



NHS North Staffordshire CCG: Plan on a Page 2013-2016

Context	Population of 213,000 living in 2 main districts of Staffordshire Moorlands and Newcastle under Lyme; a mixture of sparsely populated areas mainly within Staffordshire Moorlands and more densely populated wards in Newcastle under Lyme. GP membership which is made up of 33 practices, 136 GP's and divided in to 5 localities.							
Needs, Context, Risks & Challenges	Significant gaps in life expectancy and marked inequalities, particularly in preventable illness and disease	Ageing population with increasing prevalence of Long Term Conditions and low detection rates for some	High rates of infant mortality in some deprived communities in particular	Problems with access and patient flow through the urgent and emergency care system	Financially challenged acute trust with need for high levels of strategic assistance	Bed based health economy with inadequate community services to meet demand	Complex local health and wider social care economy, Staffordshire and Stoke dynamic in particular	Challenge posed by geographically dispersed rural communities and urban/rural mix
Vision	<i>Quality care, best value, better outcomes</i>							
Strategic Goals	Increase life expectancy and reduce inequality	Improve prevention, early detection and effective management of those at increased risk		Enhance quality of life and improve health outcomes for people with long term conditions		Ensure people receive the right care in the right place at the right time		
Outcomes In ISOP, all outcomes have annual targets and 3 year trajectories	<ul style="list-style-type: none"> Increase healthy life expectancy Reduce gap in life expectancy 		<ul style="list-style-type: none"> Reduce childhood obesity Help smokers to quit Reduce dependent drinkers Reduce infant mortality Reduce premature deaths from respiratory conditions Reduce premature deaths from CVD Reduce premature deaths from cancer 		<ul style="list-style-type: none"> Reduce inappropriate admissions for ACS conditions Improve health related quality of life for people with Long Term Conditions Reduce inappropriate admissions for people with dementia Reduce inappropriate length of stay for people with dementia 		<ul style="list-style-type: none"> Reduce inappropriate admissions Improve patient experience Increase % of patients seen within 18 weeks Achieve A&E four hour waiting time target Reduce inappropriate length of stay 	
Initiatives to Deliver our Goals and Outcomes	All initiatives will contribute to ultimate goal of increasing healthy life expectancy and reducing inequalities		<ul style="list-style-type: none"> Alcohol treatment services Health checks Cancer awareness and services Childhood obesity schemes 	<ul style="list-style-type: none"> QOF XL Every Contact Counts Reducing infant mortality Smoking cessation 	<ul style="list-style-type: none"> Integrated local care teams Assistive technology Long Term Conditions tier 3 service Cardiac rehab 	<ul style="list-style-type: none"> RAID Redesigned Stroke services Improved end of life care Dementia detection and management 	<ul style="list-style-type: none"> Care Hub Redesign of intermediate care Medical cover in nursing homes Frail and Complex Elderly Team 	<ul style="list-style-type: none"> Planned care pathways and service redesign NHS Pathways Reablement and domiciliary care Hot Clinics
End State Ambition	<ul style="list-style-type: none"> People on average are living at least a year longer than at present The average gap in life expectancy of over 7 years has reduced by at least 5% The gap in life expectancy of 10 years between our most affluent and deprived communities has reduced proportionately 		<ul style="list-style-type: none"> More preventable conditions are diagnosed and managed earlier, deaths from cancer move the CCG from 40% to 30% and deaths from respiratory conditions from 31% to 20% Increase in dependant drinkers on treatment programmes Reduction in alcohol related hospital admissions, to achieve top percentile Infant mortality rates reduce from 96% to 73% in all areas Fewer people smoke, particularly before and during pregnancy, no more than 19% At Year 6 fewer children are overweight or obese, no more than 17.5% 		<ul style="list-style-type: none"> More people with long term conditions feel supported to manage their condition People with long term conditions report improved functional ability Reduced deterioration in people with ambulatory care sensitive conditions People with long term conditions receive their care in the community rather than acute settings Reduction in A&E attendances and urgent admissions for people with long term conditions 		<ul style="list-style-type: none"> More people receive their care through the use of assistive technology Frail and complex elderly and other people with high dependency needs are risk stratified and proactively managed at home People's access to and flow through care pathways is better coordinated and managed Care across all sectors is integrated and seamless 	
North Staffordshire Cross Economy Transformation Programme – Strategic Priorities								
Change Programme	Improve access to and flow through the urgent and emergency care system through better coordination, assessment and discharge by a central Care Hub		Redesign and recommission intermediate care services to reduce reliance on bed based care and strengthen and integrate with community services around practices and localities			Redesign the care of frail and complex elderly patients through better assessment and MDT management and providing general elderly care in the community		
End State Ambition	Simplified care system with single point of access, more people supported in the community, fewer acute admissions and improved patient flow		Fewer acute and community beds, enhanced community and mental health services integrated across primary, community and acute care with people cared for at home as the norm			More generalist and geriatrician support in the community so no general elderly care beds are provided in acute settings and fewer older people admitted through emergency portals		
Key Principles Decisions will be taken:	As locally as possible in collaboration with key partners	That seek to meet the needs of patients while balancing the needs of clinicians and partners	In line with the defined prioritisation process and with regard to the relevant evidence	In order to achieve better outcomes	In light of the available resources	In an open and transparent manner		
Delivery Priorities Reflect our core values	We will commission safe effective and high quality sustainable services	We will deliver better patient outcomes through effective federated and collaborative arrangements with key partners	We will improve patient experience through patient engagement, feedback and involvement in decisions throughout the whole commissioning cycle	We will reduce health inequalities and inappropriate clinical variation	We will achieve all the above while remaining within financial balance and achieving best value			