

Developing a Strategy for Sustainable Clinical Services

Presentation to the
Joint Health Overview and Scrutiny Committee
8 August 2013



A Call to Action: the national context for the NHS

A Call to Action: a national perspective

HOW CAN WE IMPROVE
THE QUALITY OF
NHS CARE?

HOW CAN WE
MEET EVERYONE'S
HEALTHCARE NEEDS?

HOW CAN WE
MAINTAIN FINANCIAL
SUSTAINABILITY?

WHAT MUST WE DO TO BUILD
AN EXCELLENT NHS NOW &
FOR FUTURE GENERATIONS?

The NHS
belongs to
the people

A CALL TO
ACTION

A Call to Action: a national perspective

Every day the NHS saves lives and helps people stay well, but 65 years ago, many people faced choosing between poverty if they fell seriously ill or forgoing care altogether.

Today:

- The NHS treats 1,000,000 people every 36 hours
- Between 1990 and 2010, life expectancy in England increased by 4.2 years
- 88% of patients in the UK described the quality of care they received as excellent or very good

The NHS continues to be highly valued by the public

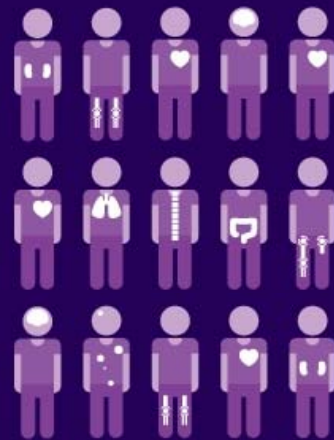
71% agree "Britain's National Health Service is one of the best in the world"



Source: Ipsos Mori 2013

More people are living longer with long-term conditions

About 15 million people in England have a long-term condition. By 2025, the number of people with at least one long-term condition will rise to 18 million.



