

# **Our** Sustainability and Transformation Plan



Shropshire and Telford & Wrekin

# How to make our NHS and care services strong and fit for the future

We all want our NHS and care services to continue to look after us. To make sure that happens we need to make some changes now.

Health and social care services across the country face a huge challenge in meeting the rising demand that is and will continue to be placed on them. As more people live longer and also as more people are becoming very overweight, more are developing serious health problems. This challenge will only get tougher.

The government has asked organisations such as the NHS and social services to work together to produce a plan for their local area for the next five years.

These plans are called Sustainability and Transformation Plans (STP) and there are 44 throughout England.

At every step in the development of Shropshire and Telford & Wrekin's STP we will want to talk about the future shape of services with the people of the county and those in mid-Wales who also use them.

This document explains our thoughts on how we could meet these challenges, improve services for local people and make the most of the latest developments in care and technology.

# Working together

As the organisations working on the plan in Shropshire and Telford & Wrekin, we are all convinced that better services can be provided with the resources we have.

By making every taxpayer pound work as efficiently as possible, more can be done and done better than at present.

For example, rather than treating the symptoms and effects of ill health we want to help people take greater control of their own health and wellbeing so they don't fall ill in the first place. Encouraging and helping people to lead healthier lives, re-shaping how services are delivered, and linking health and social care more closely together will help people stay healthier for longer and recover quicker if they do fall ill.

This will mean change. It will mean selecting the best locations for services to get the best results for patients rather than delivering them everywhere.

These are the organisations working together in Shropshire and Telford & Wrekin. They include clinical commissioning groups, which plan and buy health care and are led by GPs.

- Shropshire Clinical Commissioning Group
- Telford & Wrekin Clinical Commissioning Group
- Shropshire Community Health NHS Trust
- The Shrewsbury and Telford Hospitals NHS Trust
- Robert Jones & Agnes Hunt Foundation Trust
- South Staffordshire & Shropshire Foundation NHS Trust
- ShropDoc (GP out of hours service)
- Shropshire Council
- Telford & Wrekin Council
- Powys Teaching Local Health Board
- Voluntary Sector (soon to join) Shropshire Partners in Care (SPIC)





# Why our health and care services need to change

In Shropshire and Telford & Wrekin demand for health and social care services is outstripping the funds available by £131.4 million by 2020/21. It is clear that change is necessary. We need to make sure we are making the best use of every pound available to us.

It is important to ensure our services are medically safe. Recruitment has become increasingly difficult and is now compromising patient safety, with a pressing shortage of A&E consultants.

Demand on services continues to rise at a greater rate than the money available, which puts more pressure on services, especially hospitals, GP surgeries and social care. We have a growing number of older people and many have more than one health condition (for example diabetes or breathing difficulties) lasting many years. Also, more people are developing conditions linked to being severely overweight. This means there is a greater need for particular services.

With these rising demands changes are needed. Change will also help us to take full advantage of the rapid progress made in treatments and technology.

While similar issues are being experienced across the country, we have the extra challenges of many people living in isolated rural communities.

We also need to consider the bordering communities in Powys/ mid-Wales who use our services.

We have done extensive research into demand for services in our rural areas and now have a much better idea of the differences in demand between different areas.

In Shropshire and Telford & Wrekin two hospitals provide care for a population of around 550,000 including almost 70,000 from Powys. Our population supports a full range of acute general hospital services, but the way services are currently arranged is inefficient and expensive.

We want to focus on the different communities in our area because working at a more local level will help us to tackle the causes of poor health.

By working together we hope to ensure people get the best treatment - whenever and wherever they need it - and to share patient information more effectively to avoid duplication and wasted effort.

An alarming majority of adults carry too much weight - **71.9%** in Telford & Wrekin and **65.2%** in Shropshire, adding up to **256,000** across our patch who are consequently at higher risk of cardiovascular (heart and blood vessel) diseases and certain cancers.

Between 2004/05 and 2014/15 the number of people diagnosed with diabetes doubled to reach **6.6%** of our population. On top of the **24,690** people in our area with diagnosed diabetes, we estimate that **47,000** people are at risk of developing the disease because of excess weight, poor diet and lack of physical activity.

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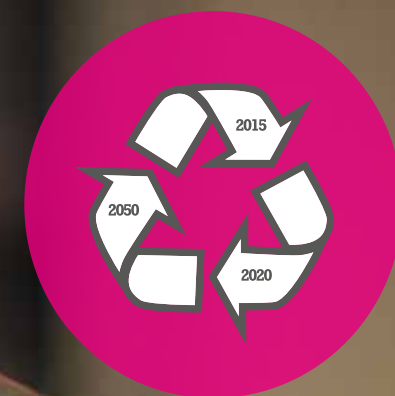
# Tackling the financial and staffing challenges

Our plan identifies where £74 million might be used differently and more effectively to provide more care for the same money.

At the same time, the organisations that provide local NHS services aim to save £62 million by improving efficiency.

We are working with Health Education England to design new roles, train more nurses, doctors and other healthcare staff and ensure we keep and invest in our existing teams so we can address our local staffing challenges.

