nurses and Surgeons to work here
2. **Our major hospitals are struggling to meet quality standards and demand** — you've all heard the stories of long queues in A&E and cancelled operations
3. **We're not always providing the right care at the right time in the right way** — and sometimes this means we actually cause you harm. The fact we are living longer means that we often live longer with ill health. Currently we treat disease and conditions to prolong life, but not always with people's dignity and quality of life as our priority.

We are a growing, ageing population...

- By 2021 the number of people aged 65+ will rise by 16%
- 30% of health and care costs for those aged over 65 years are spent on hospital care
- Half the local Clinical Commissioning Groups (CCGs), who are responsible for buying local healthcare services, exceed the average for injuries due to falls in people aged 65+, Stoke-on-Trent was 30% above the national average.

...with more complex health needs

- People are living longer – this is good
- Many are living with complex long term conditions
- Too many people end up in hospital, particularly A&E, when there are other, more appropriate and far less expensive alternatives
- A quarter of all patients admitted to hospital with a physical illness also have a mental health condition that is most cases is not treated whilst in hospital.

800	patients are admitted to our local hospitals every day
330	of these patients are unplanned
60	patients are readmitted within 30 days of discharge
33%	**of people in a hospital bed at any one could be treated better elsewhere**
30%	**of acute bed occupancy is by those with mental health needs**

5 The challenges facing our health and care system **Health and Wellbeing**

Cancer

- Main cause of premature deaths
- Only **75%** of patients seen within 62 days
- Local CCGs have poor cancer detection rates.

Mental health

- **1** in **4 adults** have a mental health issue at any one time
- Many cases of stress, anxiety and depression can be treated at home with the right support.

Frail and elderly

- Injuries from falls **30% higher** than national average
- Reablement spend is **59% lower** than national average.

Smoking

- Higher rates of death due to smoking related illnesses
- Need improved education about health risks.

Obesity

- **One** in ten **children** aged four to five is obese
- This rises to **one** in **five** by age 11
- **Two** out of **three** adults have excess weight problems.

6 The challenges facing our health and care system **Quality of care**

Readmissions

- Hip fracture readmissions are up to **35% more likely**
- Mental health unplanned readmissions worse than national average.

A & E

- Poor performance locally against 4 hour wait targets
- **30% more attendances** at A&E than other areas
- More education needed around alternatives.

Access and wait times

- Large variation in the number of GPs per head of population
- Non-elective admissions, 62 week wait, all higher than national average
- Improvements here would make a real difference.

7 The challenges facing our health and care system **Finance and efficiency**

We face a significant financial challenge – **£129million** gap for 2015/16

This equates to:

- **8%** of the total health spend
- **500 beds** in acute hospitals
- Over **3,000 NHS staff**, including Doctors and Nurses
- The **six Staffordshire and Stoke-on-Trent CCGs** are currently forecast to end the year with a **debt of £135million**
- By 2020/21 the CCGs will receive **14.8% more money** per year, but **health costs will rise 20%** in the same period
- If we do nothing, the recurring deficit in 2020/21 is currently forecast to be **£286 million**
- Add in the cost pressures in social care, this forecast increases to **£542 million by 2020/21.**

8 How will we solve this?

Our draft plan puts together some ideas about how we can solve these problems based around **five key areas**:

Focused prevention

Enhanced primary (i.e. GP) and community care

Effective and Efficient Planned Care

Simplify urgent & emergency care system

Reduce costs of services

Mental health services (including learning disabilities) are a part of all of these areas

We think there are two steps to achieving the care you deserve:

1. **Affordable care (The next 1-5 years)**
   We need to have honest and possibly difficult conversations about what we can do without, do less of, or do in a more effective way; but this may involve making some difficult decisions. For example: should we move from three A&E sites to two and turn the third into an urgent care centre? How would this work? How could we ensure the quality of care improved as a result? Would this adequately serve the needs of the local population?
2. **Transforming Care (the next 3-10 years)**
   This is the exciting bit. We want to work with you to plan the steps needed to transform the way that we will provide health and care services in the future so that these fit in with the way that we live and work today. We need to make sure that everyone is treated fairly and gets the right support.

