



Transforming health and care for  
Staffordshire & Stoke-on-Trent

# Health and care in Staffordshire and Stoke-on-Trent

This is a public conversation to hear your views on how we can better deliver health and care locally. We want to understand how you currently use services to find out what is working well and what can be improved

Your voice counts - we are seeking your feedback from  
Monday 3 June to midnight on Sunday 25 August 2019



# Welcome

**We have a lot to be proud of in health and social care, with a strong focus on quality, use of new technology and investment in new services.**

That said, we need to do things better. People tell us that they want their care nearer to home (or at home) and that they find the system difficult to understand. Some services are provided by their GP surgery, some by the hospital and others by the local authority or a voluntary organisation.

All organisations are finding it hard to balance the growing demand for their services with the right staff to provide that service. For this reason, we need to better help people to manage their own health and wellbeing to prevent them from becoming poorly in the first place.

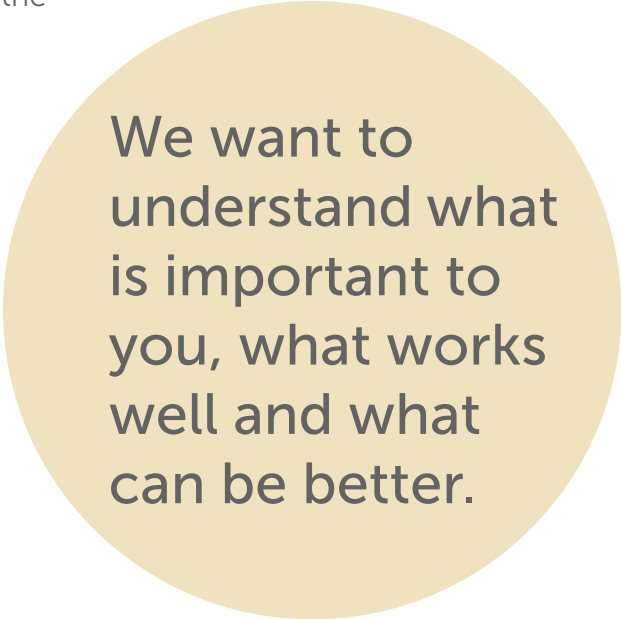
We are trying to encourage people not to use A&E as their first contact point and instead use their GP practices and community-based care. We are working to help people to get out of hospital as soon as they are fit to do so. It is therefore important that we ask local authority care services and community based health services to look at how to deal with this change. Our intention is that when people are ill they see the right professional at the right time.

To make this happen, we have focused on a number of challenges across the health and social care system and they are outlined in this document. We need to start a conversation about what works well for local people and what doesn't about all aspects of health and care. Only by listening to your views can we understand how we can develop solutions to the challenges we describe.

We started this conversation in 2016 when we formed the partnership and developed a plan for the health and care services to work together better. This means the care provided by doctors, nurses and staff from across the partnership, including the social care provided by the councils and the support provided by voluntary sector organisations. Now we are in a better place to hear from you about the challenges and opportunities you see when using, working in or supporting our services. This is the start of the process which will ultimately lead to us being able

to consult about specific options for change and we want to involve you early in this process. There are a range of ways to get involved, by completing our survey or coming to one of our events. We will also visit local community groups, clinics and towns across the county to listen to your views and experiences.

The closing date for feedback is midnight on Sunday 25 August 2019. We will use the feedback to start to develop ideas to help build better health and wellbeing, and make sure that we spend the Staffordshire and Stoke-on-Trent pound wisely.



**We want to understand what is important to you, what works well and what can be better.**

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## Our partners

- Cannock Chase Clinical Commissioning Group (CCG)
- East Staffordshire CCG
- North Staffordshire CCG
- Stafford and Surrounds CCG
- Stoke-on-Trent CCG
- South East Staffordshire and Seisdon Peninsula CCG
- Staffordshire County Council
- Stoke-on-Trent City Council
- University Hospitals North Midlands NHS Trust
- Midlands Partnership NHS Foundation Trust
- University Hospitals of Derby and Burton NHS Foundation Trust
- North Staffordshire Combined Healthcare NHS Trust
- NHS England
- Healthwatch Staffordshire
- Healthwatch Stoke-on-Trent
- Support Staffordshire
- VAST

# Introduction

**Our health and social care services face some significant challenges. These need to be addressed if we are to make a difference to your health and wellbeing.**

We can only achieve this if all health, social care and voluntary partners work together to support closer integration between services. Together we can help you to stay well for longer (both physically and mentally).

If you do need health or social care services, we will support you to access the right service, at the right time, by the right professional (such as a doctor, nurse or social care worker).

## To achieve this vision, we know we need to support:

- You to live well for longer and as independently as possible
- Treating you as a person, not as a set of health conditions or social care needs
- Making sure doctors and nurses are there when you need them, at the right time and in the right place
- Making services available closer to your home
- Giving mental health equal priority to physical health and wellbeing
- Making sure your experience of health and care is the best it can be
- Make it easier for organisations to work together, to increase efficiency.

## What are we seeking views on?

We have launched this public conversation to hear your views on how we can better deliver health and care locally.

We need your help to:

- Understand **how you currently use services** and the experiences you have
- Find out **what is working well** and what can be improved
- Understand **what matters most** to you
- Design local services **based on national ambitions**.

We have not developed proposals at this stage, so we are asking for your experiences and suggestions. Your feedback will help us to develop any future proposals.

We have an ambitious vision: **“Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work”.**

**To help you understand the challenges and opportunities we face, this document will guide you through:**

- Why change is needed
- Our journey so far
- Our local people’s health and care needs
- A summary of the challenges facing local services
- Specific services that need significant change
- Our workforce, financial, digital and buildings challenges we face

- How we will use your feedback
- How to get involved.

At the end of each section we have added some questions. This is to help you think about what is important to you and how we could make the way we deliver health and care, better. Please complete our survey on our website: [www.twbstaffsandstoke.org.uk](http://www.twbstaffsandstoke.org.uk) to share your views.

## Why change is needed

We know that we face many challenges and opportunities that will affect our ability to deliver quality services in the future. These include an increasing older population with, or at risk of, multiple complex long-term conditions and care needs, and the impact of a decreasing workforce and vacancies in some key services.

We are not alone with these challenges – many areas across the country face the same issues.

Our partners, doctors and nurses agree that people will experience poorer health outcomes unless we take action. Health outcomes are a way of measuring how well someone is doing in their treatment and recovery.

We need to redesign and transform services to improve quality, using the available budget and resource as efficiently as possible.

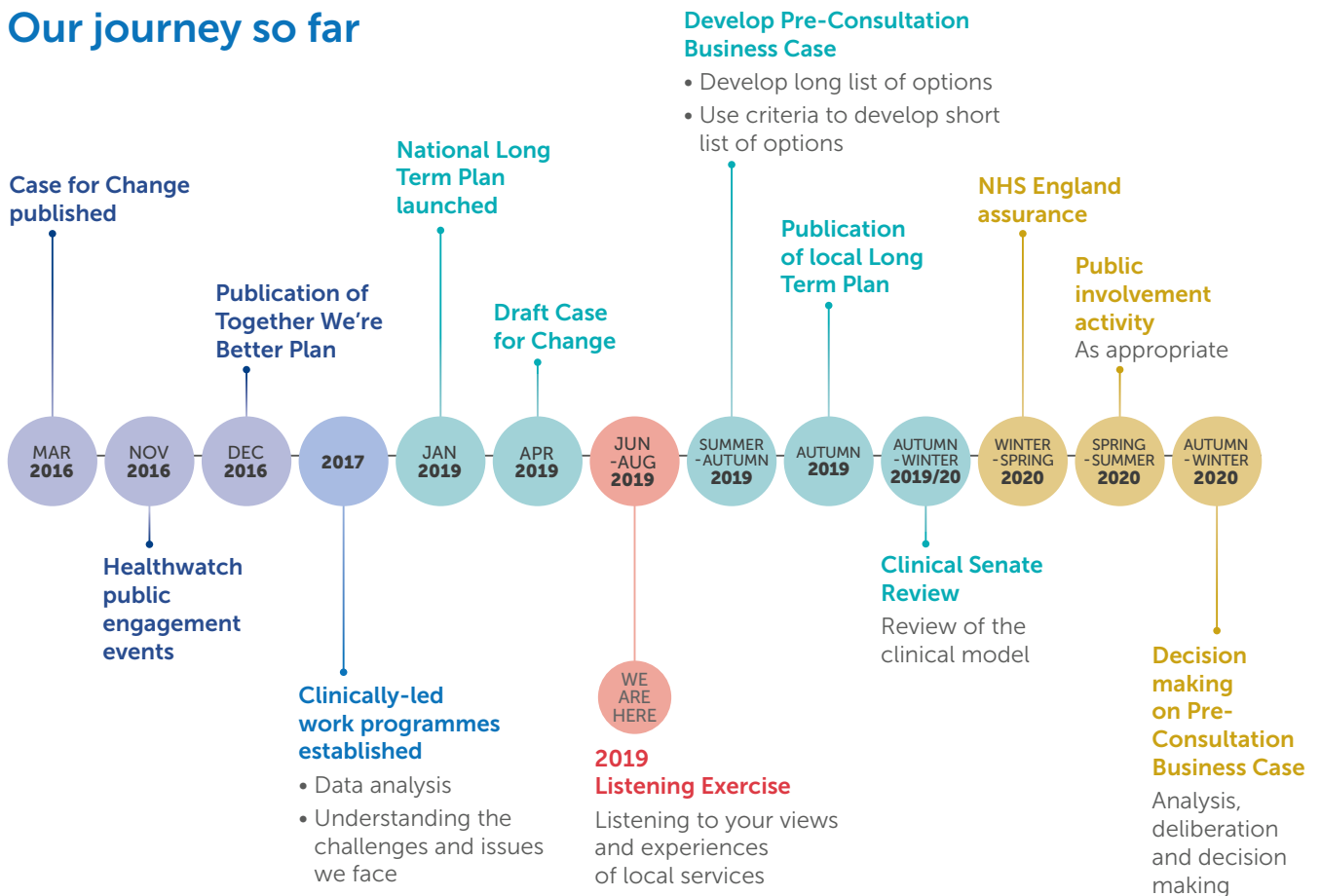
This diagram shows us the areas we need to bear in mind to help us deliver better care.