2012

15 million people

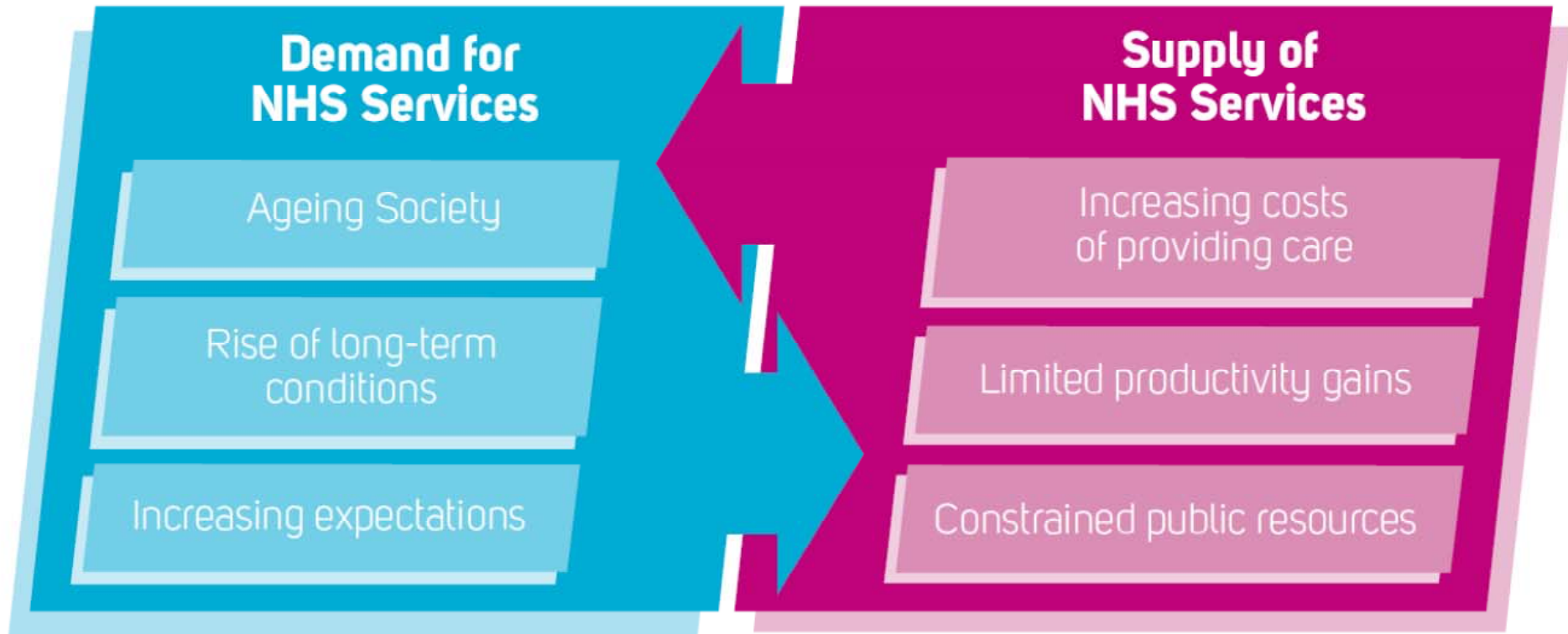


2025

18 million people

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What challenges will the health and care service face in future?



What does this mean nationally?

- Shift the focus from buildings to services.
- Meet the needs of an ageing population, many of whom are living with multiple long term conditions, through strengthened care closer to home.
- Changing, not charging.
- Openness and transparency about where we get it right and where we get it wrong.
- An honest and realistic debate across the country about how the NHS will be shaped.

So what is happening in practice?

- A call to action is a programme of engagement that will allow everyone to contribute to the debate about the future of health and care provision in England.
- The engagement will be patient and public-centred through hundreds of local, regional and national events as well as through on-line and digital resources.
- It will produce meaningful views, data and information that CCGs can use to develop 3-5 year commissioning plans setting out their commitments to patients.



What issues do we face in Shropshire and Telford & Wrekin?



Demographics

Shropshire

290,000 people

Predominantly rural population with county town and market towns, generally older than national averages.

Overall population growth of 8% between 2001 and 2011, with 24% rise in number of people aged 65+

Life expectancy is higher than England averages and all-age all-cause mortality is lower. The overall health of the population is good.

Inequalities persist with no significant increase in life expectancy in the most deprived areas, with the gap between affluent and deprived areas increasing.

Telford & Wrekin

170,000 people

Predominantly urban population, generally younger than national average.

Overall population growth of 8% between 2001 and 2011, with higher proportion of people from BME communities than Shropshire.

Whilst health status is improving, challenges remain in areas such as cancer, heart disease and stroke mortality (particularly for men).

A quarter of children live in poverty and some wards in the 10% most deprived nationally.