	Affordable Care 	Transforming Care 
Focused Prevention	Reduce the number of people with problems caused by alcohol, obesity and smoking. This will reduce expensive hospital admissions by twice as much as trying to prevent their admission once the problem is there.	Work in new ways together to make prevention and wellbeing everyone's business. Tackle health inequalities by dealing with the social, economic and environmental causes of ill health in your community. Share with you the responsibility for staying well. Develop holistic approaches to support people with both mental and physical health needs.
Enhanced Primary & Community Care	Increase the proportion of care in the community rather than hospitals. Reduce the number and severity of complications from long term conditions. Develop a workforce plan to cope with the changes in training, roles and demand for different kinds of professionals.	Improve access to care when you need it. Take your mental health as seriously as your physical health, and provide access to mental health professionals /support within these teams so you receive care earlier, reducing barriers and stigma. Plan your care with you if you have a long term condition. Share with you the responsibility for managing your condition. Join up care and allow your medical records to travel with you.
Effective & Efficient Planned Care	Reduce ineffective treatment, reduce duplication of tests and concentrate experts and specialised diagnostics in a few centres of excellence.	Perform more diagnostic tests and follow up in the community so you only go to hospital once. Develop a dual care approach addressing both physical and mental health needs. Provide quicker and less invasive treatments such as more physiotherapy and less surgery, more talking therapy and less drugs.
Simplify Urgent & Emergency Care System	Increase community based urgent care and reduce A&E attendances. Reduce emergency hospital admissions and readmissions.	Providing better access to more urgent care nearer to your home. Make it easier for you to know where to go for urgent advice and treatment. Provide safe alternatives to admission to hospital. Rapid 24/7 access to mental health care for those in A&E who need it; 24/7 home treatment for those in a mental crisis.
Reduce Cost of Services	Review buildings, grounds and bed capacity to ensure we are providing the right care in the right place. Increase the amount organisations work together to reduce excess management costs.	Involve you in all difficult decisions about what we can afford. Provide safe and efficient environments for care, which are designed for 21st Century requirements. Maximise the use of technology to improve communication, information, monitoring and problem solving.

9 Why hospital care isn't always the best place for you when you're ill?

If not hospital, then where?

People currently view hospital as the best – or only – place for them when they're ill because they either don't know about the alternatives, or those alternatives don't exist. If we are to encourage people to only go to hospital when it's really necessary, we need to ensure there are high quality alternatives available elsewhere and that people know they exist and known how and when to access them. Evidence suggests that treating people closer to home through more localised services leads to them getting better quicker and having a better quality of life, but extra support is needed if we are to achieve this.

Alternatives may include improved access to GPs with a wider range of services available; access to walk-in centres and specially trained pharmacists or developing centres of excellence that focus on specific health needs, such as cancer or diabetes.

When you need hospital care, it will be there

It is important to know that hospitals will always be there when you need them, but by giving you better options for your health needs, it will help relieve some of the pressure the hospitals currently face, allowing them to focus on the people that really need their specialist can, improving quality as a result as well as being able to better manage demand and wait times.

10 We all need to take more responsibility for our own health, where appropriate

NHS and social care services should continue to be there when we really need them, but to ensure this happens in the future, many of us could take on more personal responsibility for our own health. This could be through making better lifestyle choices to help us stay well, or by managing our own health better when we are ill. It could even involve making use of new technology to monitor and maintain long-term conditions in the home.

It's not all about health

We recognise that to truly tackle some of the health issues we face in our area, we need to look not just at the symptoms but at the root cause – and these aren't always health related. Poor housing, social isolation and a missing sense of community all contribute to poor health, particularly mental health. We recognise that we need to treat your mental health as equally as your physical health. It makes absolute sense to engage with the voluntary and third sectors. It is clear that we all need to work together to help improve health and social care across Staffordshire and Stoke-on-Trent.