## How did we identify the challenges?

Since Together We're Better was formed in 2016, doctors, nurses, health and social care professionals, Healthwatch and voluntary sector partners have been working to identify the local challenges and opportunities for making things better. **We now want to listen to local people to learn from your experience of using these services.**

## Our journey so far



## NHS Long Term Plan

NHS England launched a national Long Term Plan in January 2019. It focussed on making the NHS fit for the future, and getting the most value for patients out of every pound of taxpayers' investment.

The ambitions set out in the national plan are challenging but realistic, and they reaffirm our local ambitions and priorities.

Locally we want to develop a plan that works across health, social care and the voluntary sector. We aim to publish a response to the Long Term Plan for Staffordshire and Stoke-on-Trent in Autumn 2019.

Our conversation with you is a key part of developing the plan. Many of the themes we will discuss, will help shape our priorities. However, it is only one part of our Long Term Plan, as we recognise there are other ambitions that we want to explore further with you.

[www.longtermplan.nhs.uk](http://www.longtermplan.nhs.uk)

# Our local people's health and care needs

As our county is so diverse, we need to understand the needs of people living in each of the different areas.

- **Population size and average age:** Over the next 25 years, the local population is expected to grow by 6%, which will put more pressure on our health and care services. The number of older people in Stoke-on-Trent and Staffordshire is rising. At the moment, 20% of people are aged 65 or over – this is above the national average of 18%
- **People's health varies across the county:** There are different levels of poverty, deprivation and health inequalities. Stoke-on-Trent is the 14th most health deprived area in England. Staffordshire is relatively affluent, although there are some small urban areas that are highly deprived. In Staffordshire we also have to balance rural as well as urban needs
- **Diversity:** 8.1% of people in Staffordshire and 13.8% in Stoke-on-Trent identify themselves as Non-White British. We know that people from different ethnic backgrounds can

sometimes struggle to access the health and care services that they need

- **Lifestyle factors:** More people in Staffordshire and Stoke-on-Trent have diabetes or heart disease than the national average. Only East Staffordshire is below the national average for heart disease, and only Stafford and Surrounds is below the national average for diabetes. Obesity and excess weight were also significantly worse than the national average in six out of the nine areas of our county
- **Long-term conditions:** The number of people with long-term conditions is increasing. In general, more people in Staffordshire and Stoke-on-Trent have strokes, high blood pressure, heart disease and diabetes than the national average. More than half of over-65s have two or more long-term conditions. This means they are at a greater risk of being admitted to hospital and their quality of life is reduced

- **Life expectancy:** Stoke-on-Trent has the second highest rate of deaths from avoidable causes in the West Midlands. In Stoke-on-Trent, more people under the age of 75 die from cancer than the national average.

Did you know...



Housing, employment and economic status can have an impact on mental and physical wellbeing. **Higher levels** of poverty and deprivation are linked to many health problems.

People in Stoke-on-Trent have a **lower life expectancy** and a **lower healthy life expectancy** than the national average.

# Summary of local challenges in delivering services

The local challenges mean we face more pressures than the national average. This affects all our health and social care services – from GP practices and care homes to hospital-based care. Our services are generally safe and well led, but the demands on our services are changing and increasing. We need you to help us look at a different way to deliver our services, so our care remains high quality and safe.

Both nationally and locally, we face a number of challenges in delivering services to the standards we strive for:



## Accident and Emergency (A&E):

Sometimes people are waiting too long in A&E, although we have made improvements this year. Sometimes people don't know which urgent care service to use



**Cancer:** People experience longer delays in the detection of some cancers at an early stage. Waiting times for cancer treatment are longer than the national average



**Hospital admissions:** Sometimes people are admitted into hospital when they could be seen at a service in the community instead. Sometimes it can take a long time for people to return home from hospital once they are well enough



**Hospital care:** Demand for hospital care is growing. There are more cancelled operations than in other parts of England



**Prevention:** Reduce demand on services by supporting people to lead healthier lifestyles and to self-care for minor conditions



**Waiting times:** There are longer waiting times for some key services including A&E, mental health, planned appointments and procedures and cancer treatment







**Community services:** These services can be very different across the county, which could lead to different outcomes



**Primary care:** Our GP practices are struggling to balance an increasing workload, with the number of older people rising as well as increasing patient expectations



**Social care:** Increasing demand and costs for older and disabled people



**Care homes:** Our care home market is very fragile. The standards and availability varies in different areas of our county



**Children's services:** More and more children will need intensive support from children's services.

We need to take action now to make sure that the health and care services we receive today, are able to meet future needs. We are working as a partnership to look at services as a whole and not as separate parts. This is because we know that working together means a better, more joined up and efficient service.

From listening to doctors, nurses, partners and local people, we have identified services that we need to think of delivering differently:

- Urgent and emergency care
- Integrated community services
- Community hospitals in South Staffordshire
- Planned care
- Maternity services
- Mental health services.

These are explained in more detail through the following sections.



# Urgent and emergency care

From listening to local people, we know that you find the urgent and emergency care services confusing. There are a range of urgent care services that can provide the right care, at the right time and often without a long wait in A&E.

## Challenges

We know there are a number of challenges in our local urgent and emergency care services:

- **Confusion between 'urgent' and 'emergency':** Many people who attend A&E departments have minor illnesses or injuries which might be urgent, but could be seen by other services. We need to reduce confusion so that the emergency department is for life-threatening or serious conditions only
- **A mix of locations, run by different organisations, offering varying services:** There are walk-in centres, minor injuries units and urgent care centres, plus many GP health centres and surgeries.

Some of these offer different levels of service, or there is duplication where several offer the same service. They have different opening times and do not offer the same tests in each area

- **Longer waiting times:** Patients are waiting longer in emergency departments to be seen and treated
- **Increased costs to the NHS:** Treating someone at A&E costs around £116, compared to £30 for a GP appointment. If people use the most appropriate service, these savings could be used for other services, such as planned operations or follow-up appointments

- **Workforce:** We need more staff to deliver our services, but not enough urgent and emergency consultants, GPs and nurses are coming forward to be trained. Many doctors and nurses in our county are also approaching retirement
- **National guidance:** NHS England have developed new guidance to make the options easier to understand. We need to deliver this locally to support the different services that provide urgent and emergency care to work together.



### Emergency care services

provide treatment for life-threatening conditions. For example: chest pain, a serious road accident, severe loss of blood or choking. Most people will need an ambulance to take them to the emergency department.

**Urgent care services** offer advice and treatment for accidents, minor illnesses or injuries where you cannot wait for a routine appointment with your GP. For example: a sprained ankle, water infection, or a child with a high temperature.

### Did you know...



Each year, around **3 million** people across the country who use A&E could have been seen elsewhere.

## What is working well



### NHS 111:

This is a national helpline that provides medical advice 24 hours a day, 7 days a week.

Trained staff, doctors and nurses ask about your symptoms so they can give self-care advice or direct you to the best local service.

This means that 999 is only for life-threatening emergencies, where an ambulance is needed.



### Extended access to GP appointments:

In December 2018, we introduced 2,350 extended GP appointments a week, where groups of practices work together to offer appointments in the evenings and at weekends.



# Local urgent and emergency services

## Walk in centres

- Haywood Hospital, Stoke-on-Trent**  
Mon-Fri 7am-9.30pm  
Sat-Sun 9am-9.30pm
- Hanley Primary Care Access Hub, Stoke-on-Trent**  
Mon-Sun 8am-8pm

## Minor injury units (MIU)

- Haywood Hospital**  
Mon-Fri 7am-9.30pm  
Sat-Sun 9am-9.30pm
- Leek Moorlands Community Hospital**  
Mon-Sun 8am-8pm
- County Hospital Children's MIU, Stafford**  
Mon-Sun 8am-10pm
- Cannock Chase Hospital**  
Mon-Sun 10.30am-6.30pm
- Samuel Johnson Community Hospital, Lichfield**  
Mon-Sun 8am-9pm
- Sir Robert Peel Community Hospital, Tamworth**  
Mon-Sun 8am-10pm

## Urgent care centres

- Royal Stoke University Hospital**  
24 hours

## A&E departments

- Royal Stoke University Hospital**  
24 hours
- County Hospital ADULTS ONLY, Stafford**  
Mon-Sun 8am-10pm
- Queen's Hospital, Burton**  
24 hours

## Out of area hospitals

- Macclesfield District General Hospital
- Leighton Hospital, Crewe
- Royal Derby Hospital
- Princess Royal Hospital, Telford
- New Cross Hospital, Wolverhampton
- Walsall Manor Hospital
- Good Hope Hospital, Sutton Coldfield
- Russells Hall Hospital, Dudley



Would you know where to go?



We need to design Urgent Treatment Centres so you know where to go.

## Developing Urgent Treatment Centres

Across England, local areas need to set up Urgent Treatment Centres to bring together the services provided by walk-in-centres and minor injury units. An Urgent Treatment Centre can manage more complex cases that are not serious enough to need emergency services.