Urban and Rural Opportunities

Urban

Urban deprivation

Urban access and congestion

Dense population

Major population centres

Main acute hospitals

Opportunities for providing health centre / hub services

Generally associated with poorer health status

Rural

Rural deprivation and isolation

Accessibility and public transport

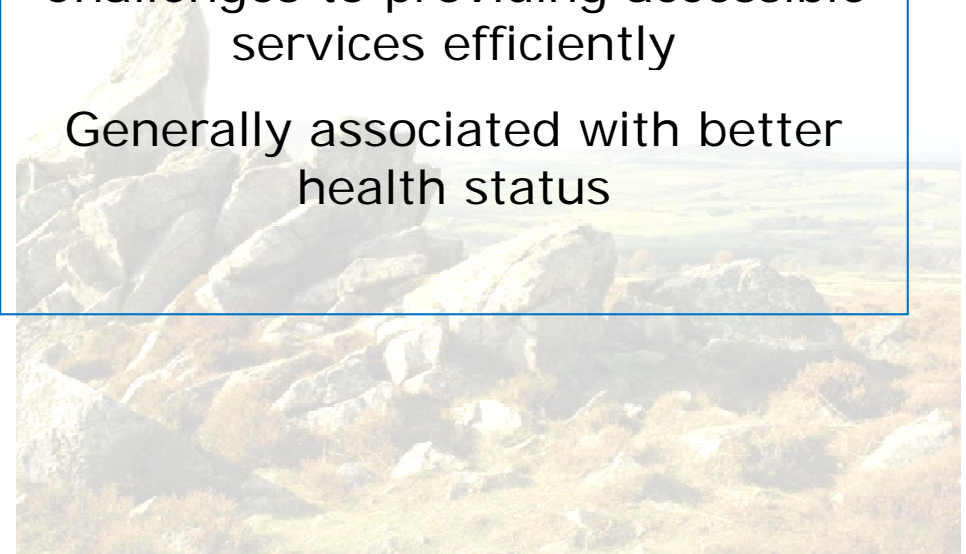
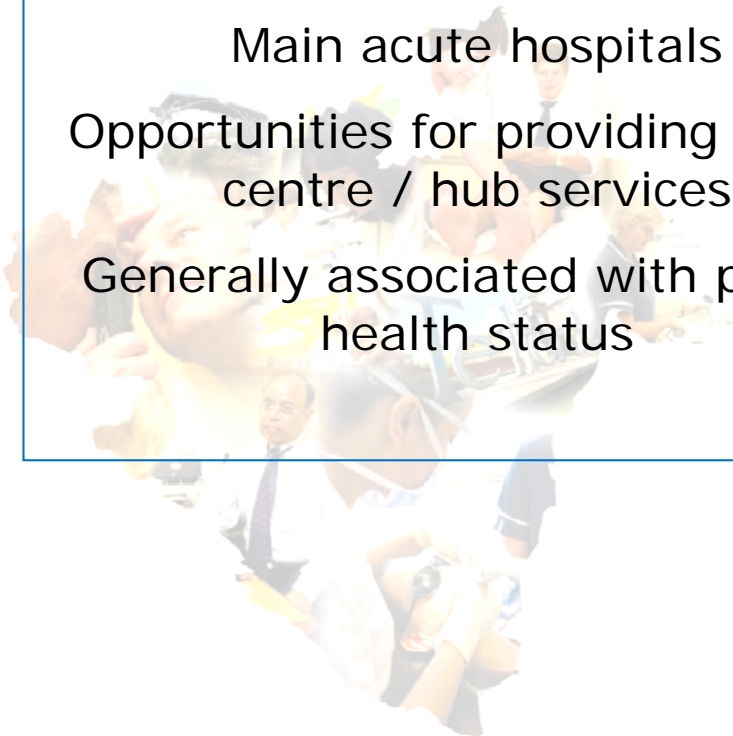
Disperse population

Market towns, villages and hamlets

Community hospitals

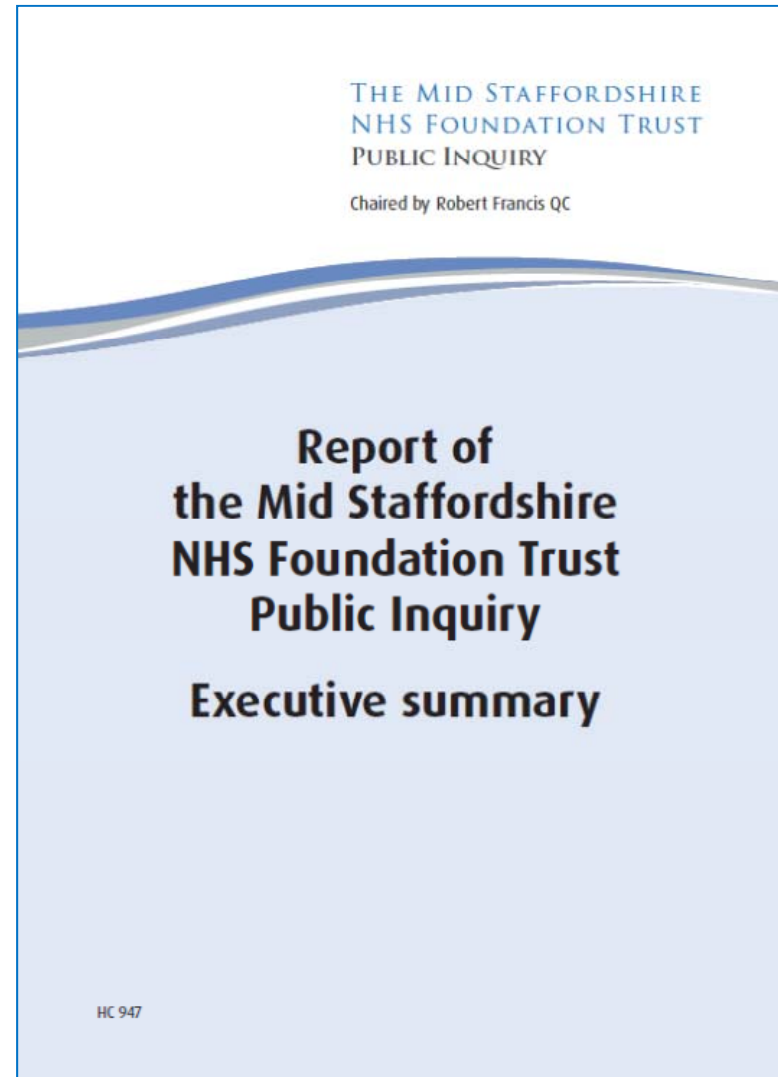
Challenges to providing accessible services efficiently