11 What does the future look like?

We certainly don't have all the answers yet but local clinical leaders have been working on a new community 'model of care' in which a number of health and care professionals with different skills will work in small teams (we call these 'multi-disciplinary'), which will both support and learn from one another.

We think we would **need around 23 teams** based around local populations in Staffordshire and Stoke-on-Trent of between 30,000 – 70,000, many of whom will need relatively little support from the system most of the time.

These teams will need to have the right information about their patients at their fingertips in order to help identify those who may need additional support, help and advice.

They will focus on the overall needs of the person rather than dealing with a series of individual symptoms, putting the "jigsaw" together when it comes to looking after people.

These teams will work closely together with patients as equal partners in the management of their physical and mental health, and people will be given the necessary advice, support and resource to help them stay well for as long as possible.

When they are ill, they will be given the necessary knowledge and help to manage their own conditions wherever appropriate and possible, giving them more control over their lives.

This kind of proactive approach to care will help us all work together to reduce the number of times people need to be admitted to hospitals for both pre-planned and emergency care, allowing people to remain independent, in control and sleep in their own beds rather than on hospital wards.

This will help to reduce a lot of the stress associated with illness for patients and their families, as well as being a much more convenient, cost effective way of providing services.

We believe that it will also be less expensive as long as we are all prepared to accept that if we get this right the roles of hospitals will change.

This is likely to mean fewer hospital beds, less staff working in a hospital setting and more specialist services in fewer hospitals. As part of this we will look to move from to three to two A&Es and one Urgent Care Centre and an exploration of potential options, though no decisions on the locations of these services has been made.

Doing this well would mean our financial position will begin to improve in the longer term and we will be able to meet the national standards for care within our major hospitals—something we have all struggled with in recent years. This will mean less queues in A&E, reduced waits for operations, better care and better patient experience.

We will have to make some investment in the short term to make sure this works, and we have factored this into our plans as we know this will lead to savings in the longer term.

12 Public engagement

In partnership with Healthwatch Staffordshire and Healthwatch Stoke-on-Trent, throughout November and December 2016 we held a number of patient and public engagement events, known as Conversation Staffordshire and Stoke-on-Trent. These events were about local people talking about the very real, very serious issues outlined in a **Conversation Staffordshire and Stoke-on-Trent document** through an open, two-way discussion.

We wanted to know which services were valued most? How they can be shaped and improved? Where do patients need to access those services? How can we make the best use of public money?

The events were held at:

- **Staffordshire Moorlands (Biddulph)**
- **South Staffs (Codsall)**
- **Stoke-on-Trent (two events)**
- **Stafford**
- **Newcastle-under-Lyme**
- **Lichfield**
- **Tamworth**
- **Cannock**
- **East Staffordshire (Burton)**

These events offered the opportunity to have frank and open discussions with leaders from the STP about the work we have done so far, and difficult decisions that may need to be made going forward, as well as some of the opportunities this will create. These were not full consultation events, but the discussions may in the future inform the content of any future consultations about any major changes to health and care services.

During the events we received feedback and ideas on:

- What you have seen that could be done better
- Where money could be better spent
- What services mean the most to you and how can we improve them
- If more of the care you need is available close to where you live, how far is it acceptable to travel to receive specialist care
- What can we do without
- Is it right to expect people to budget for their care needs as well as their overall living expenses in old age.

Healthwatch Staffordshire and Healthwatch Stoke-on-Trent will be providing a more detailed report which will be used to inform ongoing engagement.

No decisions about major changes to local services will be made without extensive public consultation and feedback.

Many clinicians and health professionals have been involved in the work we have done so far, but we now need to get everybody involved. We need people who care about their local services and who are interested in seeing their local NHS not only survive the coming months and years, but also begin to thrive and improve as we move towards 2020.

We must also be realistic – with a population of well over one million people it's unlikely we can please everyone, and not all ideas and proposals will be achievable. However, we will do our best to ensure decisions made are in collaboration with the public.

Local Scrutiny Committees, your local MPs, Councillors, the voluntary sector and patient representatives will all have an important role to play in commenting upon and challenging our plans, and we have also set up an Ambassador Training Programme for patients staff and local people who want to learn more about so that can share information with their communities.