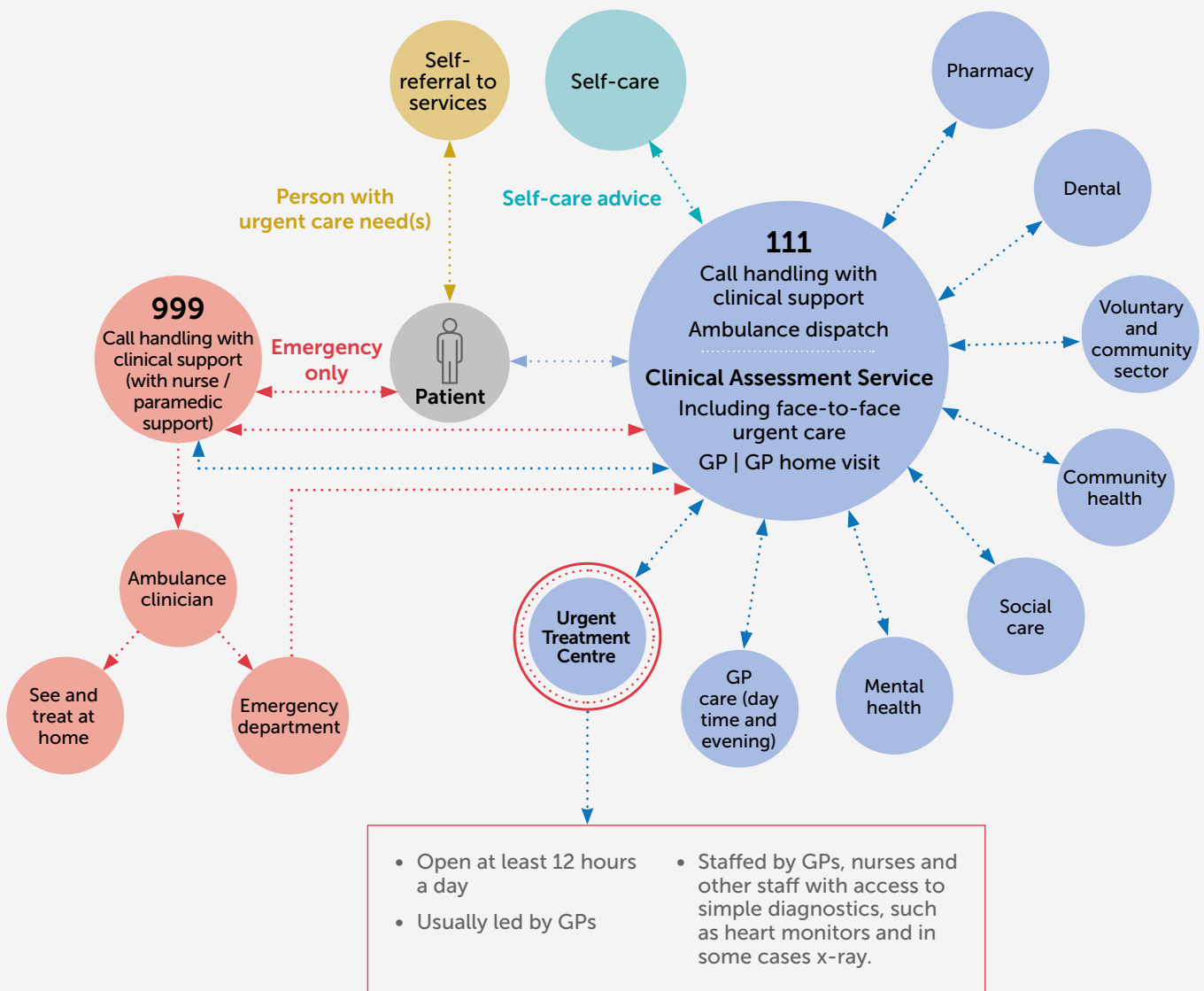
The national standards say the centres will be:

- Open at least 12 hours a day
- Usually led by GPs
- Staffed by GPs, nurses and other staff with access to simple diagnostics, such as heart monitors and in some cases x-ray.

Staff will work together with the ambulance service, NHS 111, GPs, A&E services and community teams to support you with minor health conditions.

The below diagram shows the different services that support your urgent or emergency care needs.

*We have a duty to develop these centres, in a way that meets local needs. We want to listen to your suggestions as we design these Urgent Treatment Centres.*



## Other opportunities

- **NHS 111:** There are several opportunities to develop this service to support more people:
  - **NHS 111 online:** If you use the online service, you can be offered a call back from a doctor or nurse, if needed. You will still be able to call NHS 111 if you prefer
  - **Booking direct appointments:** This can be an out-of-hours GP appointment or at an Urgent Treatment Centre
  - **Clinical Assessment Service:** You will speak directly to a doctor or nurse who can assess you over the phone straight away. They will give advice, a prescription, or an appointment for further assessment or treatment. They will try to complete the call there and then – without the need to transfer you elsewhere.
- **Integrated Care Teams:** We need to focus on offering more services based on your needs and make them available in your local community. We are working with our GP and community services to design how this could look. Read more on page 18.
- **Technology:** Some local GP practices are already offering appointments using video calling (Skype) where suitable. See page 37 for more digital opportunities.
- **Reducing unnecessary admissions to hospital:** Hospitals provide critical and specialist support when you have a life-threatening or serious illness. But in some cases, going into hospital could be avoided if better services were available in the local community. We want to design services where doctors and nurses in the community can help monitor your condition and support you to receive the right medication or a different package of support. This means you can stay at home where possible.
- **Reducing long stays in hospital:** People are often waiting in hospital for an assessment, a bed or other support to be ready. We know staying in hospital over a long time can cause patients to become less well and less independent, and increases the risk of infection. It also impacts on other patients who might have their planned operation cancelled due to lack of bed space. By developing our community services, we can help people to stay independent and leave hospital when they are well enough. Read our community services section to find out more.





## How it could be...

**Betty is 83 years old and lives alone. She is usually very active and independent, but after getting a nasty burn on her arm whilst cooking, she had to spend a few days in hospital to get antibiotics and fluids.**

She is now well enough and wants to go home, but she does not have anyone to help her with bathing and cooking. Betty needs to regain her confidence to do these tasks safely herself.

Social care services and hospital doctors listen to Betty's concerns and make arrangements for a community team to assess her needs at home.

They identify the right experts in the health, care and voluntary sector to help Betty:

- A district nurse will check on her dressings
- A home care worker will call in each day to cook meals
- Betty's co-ordinator will refer her into local befriending schemes
- Her GP practice will offer regular checks to help her manage her diabetes.

By being back in her own home, Betty soon gets her strength and mobility back. The services and checks are gradually reduced as she recovers her independence.

Thanks to the befriending schemes, Betty has new friends in her local community to talk to and to check in on her.



## Home First

We know the importance of helping people remain independent and healthy at home.

Our priority is to build more support in the local community to help people stay well for longer. If a hospital stay is needed, we aim to help people return home once well enough.



## Share your views...

- How can we develop a simple urgent care service, where you know where to go for the right support?
- What would help you to better look after your own and your family's health and avoid the need for urgent treatment?
- What services would help you to stay well, or help your condition to be monitored, rather than being admitted to hospital?
- How can we design services in the local communities that help you to leave hospital when you are well and help you stay independent for longer?

**See page 39 for how to share your views.**

# Developing integrated community services

We know that most of you prefer to be at home and have your care close to home. There are a range of health, care and voluntary services that help you in your local community. However, these services often act independently from one another. Sometimes you have to connect with many different professionals and services for different parts of your care.

## Challenges

- **Too many people are waiting in hospital beds:** Often they could have been treated in the community or in their own home instead. We know staying in hospital over a long time can cause patients to become less well and less independent, and increases the risk of infection.
- **Differences in the community services:** Different areas offer different services, and there is different funding available
- **A confusing system:** People are confused about who they should go to for help, with so many services involved in a person's care. This means they do not seek help early on, when they could be treated at home
- **Increasing costs of providing care for older and disabled people:** Almost one third of older people locally have difficulty in carrying out day-to-day self-care activities, such as bathing
- **A fragile care home market:** With increasing costs for care homes, high turnover of staff and challenges in meeting quality standards
- **We should respect people's end-of-life choices:** More people die in hospital when they would have preferred to have died at home or in a hospice
- **Rising demands for GP services:** They are at the centre of our community care, but are facing increasing demand with less GPs and staff.



## Opportunities

The world has changed so much since the NHS was formed 70 years ago. Your NHS is changing so that you can get access to the right care for your needs.

### Working together with the patient at the centre

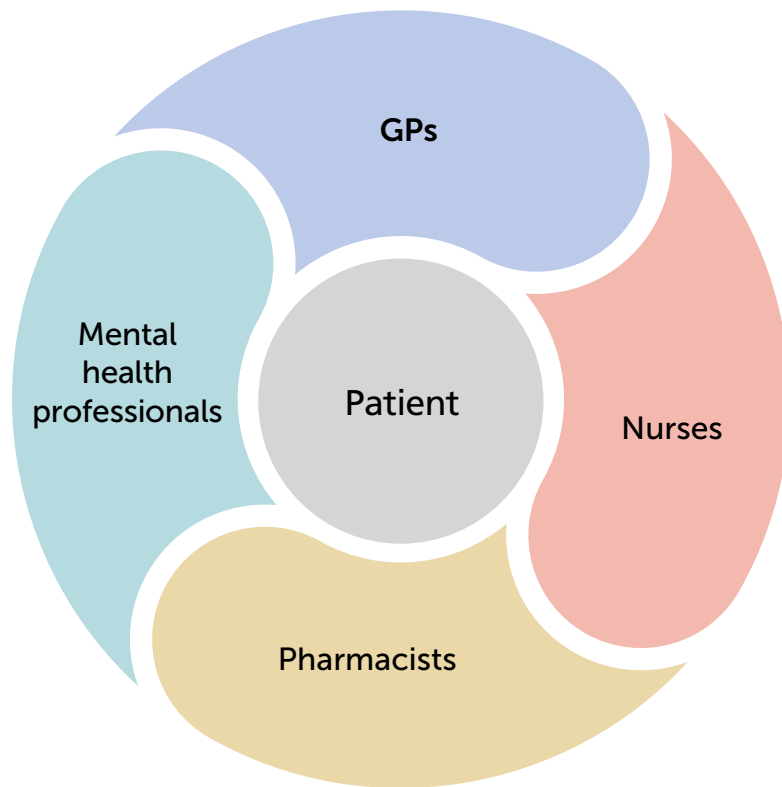
### Primary Care Networks

Healthcare that is delivered outside hospitals is known as primary care. It includes a range of services from GPs, nurses, health visitors, plus dentists, pharmacists and opticians.