Generally associated with better health status



Commissioning for quality and outcomes

- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people to recover from episodes of ill health
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm



What issues do we face in hospital services?



Creating the future ... some issues

Workforce

Increasingly moving to a consultant-led service with appropriate levels of sub-specialisation to provide the best care, e.g.

- ITU
- Accident and Emergency
- Stroke Services

National workforce challenges in key areas that reduce our ability to recruit and retain, e.g. A&E and paediatrics

Local workforce challenges, with split-site services and onerous on-call arrangements making roles unattractive



Creating the future ... some issues

Infrastructure

Poor supporting infrastructure in key areas.

Current size of A&E and critical care departments not adequate

A double dilemma – capital investment to modernise vs. cost of maintaining current infrastructure.

Duplication from two-site working limits opportunities to invest in the very latest technology for our patients



Creating the future ... some issues

Urban vs. Rural

The cost of investing in duplicated services in our two main hospitals reduces opportunities to invest in strengthening community services:

- Acute hospitals focusing on patients who need specialist inpatient care

- Supporting people in the community to maintain their independence

- Providing more care closer to home

- Delivering an integrated and distributed model of care that meets both urban and rural needs



Creating the future

Potential benefits for patients

- Improved clinical outcomes by unifying services.
- Reduced mortality and disability due to consultant decision-making closer to arrival at hospital.
- Bringing teams together provides greater opportunities for seven-day working and more innovative ways of working.
- Attracting the best workforce to sustain hospital services.
- Clinical adjacency is easier to develop with reduced duplication of services – the right services working together in the right way.
- Improved patient environment providing dignified care.



Creating the future ... some issues and opportunities

- Dispersed population - increasing numbers of elderly & people with long term conditions.
- Vital opportunity to meet that challenge - maximise use of community hospitals & community service teams in an integrated way with acute hospital & other services – patients benefit through having right services closer to home.
- Workforce issues include ensuring the right future skill mix in community to support more complex patients.
- Community teams can be more effective with closer working & integration with social care, voluntary sector & other partners.
- Mobile technology provides further opportunities.
- Need to find the best model for acute & community hospital services; & community health teams in relevant services.
- The challenge needs radical solutions...not more of the same.

What questions do we need to debate with our communities?



The Context

National standards and guidance	How do we make sure that our health services are meeting national standards for the future?
Workforce	Can we recruit or develop the workforce we will need to deliver services in new ways?
Partnerships	How do all parts of the health and care system work together with the person at the centre?
Capital	What will it cost in capital terms to transform services? Can we borrow this, and can we afford the revenue consequences?
Revenue	How do we deliver this within the resources available to us from the public purse?
Needs and expectations	How do we best meet the expectations and needs of both urban and rural communities?

What are the main questions we need to answer together?

- What is the best model of care for excellent and sustainable acute and community hospital services that meets the needs of both our urban and rural communities?
- And, given this, what are the implications of this model of acute and community hospital services for:
 - other health and care provision?
 - patients and communities?



What happens next?



The Way Forward

- Deliver a safe and sustainable model of hospital services by 2016.

... which means ...

- Summer/Autumn 2013: Develop our programme for engaging with patients, communities, health and care staff and partner organisations
- Autumn/Winter 2013: Debate and share the opportunities and challenges for hospital services in the county.
- By February 2014: Identifying tangible options for a safe and sustainable future
- By Summer 2014: Agreeing the way forward to secure the best health services now and for future generations.

Thank you