No decisions can or will be made until we have thoroughly engaged with you, our staff, politicians and voluntary sector organisations, and any major changes to service have to go through a formal consultation process.

We are lucky to have a National Health Service as well as the social care that wraps around it. By getting involved now, you can help to make sure your local NHS continues to provide high quality, easily accessible healthcare to you, your friends and your family for years to come.

13 We need to make these big decisions together

During our engagement events to date we have set out a "direction of travel", but there are a number of big decisions that we need to make with you in 2017 and beyond:

- **How quickly, and in which locations, should we deliver the new joined up way of providing primary, community, mental health and end of life care services?**
- **How can we best use community hospitals and other estate (buildings and land) to complement this?**
- **What is the most sensible and cost effective way of providing elective (planned) care? Should we centralise UHNM planned care services onto one site, and should we have fewer, high quality centres of excellence? Where should these be?**
- **Improving urgent care inline with national recommendations may reduce the need for A&E services. Do we need the same number of A&Es and if so where would they be? Our current thinking is that we could move from three to two A&E sites and one Urgent Care Centre. This is something we will hold a consultation about in summer 2017.**
- **Can we make further cost savings by sharing services or organising ourselves differently?**

You said:
"There are lots about our current services that you value highly, but you also gave us examples of poor experiences, and overall concerns that the current way we deliver care is not working as it should."

We did:
The plan is based on a new model of care which will be more joined up, and bring care as close to home as possible, but also help people take more control of their own health and care.

You said:
"You are worried about the pressures on our A&E services, and there is confusion about what services to use when."

We did:
We recognise the need to simplify the current system, and our proposals about redesign of urgent care are based on improving the service offered at local level. These will be subject to consultation in the summer.

You said:
"You understand and agree with our ambition to provide care closer to home, but you have real concerns that community services do not exist at present to make this happen."

We did:
We recognise that the development of these locality teams will require investment and transition funding. This is built into the STP plan.

You said:
"We need to recognise the differences there are between local areas, and the different needs of local populations."

We did:
We agree and can reassure that the development of these new models will be bottom up – driven locally. The most likely form will either be multispecialty community provider (MCP) or Primary and Acute Care Systems (PACS). A MCP moves specialist care out of hospitals into the community, whilst a PACS joins up GP, hospital, community and mental health services. The STP has not made any statement about the format or geography of these developments.

You said:
"You are really concerned about the future of the community hospitals in Staffordshire and Stoke-on-Trent, and feel in many places these are under-utillised; you gave us lots of ideas about how we could use these facilities better."

We did:
The STP is very clear that reduction in beds will be supported by additional investment in out of hospital services including community, mental health, primary and social care. The CCGs will be consulting formally in the New Year about their plans for the future use of community hospitals and we welcome suggestions from local people.

You said:
"The current system is fragmented, and care is often affected by lack of communication between professionals."

We did:
The fundamental basis for the plan is the development of integrated teams at locality levels who will deliver a more consistent service offer. These locality teams will over time develop into new models of care in line with the five year vision for the NHS. This will mean professionals working together in teams to give you a joined up service. These are the cornerstone of the STP.

You said:
"Are there any ways of slimming down your management costs or sharing facilities."

We listened:
We recognise that reduction of cost is important and we will look closely at the way we work to see if there are any sensible ways of joining up our services.

You said:
We have dedicated and committed staff in our NHS and care services, and you value highly their work.

We listened:
We agree that our staff are fundamental to delivering the plan and every organisation is committed to supporting their staff through the delivery of the plan.

14 Where can I find out more?

You can read the full STP submission **here**.

This will give you more detailed information about the work that is underway. It sets out our direction of travel but no decisions have been made yet – so there is plenty of time to have your say.

We want to know what you think, so if you have any comments on the draft plan or would like to get more involved please contact:

Or call the Communications and Engagement Team at Midlands and Lancashire Commissioning Support Unit on 0333 150 1602.