Many GP practices are starting to work with each other and come together as networks.

They will work with other local services to make it easier for the people in their area to get the care they need closer to home. Benefits include:

- **Bigger teams of staff:** Including GPs, nurses, pharmacists and mental health professionals
- **Longer opening hours:** Offering evening and weekend appointments as a group of practices



- **Coordinated care:** These different services and specialists will work closely together to reduce the number of different appointments and transfers between services
- **Sharing information and technology:** Delivering better care for you (see 'Digital opportunities' on page 37)

- **Proactive care:** Helping you to be healthier and manage your long-term conditions.

Primary Care Networks will be in place locally by July 2019. They will be supported by Integrated Care Teams (ICTs) who will offer services for people closer to home that are based on their needs.

Read about Integrated Care Teams on the next page.

Primary Care Networks Animation from NHS England: <https://youtu.be/W19DtEsc8Ys>

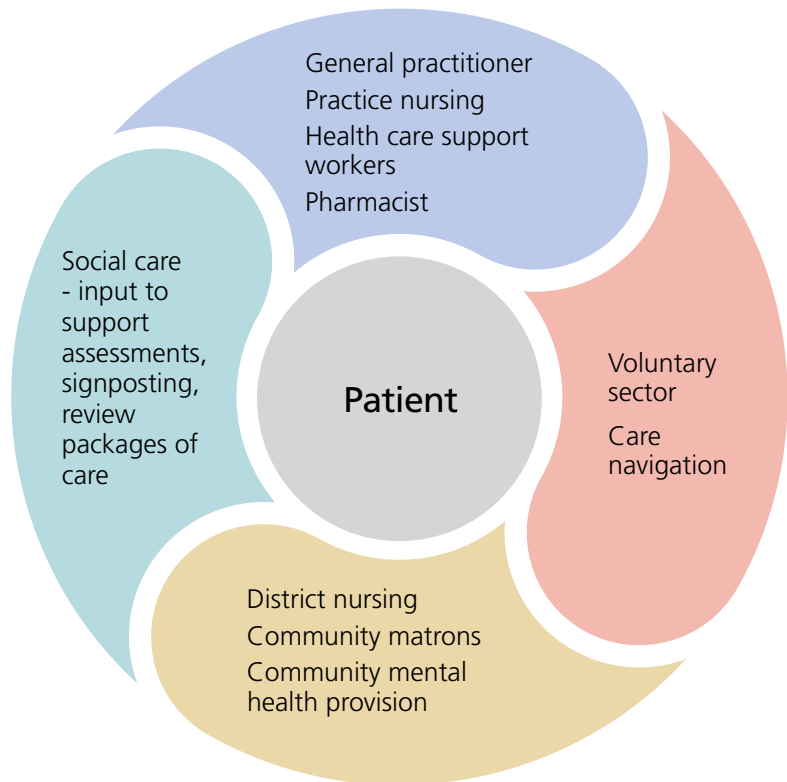
## Integrated Care Teams

In North Staffordshire and Stoke-on-Trent, the clinical commissioning groups (CCGs) carried out a consultation on the development of Integrated Care Hubs and how we use community hospitals in the best way. The CCGs will be reviewing public feedback and aiming to reach a decision later in 2019.

We now want to listen to your views on how similar services in South Staffordshire can work closely together to deliver better care for local people.

We want to design Integrated Care Teams, that bring together a range of professionals and wrap services around your needs. These teams would serve a community of 30,000-70,000 people and would support:

- **Patients in care homes:** Care homes will be able to access additional services and teams to help people to stay in the home and receive good quality care
- **Care for frail patients:** Know where our most vulnerable people are and help them get the right care
- **Support GP practices to be at the centre of your care:** By connecting other health, care and voluntary services around your needs
- **Help you to live a healthier life and remain independent for longer:** By providing services as and when you need them
- **Support vulnerable people:** By helping to quickly spot any signs that you are becoming unwell and help get you treatment in your community
- **Provide continuity of care:** With a team of professionals who know your needs
- **Support you to get home from hospital:** If you do need to be admitted to hospital, the support is available locally to help you get home as soon as you are well enough
- **Assess your needs in your own home, and not in a hospital setting:** To help you stay at home and stay independent
- **Help you to talk through your choices and needs at the end of your life:** This ensures dignity of care.

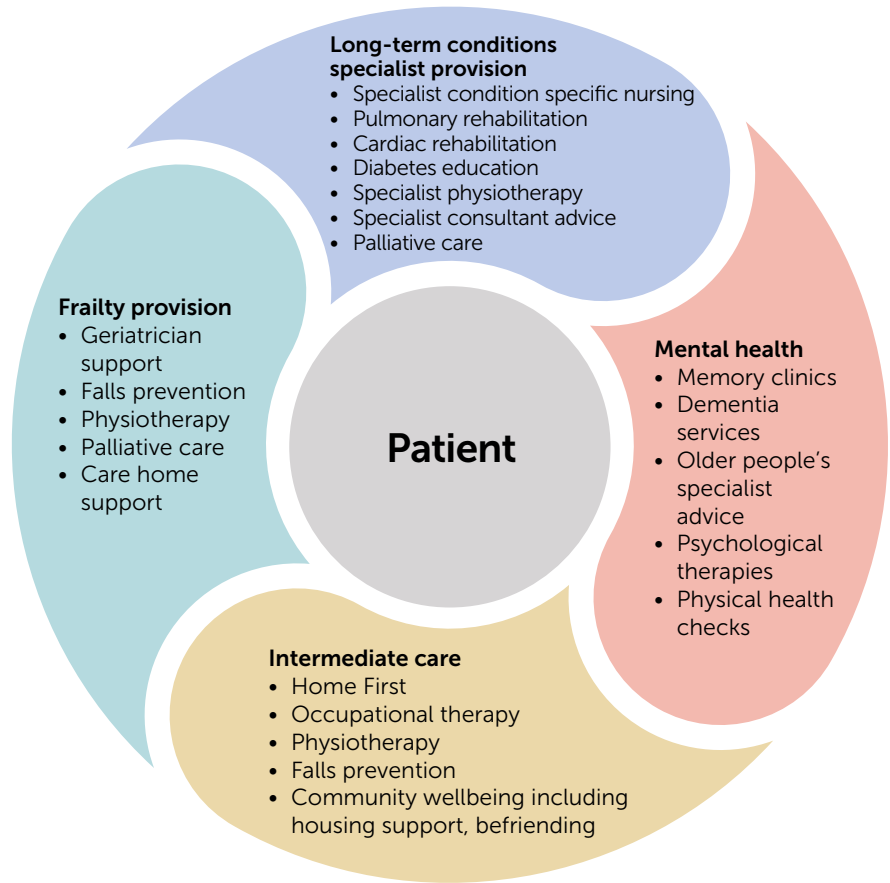


## Integrated Care Hubs

We don't think you should have to travel to a large hospital to get non-specialist health and social care. Integrated Care Hubs could help everyone, particularly those who are vulnerable and frail, to get specialist health and social care within the community. This would also take the pressure off major hospitals.

The Integrated Care Teams would be based from these hubs and would work closely with local GPs. We think this would help improve working relationships between GPs, the voluntary sector, community-based services and specialist services.

The hubs could offer the core services described in this diagram, plus additional services based on local health needs. Even though the services might be different, the way we will deliver services will be the same for all hubs. This should ensure every community has equal access to the same opportunities.



## Community hospitals in the South

We believe community hospitals should play a vital role in the way health and care services are provided for the communities they serve.

Our ambition is to help you to stay well for longer and stay out of hospital.

With the right community services in place, we can help reduce the amount of time spent in major or community hospital beds.

We want to work with local communities that use the hospitals in Lichfield and Tamworth to design local services that meet your needs, are modern, safe and provide high quality services and offer value for money.



## Share your views...

- What works well and what can be improved with local community services?
- What services should we include in a community hub?
- How do we help you to return home when you are well enough to leave hospital?

See page 39 for how to share your views.

# Maternity care

A key priority for us is to help everyone have the best start in life. In 2017, there were 8,491 births in Staffordshire and 3,293 in Stoke-on-Trent. Our midwives and obstetricians do an amazing job in supporting mothers and families through every step of their journey.

We want to empower women by putting them at the centre of their care so that they and their families have the best possible support. We want to help them to make informed choices, leading to a positive pregnancy and birth experience and a healthy baby.