This should all lead the local NHS and care services into a good position at the end of the next five years, providing more sustainable services and meeting the public's health and care needs more effectively.



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The causes of poor health are rooted in communities so this is where our focus needs to be. We need to bring care much closer to where people live. This is especially important in the rural areas where travel times are long and public transport poor.

By focusing most of our attention on our neighbourhoods and the services, care and wellbeing needed, we can support all of our population to live well as they get older.

Making the most of the skills of local people, communities and organisations, we want to support people to lead healthier lives and encourage them to care for themselves, where appropriate. By doing this, pressure on the healthcare system can be relieved so that resources, particularly our hospitals, can concentrate on the people who most need them. This is why we are proposing a more joined-up way of working, based on smaller areas we are calling neighbourhoods, to prevent ill health but also to promote the support that local communities already offer.

These neighbourhoods are organised into several groups each with a population of 30-40,000, with 11 in Shropshire targeting a population of 305,000 people and four in Telford and Wrekin, reaching 181,609 people.

Health and care services for people needing professional help, but not hospital treatment, would be based around neighbourhoods.

Across the county there are two Respiratory Teams. One based in Telford, covering the Telford & Wrekin area and another based in Shrewsbury, covering the rest of Shropshire. These teams include the four physiotherapists and two technical instructors delivering pulmonary rehabilitation courses across eight venues, covering the four corners of the county. Pulmonary rehabilitation helps improve the wellbeing of people with on-going breathing problems.

GPs, social care workers, community nurses, therapists and mental health workers would increasingly work together to provide services at this local level. These Neighbourhood Care Teams would be the first port of call for people with long-lasting health conditions, which can normally be managed at home or locally with NHS support. They could also help people who have recently been discharged from hospital. They would be the link between health and community care.



## Dementia Support Worker

When people become worried about their memories they will often be directed for testing. For some this is likely to mean a diagnosis of having dementia.

This can be a shock, and the first thing the patient and their family often ask themselves is, "so what now?"

Dementia support workers will aim to answer the "so what now?" as soon as possible after a diagnosis - often on the same day. There is a lot of support out there, but getting the most from it can be confusing and daunting. They can talk patients and their family through it. They can arrange appointments with support organisations. They can ask how people can stay as active as possible - help to ensure they keep doing the things they have always enjoyed doing.

They won't deliver any medical care, but they can liaise on behalf of patients to make sure appointments are booked and families understand what is being done to help them.

And they will be local - based in the patient's neighbourhood, possibly at their own GP surgery.



## Personal nursing support

Today people who receive a diagnosis of a long-term condition, like diabetes or heart disease, will often see a wide variety of health professionals - doctors, consultants, specialist nurses. It can be very confusing for patients and they find it difficult to get in touch with these people if they want further advice or support.

A very successful model of community nursing developed in the Netherlands is helping to solve some of these problems, and we want to test how it can work here.

Patients will be assigned a dedicated nurse as a regular point-of-contact to help with their condition. The specialists will still be there, but the community nurse - normally based in their neighbourhood - will offer regular support.

The emphasis will be on helping patients manage and monitor their conditions successfully, and on promoting a healthy lifestyle. With this help, experience elsewhere has shown patients find their medical condition has less impact on their day-to-day life, they feel they have someone they can contact easily, and both the nurse and patient benefit from regular contact and a more personal relationship.



## Enhanced End of Life Care

Mary is 74-years-old and has a serious terminal illness. Mary and her family know she is nearing the end of her life.

Occasionally her condition deteriorates, and several times in recent months her daughter has called 999 and she has been rushed to hospital. It's a traumatic experience. The journey is uncomfortable, and Mary hates being surrounded by strangers on a busy ward. She has developed a real fear that she will die during one of these hospital admissions rather than at home.

Now we are working with our local hospice to give people real choice about how their life ends.

Members of an Enhanced Care Team will talk to patients and their families. They will sensitively help develop an End of Life Plan. This gives patients a powerful influence over their last months and weeks.

The team will get to know how the patient's condition is being managed, and there will be 24/7 support to call - it means 999 isn't the first number concerned family members dial. Home visits by nurses can be organised and there can even be breaks arranged for relatives who care for the patient. In a pilot in 2015 over 100 patients benefitted, with loved ones saying they really appreciated the support and the vast majority of patients not being rushed to hospital.



# Safe and effective hospital care

Three hundred clinicians have been involved in developing the proposals for hospital services. As the people who deliver NHS services day-in-day-out, these clinicians believe the proposals offer the best solution to the challenges facing our hospitals. These changes are also what patients have said they want.

For patients who do need hospital care, two 'centres of excellence' are proposed; one specialising in emergency care and the other in routine surgery or planned care.

Using consultants and other resources most effectively would help patients get better quicker. One central Emergency Centre (trauma centre) would work closely with more local urgent care services. Two new 24-hour Urgent Care Centres, one in Telford and one in Shrewsbury, would see and treat most of the patients who currently go to the accident and emergency departments.