## Local maternity services

### Midwife-led Birth Unit

1. Royal Stoke University Hospital

### Consultant-led Unit

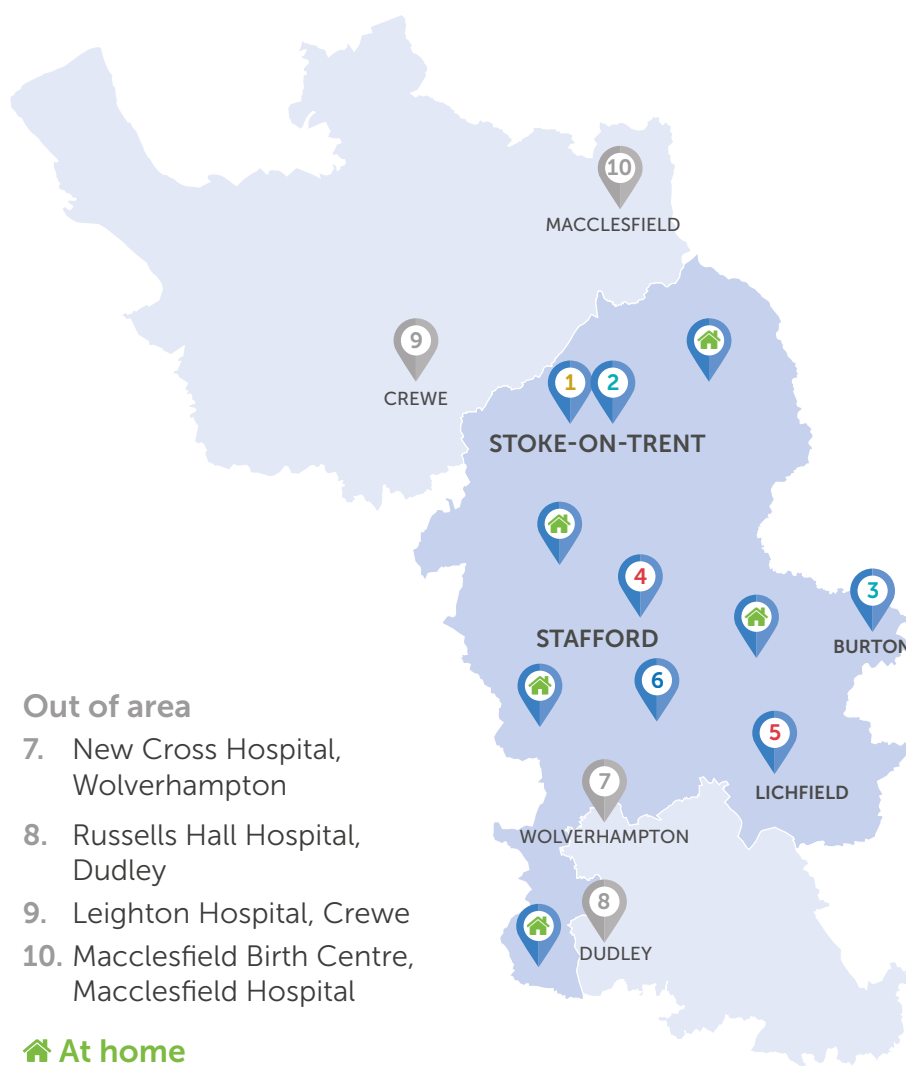
2. Royal Stoke University Hospital
3. Queen's Hospital, Burton

### Freestanding Midwife-led Birth Unit

4. County Hospital, Stafford
5. Samuel Johnson Community Hospital, Lichfield

### Antenatal and postnatal clinics

6. Cannock Chase Hospital



### Out of area

7. New Cross Hospital, Wolverhampton
8. Russells Hall Hospital, Dudley
9. Leighton Hospital, Crewe
10. Macclesfield Birth Centre, Macclesfield Hospital

### 🏠 At home

At patients' homes throughout Staffordshire and Stoke-on-Trent

## Challenges

Doctors, midwives, women and their families have told us what challenges they face locally, that we need to plan for now:

- **Continuity of carer:** National best practice recommends each woman has continuity of carer throughout the pregnancy, birth and after their baby is born, offering positive experiences and healthier mothers and babies
- **Midwife-led units:** National guidance recommends midwife-led units support births that are low risk. We want to support more women to have a midwife-led birth, when appropriate. Each year, around 140 births take place at County Hospital in Stafford and around 260 at Samuel Johnson Hospital in Lichfield.

But a minimum of 350 is recommended, to help midwives to maintain their skills and to ensure value for money. The current usage is not sustainable, so we need to work with midwives and you to develop potential solutions for the future

- **Increased access to perinatal mental health services:** This would allow a greater number of women to access support throughout their pregnancy and up until the baby is two years old. This would particularly benefit mothers who are under 18 years old.

Did you know...



Each year, there are over **11,000** births in Staffordshire and Stoke-on-Trent.



## National best practice

'Better Births: Improving outcomes of maternity services in England' is a Five Year Forward View for maternity care published by NHS England in 2016.



## Share your views...

- What does 'continuity of carer' mean to you and your family?
- What support would you need?
- Would you consider a home birth?
- What services should we wrap around a family during pregnancy, birth and beyond?

See page 39 for how to share your views.

## Opportunities

We are already working to improve the quality of maternity and newborn services in the county. We have identified a number of opportunities that could help:

- **Better Births:** Connecting services together to wrap around a woman's needs, including midwifery, health visiting, benefits and housing. We want to design a service where women can access the advice and guidance they need, including a single telephone number to call for support
- **Better choice:** Providing a range of settings where women can choose to give birth, that are high quality and safe, have the right staff skill-mix and also represent value for money
- **Continuity of carer:** Designing a service that supports women to access a 'team of midwives', ensuring continuity during pregnancy, birth and beyond. We hope to pilot this approach by supporting some of the most vulnerable women in our area
- **36-week review:** Throughout their pregnancy, women will have regular discussions with their midwife about their options. At 36 weeks, all women will have a review to confirm their level of risk and to help them decide where is the best place to give birth
- **Empowering staff in maternity services to develop new ways of working:** For example, increasing personal care plans for every woman. This includes care after the birth, with midwives agreeing a schedule of clinics and home visits for those that need them
- **Using technology:** Developing two-way digital records. This would allow women to update their own health records as well as their team of professionals
- **Support after birth:** Connecting services, including health visitors, social care, housing and voluntary services to support families after the birth. Supporting families through the early years to help give children the best start in life
- **Supporting mental health needs during pregnancy, birth and beyond:** For women, before they are pregnant through to the baby's second birthday.



### How it could be...

#### **Lena is due to give birth to her second child in the next few weeks.**

At her last check there are no expected complications or risks, so Lena has chosen to give birth at home.

Since finding out she was pregnant, Lena has had a team of people, including her practice nurse, that know her history, concerns and choices.

All of this is recorded in Lena's digital care plan.

Lena knows the midwives who will support her when the time comes, and she has a number to call if she has any concerns.

After the birth, Lena has regular visits from her health visitor and at the same time gets given information on local support groups with other mums.

# Planned care

**Pre-arranged appointments or treatment in a hospital or at a community clinic is known as 'planned care'. This could include operations, cancer treatments, or appointments with a dermatologist.**

We want to help more people to see the right clinician (such as a doctor or consultant), at the right place at the right time. We want to help more people to be seen in the community, which will free-up

appointments in the hospitals for more complex treatments.

We want to deliver hospital services that are high quality, safe and deliver the best care locally.

**Did you know...**



Between July and December 2018, our providers cancelled an average of **17** operations each day.

## Challenges

Doctors, midwives, women and their families have told us what challenges they face locally, that we need to plan for now:

- **Rising demand for planned care:** We have seen a 14% growth in the demand for planned care over the last four years. This is expected to continue to rise in the future
- **Longer waiting times:** People are waiting longer for an operation if they need one. Compared to other areas of the country, we know some people are waiting more than 18 weeks from when their GP referred them. Sometimes we do not manage to offer treatments or operations within the required national standard timeframes, in particular cancer in the East of the county
- **Cancelled operations:** People being admitted to hospital in an emergency and people staying longer in hospital than needed can impact on the number of beds available for planned operations. Cancellations often happen in the winter season, and can lead to longer waiting times
- **Lack of efficiency, with operations provided by multiple NHS and private organisations:** We need to balance patient choice, high quality care and ensuring NHS resources are fully used. This will help us to see more patients quicker, in their local hospitals, and within national timeframes.



## Share your views...

- What services would you need in your local area?
- What services are you willing to travel to a major hospital for?
- How can we reduce the number of cancelled operations?

**See page 39 for how to share your views.**

## Opportunities

- **Separating planned care services from emergency care:** Unplanned hospital admissions can impact on planned operations, meaning delays to planned care. The Royal College of Surgeons recommends separating planned surgery from emergency surgery, either by locating them separately or having dedicated facilities and staff. We know that providing planned care separately can improve health and wellbeing for people with complex conditions
- **Improving the patient journey:** Hospital and community doctors working together would improve experiences for patients. If we can make the referral process more efficient, we can cut down the waiting time for appointments
- **Using technology:** We want to help people avoid a journey to hospital. We can use new technology, for example having video or telephone appointments or blood pressure checks through home monitors
- **Reducing the number of missed appointments:** We want to work with people to understand the reasons they miss their appointments. We want to help them to let us know if they won't be able to make it, such as introducing reminders by text message or phone call.
- **More services available in the community:** With the right training and equipment, many services including diabetes, respiratory and physiotherapy can now be delivered through a community clinic or even a GP surgery. This frees-up consultant appointments for more serious cases
- **Working efficiently and reducing variation:** Working with our services to understand how we can increase NHS appointments and reduce waiting times would help us to deliver a better, more efficient service for all



### How it could be...

**Raj is 64 years old and needs heart surgery. He was referred by his GP after initial checks with a heart monitor.**

At an appointment with the consultant, it is confirmed that Raj does need surgery. He is advised on the next steps and how to manage his condition before surgery.

After completing his pre-surgery checks, a bed is reserved for Raj and a team of

surgeons are prepared for his arrival.

The team complete the surgery successfully and Raj is admitted to the surgical ward to recover.

After surgery, Raj is given a heart monitor so that he can send readings from his own home to his GP without needing an outpatient appointment. Raj knows who to call if he has a problem.



# Mental health

**Good mental health and wellbeing is important for our physical health, relationships, employment and in achieving our potential.**

Causes of mental illness are complex and can be because of social, money and personal issues.

The demands for mental health services have increased over recent years.

This is linked to increasing knowledge and awareness of mental health issues, as well as services becoming more accessible.

## Challenges

- **Increasing demand for services:** As the number of older people rises, the demand on our services is also expected to rise. For example, by 2029 it is expected that there will be a 30% rise in the number of over-65s who have dementia in the county. This is likely to put pressure on care homes that provide dementia support, and mental health services in the community
- **Loneliness and isolation:** We know that loneliness and isolation is harmful to health and wellbeing. Older people are particularly vulnerable, which can be a result of the loss of family or friends, mobility or income
- **Self-harm:** Although there are signs that suicide rates are falling, more needs to be done to offer mental health support for people in a crisis
- **Impact on urgent and emergency services:** During 2017/18, around 17% of people admitted to hospital had a recorded diagnosis of a mental health condition
- **Unplanned readmissions:** In some areas, including East Staffordshire and Stafford and Surrounds, we know that many patients are being readmitted to mental health services less than 30 days after being discharged. This is higher than the national average
- **Waiting times for assessment:** In some areas, we know that patients with common mental health conditions are waiting over 90 days for an assessment
- **Breaking down barriers to accessing services:** Children and young people often say they don't have enough information about mental health services or where to go for help. They feel embarrassed by the topic and would not feel comfortable asking a professional for support
- **Transition to adult services:** We know there are gaps in our services. We know young adults need support when moving to adult mental health services
- **Poverty and deprivation:** We know there is a strong link between poverty and poor mental and physical health. Stoke-on-Trent is the 14th most health deprived area in England.

## Did you know...



The number of young people (aged 10-24) and adults in Stoke-on-Trent admitted to hospital as a result of self-harm is **higher** than the national average.

## Did you know...



In general, local people have good wellbeing – **81%** are satisfied with their lives.

But it is estimated around **19%** (125,500) of people aged 18-64, and **12.8%** of children and young people aged five to 19 in Staffordshire and Stoke-on-Trent have a mental health condition. In many areas of the county, this is **higher** than the national average.

## Opportunities

- **Integrating community mental health services:**  
We see mental health services as an essential part of the Integrated Care Hubs. Mental health staff, doctors and nurses will work with local GP practices, social workers and local communities to offer services closer to home.  
  
Adults would have access to a mental health crisis response service 24 hours a day, based in the local community
- **Increasing access to specialist services, including dementia:**  
As the number of older people rises, we understand more people will need our services. We are continuing to invest in mental health services to balance with our physical health services. This includes designing services that meet the increasing demands for dementia support
- **Early help:** By connecting NHS, social care and voluntary services, we can help to identify patients at risk of isolation and support them to receive care as soon as possible.  
  
We can provide support workers who can reduce issues with accessing support.  
  
We can help people to receive early NHS counselling support. If their condition gets worse, local support is available with quick referrals into community mental health services, reducing the risk of a hospital admission
- **Mental health support in general hospitals:** By 2020/21, all major hospitals across the country aim to have mental health liaison teams to support people of all ages. At least 50% of these will be available 24 hours a day

- **Reducing readmissions to hospital:** We want to support as many people as possible to return home from hospital. We will develop health and care services that offer wrap around support in the crucial first 72 days after leaving hospital. There would be ongoing support available in the community, with continuity of health and social care staff
- **Hospital beds in the East and South East of the county:** We know some patients need specialist treatment and to stay in a dedicated mental health ward. We need to make sure that people across the county have equal and fair access to high quality beds
- **Reducing health inequalities:** To do this, we will need to improve the way we work and work more closely together across emergency, GP, community, social care and emergency services. We also need to focus on how we support people to be healthier, to avoid getting ill and to self-care if they do get ill.



## How it could be...

**Brian is 87 years old. Since his wife died, he has been feeling more and more isolated and depressed. He has a poor diet and struggles to remember to take his medicine.**

One day he was feeling particularly low and tried to end his life. After assessments in hospital, he was admitted into a specialist mental health ward. He worked closely with the mental health staff, who reviewed his medication and helped him talk about his grief.

He is now ready to go home, but he still struggles to remember to take his medication. His family are worried he will become unwell again.

Brian has a support team, including mental health workers and social care. This includes support from the voluntary sector who take him shopping to buy food and take him to local day centres to meet other people.

On the bad days, Brian knows who to call for some help.



## Share your views...

- What mental health services would you need in your local area?
- How can we support you to remain independent in your community?
- What support do you need to return home after a hospital stay?

**See page 39 for how to share your views.**

# Clinical and financial sustainability

In this document, we have talked through some of the local health and care challenges we are facing. Some of these challenges are how we deliver better services in the future, within our limits such as our workforce, finances and buildings.

We have an ambitious vision to deliver – one that we feel is realistic but challenging. To deliver the best services for local people, we will need to find a way that is:

- **Within the resources we are allocated:** We cannot continue to spend more money than we are given
- **Deliverable:** Recognising the national and local recruitment issues with the workforce
- **Making the best use of our buildings:** We need to focus on services not buildings – planning our buildings around the needs of our services and not the other way around.

By working as a partnership we have more opportunities to share resources and buildings, cut waste and break down boundaries between organisations.

Did you know...



Skills for Care estimate that in Stoke-on-Trent **3.5%** (300 vacancies) and Staffordshire **5.8%** (1,200 vacancies) of the roles in adult social care were vacant.



## Workforce challenges

The challenges the NHS faces in recruiting new consultants, GPs, nurses and carer staff has received attention from the national media. Locally, our health and social care services are facing similar challenges:

- **Demand is outstripping supply:** Across the country, health and social care organisations are seeking to recruit staff across all levels. We know as the number of older people rises and the number of complex health conditions rises, we will need more staff. However, not enough doctors and nurses are coming forward to be trained

- **Impact of leaving the European Union:** The NHS recruits many doctors and nurses from abroad, and especially from Europe
- **An ageing workforce:** 30% of nurses across England are likely to leave in the next 10 years, and a large number of GPs are also approaching retirement age. Locally, 80% of care home nurses and 52% of the support workers in social care are aged over 50

- **Travel time:** Our workforce often have to work across multiple sites, which increases their time spent travelling when they could be seeing patients instead
- **Increased agency costs:** Our health and social care services have to be delivered, and often this means paying for expensive agency workers to cover vacancies and rotas. This then increases the financial challenges we face.

Did you know...



There are currently **45,000** clinical vacancies across the NHS nationally.



## Workforce opportunities



**A new approach to the workforce:** Health and social care constantly evolves, and so do the needs of our workforce. Thanks to new technology and improvements in standards, the roles that our staff play have changed. We need to invest in the staff we have, to ensure they can benefit and help improve the health of as many people as possible. This includes providing the necessary training to help them take on new roles and skills



**Recruitment:** We are working to attract more staff to come and work in the local area. Through local schools and national and international recruitment programmes, we want to showcase the benefits of living and working in Staffordshire and Stoke-on-Trent



**Supporting our workforce:** We know our staff work long hours, and in some cases face stressful and difficult situations. We want to retain our staff and help them to have a work environment that supports their physical and mental wellbeing.



### How it could be...

**Gwen is a diabetes specialist nurse, working in an Integrated Care Team. She can take the pressure off GPs by acting as the first point of contact, assessing a person's needs, giving advice or referring on to other specialist services if required.**

She shares the workload with healthcare assistants and practice nurses who can do routine annual check-ups with diabetes patients. Gwen is trained to handle the more complex cases, but for the most serious cases, the patient can be referred to the GP or the hospital's diabetes outreach team. By working as a team, Gwen is learning new skills and is happy to be developing in her career.

In the past, a patient with diabetes would need a GP appointment for any help in managing their condition, and then further appointments for different aspects of support.

However, the GP is not necessarily the right professional in this case; nurses like Gwen have more specialist knowledge and skills to support people with diabetes.

With the right training across our workforce, we can help to free-up capacity for senior doctors and nurses to treat more complex cases. By using our workforce differently, we can see patients more regularly. This can help patients to manage their diabetes and reduce the risk of their condition getting worse.

Patients are also empowered to take responsibility for their own health, but know that they have easy access to Gwen and her colleagues at a nearby GP practice.

## Finance challenges

We have been open and honest about the financial challenges we face. We welcome the national funding that was announced as part of the NHS Long Term Plan. This will be essential to help us deliver the national ambitions.

However, we know that this is not enough to address the deficit faced by local partners.

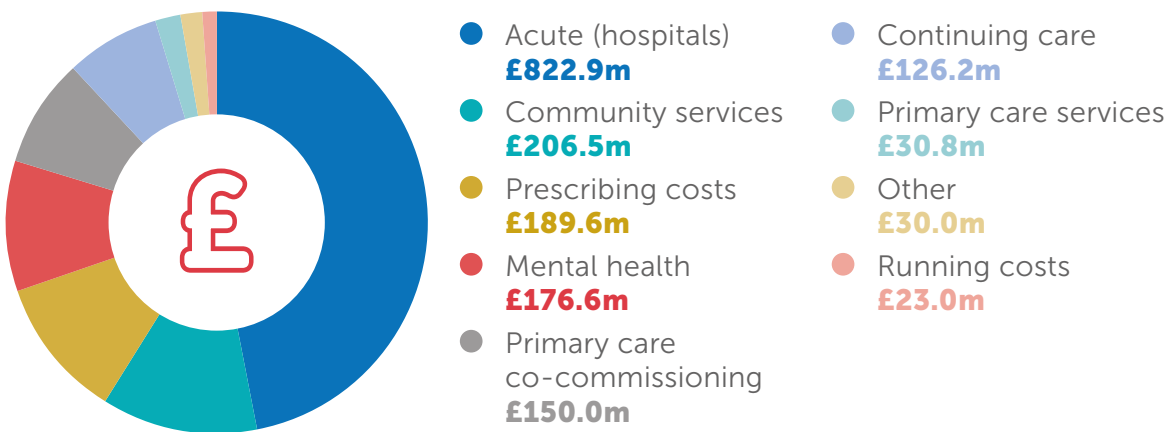
Like many other parts of the country, we are currently spending more money than we receive. We cannot continue to do this, and we want to ensure every pound is used to benefit local people and improve their health and wellbeing.

We have all committed to balance our finances by 2022/23, which is one year ahead of the national target.

The Together We're Better partnership must work together to make this happen. We will need to significantly change the way we work. We know that difficult decisions will have to be made.

To accommodate these pressures and limited budgets, health and social care need to work more closely together and develop new ways of working. The local authorities are also under significant financial pressure due to a fall in government funding, rising demand as the number of older people increases, and rising costs.