Most assessment, diagnosis and follow-up would be done closer to people's homes. Neighbourhood Care Teams would play an important role in this.

The proposed changes to the organisation of hospitals, with more resources dedicated to emergency care and planned surgery, would improve care and reduce waiting times for patients and underpins the Future Fit programme. The model would significantly reduce the risk of cancelled operations, create 'infection-free' surgical units, and strengthen vulnerable services to protect them for the future.

Recently, hyper-acute stroke services have been consolidated onto one hospital site, greatly improving outcomes for patients. The proportion of patients now receiving thrombolysis has increased from 7% to 13%, a potentially life-saving improvement.

## Community mental health hub and spoke model

Barry is a 47-year-old man with a long history of mental health problems. He has spent long periods in hospital settings and is now living in the community. He receives some support from mental health nurses but can go for weeks without seeing them.

He frequently feels anxious, isolated and unsupported. His first port-of-call when he feels like this is to make an appointment to see his GP. He is one of the surgery's most frequent visitors.

When he feels especially bad he will cut himself and go to A&E for treatment. His wounds are never serious but he feels reassured just by being at the hospital.

Soon Barry could benefit from having access to a "mental health hub" run by the community mental health team with help from volunteers. The hub will have "spokes" operating from community venues in neighbourhoods. They will have extended opening hours, including weekends. The hub will be a place where Barry can get support close to home. There will be volunteers he can talk to.

He can take part in activities and also access training courses. He will receive help to get work - either voluntary or part-time paid. It won't affect his benefits but will help him keep busy and build up both his CV and his self-esteem.

Barry will feel there is someone he can regularly turn to for support. His busy GP will have more time to see other patients, and those visits to A&E will become a thing of the past.





# Into the future

We are looking at how we can better use recent developments in technology so that people do not have to make long journeys - especially important for people living in the most remote rural communities in Shropshire and Powys.



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We believe that around 35,000 outpatient appointments a year could be done via video link.

We are introducing some trial projects in rural areas, including the introduction of Point of Care Testing which allows GPs to carry out a range of tests so that patients do not need to go to hospital. This has the potential to dramatically reduce waiting times for some results.

As well as improving services and making them stronger for the future, we believe all the changes we are proposing would make the experience better for patients.



Communities themselves would be able to support vulnerable people, with the professional backing of Neighbourhood Care Teams where required. Fewer people would need to go to hospital, and those who do would be discharged quicker.

This pledge to work together will reduce duplication and free up the resources needed to provide the best possible care at all times. Working together in this way across NHS, social care and the voluntary sector will ensure the best possible outcomes for the people of Shropshire and Telford & Wrekin now and in the future.

# How you can be involved

We will not be making any decisions before talking to local people. There will be plenty of opportunity to get involved in helping to shape local health and care services for the future.

We want to hear the views of as many people as possible and we expect to hold what is formally called a 'consultation' for some programmes of work such as Future Fit. The date for this will be in the New Year and we will publicise the details nearer the date.

As part of the Future Fit programme we have already undertaken extensive discussions with local people on our plans to transform hospital services. This has included 43 "pop-up" events in public places and presentations to groups ranging from parish councils to senior citizen forums. We have a large and growing contact mailing list and an online video describing the programme has been viewed almost 10,000 times.



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**You can read our full Sustainability and Transformation Plan online by visiting a website of any of our partner organisations. If you would like a hard copy of the plan please contact a partner organisation.**

If you have any comments or questions regarding the Sustainability and Transformation Plan please send them to [shropstandwstp@nhs.net](mailto:shropstandwstp@nhs.net) or contact one of the partner organisations.

**Shropshire and Telford & Wrekin Sustainability and Transformation Plan partner organisations:**

Shropshire Clinical Commissioning Group [www.shropshireccg.nhs.uk](http://www.shropshireccg.nhs.uk)

Telford & Wrekin Clinical Commissioning Group [www.telfordccg.nhs.uk](http://www.telfordccg.nhs.uk)

Shropshire Community Health NHS Trust [www.shropscommunityhealth.nhs.uk](http://www.shropscommunityhealth.nhs.uk)

The Shrewsbury and Telford Hospitals NHS Trust [www.sath.nhs.uk](http://www.sath.nhs.uk)

Robert Jones & Agnes Hunt Foundation Trust [www.rjah.nhs.uk](http://www.rjah.nhs.uk)

South Staffordshire & Shropshire Foundation NHS Trust [www.sssft.nhs.uk](http://www.sssft.nhs.uk)

ShropDoc (GP out of hours service) [www.shropdoc.org.uk](http://www.shropdoc.org.uk)

Shropshire Council [www.shropshire.gov.uk](http://www.shropshire.gov.uk)

Telford & Wrekin Council [www.telford.gov.uk](http://www.telford.gov.uk)

Powys Teaching Local Health Board [www.powysthb.wales.nhs.uk](http://www.powysthb.wales.nhs.uk)

Voluntary Sector (soon to join) Shropshire Partners in Care (SPIC) [www.spic.co.uk](http://www.spic.co.uk)