## Total CCG spend across Staffordshire and Stoke-on-Trent (2018/19)



Non-audited figures at time of print

## Average costs of health and care services to the NHS in Staffordshire and Stoke-on-Trent



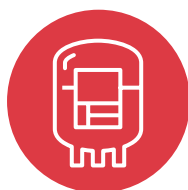
A&E visit  
**£116**



First outpatient appointment  
**£147**



Follow-up outpatient appointment  
**£71**



Outpatient procedure  
**£132**



Daycase treatment  
**£724**



Planned operation  
**£3,391**



Emergency operation (excludes births)  
**£1,882**



Giving birth  
**£2,722**



Care home bed per week  
**£1,000**



Community hospital bed per week  
**£2,100**



GP appointment  
**£30**



### How it could be...

**Anita is 55 years old and overweight. She struggles to walk due to pain in her hip.**

Anita thinks she needs a hip operation and books an appointment to ask her GP for a referral. Her GP explains that Anita is quite young to have a hip replacement and this might not be the best option for her. He is able to talk through the different options, before a hospital referral is made.

Instead of surgery, Anita's GP suggests a community weight loss and exercise programme, as well as the local physiotherapy team. The GP makes a referral and books a follow-up appointment for him to review her progress.

One year on, Anita has lost weight and her mobility is improving.



## Finance opportunities

Saving money does not always mean stopping services, although we recognise some change will be needed to reduce duplication. There are many ways we can deliver better care and at the same time potentially save money. See Anita's example.

- **Integrated Care Teams:** By wrapping the right support around the patient, we can help people to stay healthy and independent for longer. Our teams will spot the early signs that someone is at risk of needing hospital care and help them to get the treatment they need at home. This will help save on hospital admissions which are more costly to the NHS and we know that sometimes people become less well and less independent if they stay in hospital for too long
- **Developing community services:** Not all services now need to be delivered

in a hospital, which can be expensive. By investing in services based in community and GP clinics, more people can be seen closer to home. Although this will need initial investment, in the long term it might help to rebalance how our budgets are spent and deliver the outcomes for local people

- **Reducing cancelled operations:** By tackling some of the issues around urgent and emergency care (see page 10), including reducing avoidable admissions and helping people to leave hospital on time, we can reduce the number of operations that are cancelled
- **Training our workforce:** As mentioned earlier in this document, we can use our existing workforce more efficiently. For example, by training more nurses and health workers, we can reduce the number of GP

appointments being used for minor conditions. By developing our Integrated Care Teams, we can help to reduce the number of admissions to hospital

- **Innovation:** By investing in technology, we can save money in the long term. For example, people are now able to monitor their blood pressure at home, rather than needing a hospital appointment
- **Helping people to self-care:** NHS and social care services are world-leading and will deliver services to people who need them. However, they are precious resources and need to be supported by the public. By making healthy lifestyle choices and choosing the right services for their needs, local people can help us ensure our money is spent on helping the people with the greatest need.

### Did you know...



Each year, more than **15 million** GP appointments are missed in the NHS. Each appointment costs an average of **£30**, putting the total cost to the NHS at more than **£216 million** – on top of the disruption for staff and fellow patients.

# Buildings

A key challenge for health and social care services is ensuring our buildings are suitable to be used into the future. In the past, we have focused on delivering services out of existing buildings. Going forwards, we aim to design services based on what people need.

## Challenges

- **Maintenance:** The buildings managed by health and social care are vast and require ongoing maintenance. Locally we know we have a backlog of maintenance that will require significant financial investment
- **Outdated:** Some of our current buildings were built many years ago, and were not designed for the demands of today's patients. At the moment, they will not deliver the national standards or our local ambitions to deliver new models of care
- **GP buildings:** We are under pressure to maintain the quality of our buildings and continue to meet the needs of local people. Small GP practices have limited resources to improve access and maintain the standard of quality that's expected
- **Inefficiencies:** In the past, organisations have worked alone to manage their buildings. This can lead to significant costs and having capital tied up in areas that are not being fully used.



## Opportunities

- **Empowering local people to use new technology:** By working as one partnership we can make the best use of our resources. We can look for opportunities to reduce running costs, reduce vacant space and bid together for new funding
- **Integrated Care Hubs:** Developing these hubs could help us design services that meet local needs, improve access and make the best use of our existing resources
- **Primary Care Networks:** GP practices can benefit from sharing premises and accessing funds for improvements
- **Flexible working:** By offering modern, purpose-built premises with bookable spaces for use by health, social care and voluntary sector organisations, we could help connect services
- **Improved access:** Enhancing the person's journey through health and social care, providing access to a range of services that are designed based on local needs
- **Technology:** Giving us the opportunity to ensure the right equipment is available for our staff and buildings.

### Did you know...



Across Staffordshire and Stoke-on-Trent each year, an estimated **£6 million** is wasted through prescription medicines that are unused. Local patients, pharmacists and GP practices all have a part to play in reducing this waste.

People should only order medicines they need, and check their pharmacy bags for unwanted items straightaway, before they leave the pharmacy and letting their doctor or pharmacist know if there's anything they don't need.

# Digital

The advances in technology means health and social care services will need to rapidly evolve, to continue to deliver care that meets people's needs and is responsive.

## Challenges

- **Using different technology:** At the moment, it is difficult for organisations to communicate with each other as they use different systems. This can lead to an increased risk of duplication and error and also be frustrating for local people
- **Outdated technology:** We need to upgrade our existing technology and train our staff to use the new systems
- **Finances:** Investment in new technology given our financial deficit is a challenge. However, we recognise the importance of this investment to help us deliver better care for local people and connect services in the future
- **Infrastructure:** For new technology to work (such as the NHS App), we will need to have the right data and systems in place at a local level. This will need to be developed in a way that connects with national systems.



### 'Ask NHS' app

Free to download from the App Store or Google Play, the 'Ask NHS' app is available 24/7. It provides a simple and secure way for people to:

- Check their symptoms
- Have digital access to NHS 111
- Get trusted self-care advice
- Manage their appointments, repeat prescriptions and view their medical record (if their GP practice is connected to the app).

### Did you know...



Around **50-70%** of the public are willing to use video consultations to discuss their minor ailments.

## Opportunities

- **Empowering local people to use new technology:**  
We recognise that for some people, a face-to-face appointment is needed. However, for many minor conditions or follow-up appointments, technology could save waiting and travelling time. Video technology and remote blood pressure checks at home are some examples of how technology can reduce the need for an appointment in the future
- **Promoting the NHS App as a digital 'front door':**  
We were a pilot in the national launch of the NHS App. This online tool can help people to know where to go for NHS advice and treatment
- **Improved support for care homes and GP practices:** Technology can be used to communicate with hospital consultants and other professionals on specific cases
- **Faster access to test results and data:** New technology could help reduce waiting times and give faster access to treatment
- **Supporting our workforce to spend more time with local people:**  
We could equip them with the latest tools so they can update records securely and quickly. Technology can help us break down traditional barriers as services and the workforce would not be tied to specific buildings
- **Sharing data and knowledge between organisations:** New technology could help us to develop services that respond to local needs, understand demand and develop care plans around the needs of the most vulnerable people
- **Preventing and diagnosing illness:**  
Through technology that identifies the right medication for a person's needs. This can also help reduce medicines waste.



### How it could be...

**Yasmin is 32 years old. She has type 1 diabetes and is keen to manage this herself instead of having lots of appointments that are difficult to fit in between work and childcare.**

Her GP practice has the technology for Yasmin to book her repeat prescriptions online. If she does need to come into the practice, she can book appointments online too. This is much easier than waiting on the phone when she needs to be doing the school run.

The GP practice can keep an eye on Yasmin's condition without needing to see Yasmin in person. Yasmin can also check her blood sugar levels at home and send the information to the practice. If the practice does want to discuss Yasmin's condition, they can arrange a consultation by video call (Skype) instead of a face-to-face appointment.

She also knows that she can find out more information about managing her condition through the Ask NHS app on her phone.

# Next steps

**We know it will take several years to design, plan and deliver services that respond to these challenges and opportunities. We are committed to involving you at every step of the journey.**

Over the last few years, we have listened to the views of patients, the public and partners on some of the different challenges and opportunities they face. This includes the recent Future of Health and Care Services consultation in the North of the county, which gave us a wealth of feedback on community services.

This public conversation is the start of our formal involvement process, to help us deliver change across health and social care. This will help us to have a county-wide conversation and develop proposals for service change.

After this phase of public involvement, we will analyse all the feedback we have received and produce a report. This will be taken to the Board and the Governing Bodies of the CCGs for discussion in Autumn 2019. This will be available on our website: [www.twbstaffsandstoke.org.uk](http://www.twbstaffsandstoke.org.uk).

The feedback will be used alongside the detailed analysis and data we are gathering to inform any future proposals for services. This analysis includes understanding how people currently use services, public health information and finance information.

## Who will make any future decisions?

Together We're Better is not an organisation; it is a partnership. It is one of 44 Sustainability and Transformation Partnerships (STPs) in England, bringing together the local organisations listed on page 3.

The partnership is not a statutory organisation and will not make decisions on the future of local services. The six CCGs who are responsible for buying and monitoring local health services will ultimately be responsible for deciding on any future health service changes.

Similarly, the local authorities will make any final decisions about any services that they commission, for example care homes or social care services.

When thinking about making large changes to services, CCGs have a legal duty to involve local people in the decision making.



### Share your views...

- What matters most to you when we design local services?
- How important is being seen by the right clinician (such as a doctor or nurse) versus travel time?
- What does quality mean to you?

**See page 39 for how to share your views.**

# Get involved

We know that these changes will not be easy and will take time to get right. We are beginning our public conversation now, so that you have the opportunity to help shape the future of local health and care services. No decisions have been made, and no options have been developed. Make your voice count.

## How to get involved

There are a range of ways you can get involved and share your views and experiences:



**Public events** – see our website for the full list and how to book your place.



**Survey** – on our website or included in this booklet



**Community groups** – we will be visiting a range of community groups to listen to local views, in particular from groups who might find it difficult to join in these conversations.

## Become a local representative

If you are interested in taking more of an active role in shaping local services, why not join our Local Representatives group?

You can be involved as little or as much as you like:



**Join us at our meetings**, where you share your views on our work and our communication plans



**Join our virtual panel** of representatives, taking part in online discussions and completing online surveys



**Sign up to our newsletter**, to receive regular updates on the work of the Together We're Better partnership.

For more information visit our website [www.twbstaffsandstoke.org.uk](http://www.twbstaffsandstoke.org.uk) or phone 01785 276926.

# Glossary

<b>Accident and Emergency (A&amp;E)</b>	Departments of a hospital that deal with people who need emergency treatment because of sudden illness or injury.
<b>Carer</b>	Anyone who looks after a family member, partner or friend who needs help and cannot cope without their support. This could be because of an illness, frailty, disability, a mental health problem or an addiction.
<b>Case for change</b>	The report that explains the current situation of health and social care in Staffordshire and Stoke-on-Trent, and why change is needed.
<b>Clinical Assessment Service (CAS)</b>	Patients calling NHS 111 who need clinical input will be transferred to a Clinical Assessment Service (CAS). They will speak directly to a doctor or nurse who will seek to complete the call there and then, without the need to transfer the patient elsewhere.
<b>Clinical Commissioning Group (CCG)</b>	NHS organisations set up by the Health and Social Care Act 2012 to buy and organise the delivery of NHS services in England.
<b>Community</b>	Group of persons in a specific location (sometimes called a 'community of place') or a group of people who have a shared interest or characteristic bringing them together (sometimes called a 'community of interest').
<b>Consultation</b>	Asking patients, the public and others about specific proposals often in a set time frame.
<b>Emergency care services</b>	Provide treatment for life-threatening conditions. For example: chest pain, a serious road accident, severe loss of blood or choking. Most people will need an ambulance to take them to the emergency department.
<b>Extended access</b>	Recognising that many people struggle to find a convenient time to visit their GP and resort to using other services like walk-in centres or A&E instead, many GP practices are offering appointments outside of normal hours – i.e. in evenings or at weekends.
<b>Health outcomes</b>	A way of measuring how well someone is doing in their treatment and recovery.
<b>Healthwatch</b>	The independent champion for health and social care in a local area. They share a common goal with the NHS of making sure that the interests of patients, carers, families and communities are at the heart of everything we do.



<b>Integrated care</b>	A principle for care delivery, with the aim of achieving improved patient care through better co-ordination of services.
<b>Integrated Care Hubs</b>	Basing mental health workers, doctors and nurses in people's communities and closer to their home. This means they can work more closely with local GP practices, social workers and local communities to deliver these services.
<b>Integrated Care Teams</b>	Teams that bring together a range of professionals and wrap services around the needs of the person.
<b>Integrated Care System</b>	Some Sustainability and Transformation Partnerships are evolving to form Integrated Care Systems. These are a new type of even closer collaboration where NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of their local people.
<b>Local authority</b>	The organisation responsible for public services in a particular geographical area.
<b>Long-term conditions (LTCs)</b>	Long-term or chronic conditions are illnesses that people live with for a long time and that currently cannot be cured, such as diabetes, heart disease, dementia and asthma.
<b>Midlands Partnership NHS Foundation Trust (MPFT)</b>	Provides physical and mental health, learning disability and adult social care services across Staffordshire, Stoke-on-Trent and Shropshire. Provides a range of community services for adults and children and specialised services in a range of locations in the community. Created in June 2018 by a merger of Staffordshire and Stoke-on-Trent Partnership NHS Trust and the South Staffordshire and Shropshire Healthcare NHS Foundation Trust.
<b>Midwife-led birth units</b>	Small maternity units which are staffed and, in most cases, run by midwives which offer a homely rather than a clinical environment, supporting women who want a birth with no or few medical interventions.
<b>NHS 111</b>	A national helpline that provides free, urgent medical advice.
<b>NHS England</b>	<p>From 1 April 2019, NHS England and NHS Improvement are working together as a new single organisation to better support the NHS to deliver improved care for patients.</p> <p>Local health systems are supported by NHS England's seven integrated regional teams. They make decisions about how best to support and assure performance in their region, as well as supporting system transformation and the development of Sustainability and Transformation Partnerships and Integrated Care Systems.</p>

<b>North Staffordshire Combined Healthcare NHS Trust (NSCHT)</b>	One of the main providers of mental health, social care and learning disability services in the West Midlands
<b>Patient</b>	Someone who is receiving medical care or treatment, whether in a health or care setting (such as a hospital or care home) or at home. Sometimes used interchangeably with 'service user', which is the generally preferred term in the social care sector.
<b>Perinatal mental health</b>	The mental health of a woman during pregnancy up to the second year after their child is born. Perinatal mental illness affects up to 20% of women, and covers a wide range of conditions. If left untreated, it can have significant and long-lasting effects on the woman and her family.
<b>Planned care</b>	The term used for pre-arranged appointments in a hospital or at a community clinic. This could include operations and treatments, for example surgery, cancer treatment or appointments with a consultant.
<b>Primary care</b>	Healthcare delivered outside hospitals. It includes a range of services provided by GPs, nurses, health visitors, midwives and other healthcare professionals and allied health professionals such as dentists, pharmacists and opticians.
<b>Primary Care Networks</b>	New groups of GP practices working together with other local services to make it easier for the people in their area to get the care they need closer to home.
<b>Self-care</b>	The actions that individuals take to protect, maintain and improve their health, wellbeing or wellness.
<b>Social care</b>	Social work, personal care, protection or social support services provided to children or adults in need/or at risk, or adults with needs arising from illness, disability, old age or poverty.
<b>Staffordshire County Council (SCC)</b>	The local authority responsible for public services in Staffordshire.
<b>Stoke-on-Trent City Council (SoTCC)</b>	The local authority responsible for public services in Stoke-on-Trent's six towns: Burslem, Longton, Hanley, Fenton, Tunstall and Stoke.
<b>Sustainability and Transformation Partnership (STP)</b>	Partnerships of local NHS organisations, councils, Healthwatch and voluntary sector partners bringing local health and care leaders together to plan around the long-term needs of local communities.
<b>Together We're Better</b>	The STP for Staffordshire and Stoke-on-Trent.
<b>University Hospitals of North Midlands NHS Trust (UHNM)</b>	The trust that runs Royal Stoke University Hospital and County Hospital in Stafford. Was created in 2014, after the dissolution of Mid Staffordshire NHS Foundation Trust.

<b>Urgent care services</b>	Offer advice and treatment for accidents, minor illnesses or injuries where you cannot wait for a routine appointment with your GP. For example: a sprained ankle, water infection, or a child with a high temperature.
<b>Urgent Treatment Centres (UTCs)</b>	An Urgent Treatment Centre can deliver increased services, as they can manage more complex cases. These centres will support people whose condition is not serious enough for A&E but need some diagnostic services, for example heart monitors (ECG machines).
<b>Voluntary sector</b>	A common umbrella term for organisations known variously as charities, third sector organisations, not-for-profit organisations, community groups, social enterprises, civil society organisations and non-governmental organisations.

## Alternative formats

If you need printed copies of the documents, need documents in different formats or languages or need help to complete the survey, please call us on **01785 276926**.

আমরা স্টাফোর্ডশায়ার এবং স্টোক-অন-ট্রেন্টে স্বাস্থ্য ও যত্ন পরিষেবার বিষয়ে আপনার মতামত শুনতে চাই। আপনার নিজের ভাষায় এই তথ্য পেতে যদি আপনার সাহায্যের প্রয়োজন হয় তবে দয়া করে ফোন করুন এনাঙ্গারে 01785 276926

আরা স্টাফোর্ডশায়ার এবং স্টোক-অন-ট্রেন্ট এ স্বাস্থ্য এবং যত্ন অনর মতামত জনিবার লাই চাইদি।

এই তথ্য অ্যাক্সেস করিবার লাই অনর নিজের ভাষায় সাহায্যের ফ্রয়জন হইলে, অনুগ্রহগরিয়ানে ফোন গজ্জুন 01785 276926।

અમે સ્ટાફોર્ડશાયર અને સ્ટોક-ઓન-ટ્રેન્ટમાં આરોગ્ય અને સંભાળ સેવાઓ વિશે તમારા વિચારો જાણવા ઇચ્છીએ છીએ. જો તમને તમારી પોતાની ભાષામાં આ માહિતી અંકસેસ કરવા માટે સમર્થનની જરૂર હોય, તો કૃપા કરીને 01785 276926 પર ફોન કરો.

ਅਸੀਂ ਸਟੈਫ਼ਰਡਸ਼ਾਇਰ ਅਤੇ ਸਟੋਕ-ਆਨ-ਟ੍ਰੈਂਟ ਵਿਚਲੀਆਂ ਸਿਹਤ ਅਤੇ ਦੇਖਭਾਲ ਸੇਵਾਵਾਂ ਦੇ ਬਾਰੇ ਤੁਹਾਡੇ ਵਿਚਾਰ ਜਾਣਨ ਚਾਹੁੰਦੇ ਹਾਂ। ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਸਹਾਇਤਾ ਦੀ ਜ਼ਰੂਰਤ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 01785 276926 ਨੂੰ ਫੋਨ ਕਰੋ।

Chcemy poznać Pana/Pani opinie na temat usług zdrowotnych i opiekuńczych na terenie Staffordshire i Stoke-on-Trent. Pomoc w dostępie do niniejszych informacji w języku ojczystym można uzyskać pod numerem telefonu 01785 276926.

আমরা স্টাফোর্ডশায়ার আর স্টোক-অন-ট্রেন্টে স্বাস্থ্য আর যত্ন সেবার ব্যাপারে আপনার মতামত শুনতে চাই। আপনার নিজের ভাষায় ইতি তথ্য জানতে যদি আপনার সাহায্যের দরকার হয় তা হইলে দয়া করি ফোন করবা আউ নাঙ্গারো 01785 276926.

ہم سٹیفرڈ شائر اور سٹوک آن ٹرینٹ میں دستیاب بیلٹھ اور کیئر سروسز کے بارے میں ہم آپ کے خیالات جاننا چاہتے ہیں۔ اگر آپ کو یہ معلومات اپنی زبان میں حاصل کرنے کے لیے مدد درکار ہو تو براہ مہربانی کو فون کریں۔ 01785 276926



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