

## Robust strategic planning

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# Objectives of this session and areas we will cover

- **Key changes in Governance – Strategy in WCC for Year 2**
- **Practical guidance on how to ensure the strategic plan is robust:**
  - What ‘refreshing’ the strategic plan means
  - Key contextual changes to take into account
  - Prioritising initiatives and associated investments (and with different financial scenarios)
  - Making strategies actionable and deliverable
- **What a good strategic plan includes**

# Main changes to Strategy for Year 2 of WCC

## Vision and goals

- Health **outcome aspirations**
- Alignment to **national context, local context** (e.g., HMA analysis) and local responsibilities

## Initiatives

- Clear prioritisation based on **robust evidence** (e.g., prior RoI, health benefits)
- Inclusion of **cost saving initiatives**
- Implications of **3 financial scenarios**
- Clear understanding of **risks and implications for providers** etc

## Consistency to financial plan

- Detailed outline of **initiative investments/disinvestments**
  - Clear link to health outcomes
  - Milestones, potential bottlenecks and mitigation plans

## Achievement of milestones

- **Review of delivery** of strategy over past year

## Board ownership

- Articulation of **individual responsibilities and actions taken in governance and delivery**

## Changes for year 2 reflect

- Feedback from last year's evaluation and this year's consultation
- Requirement to deliver:
  - Improved quality, outcomes and reduced inequalities
  - Greater productivity and financial constraint

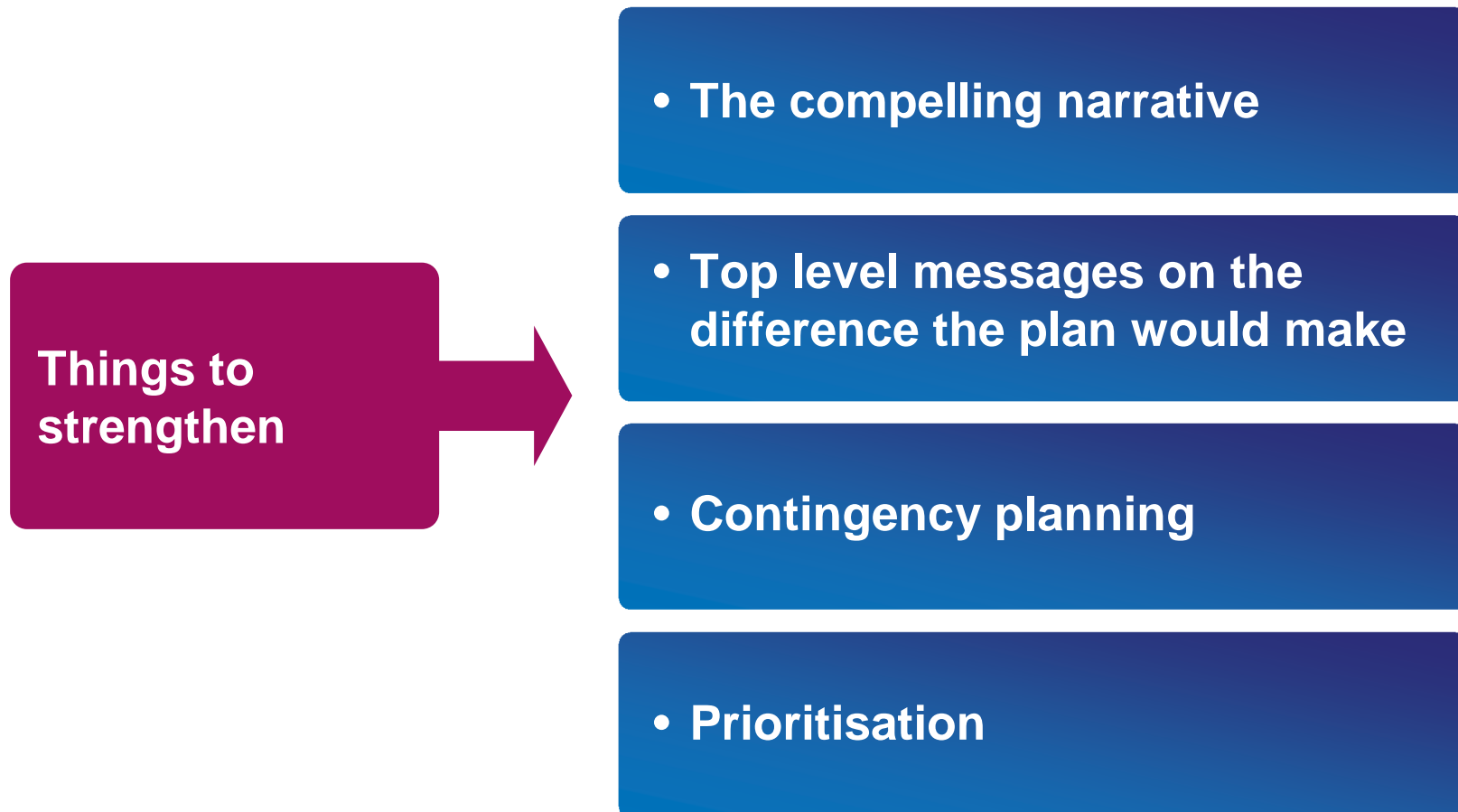


## Learning from last year and issues to address this year

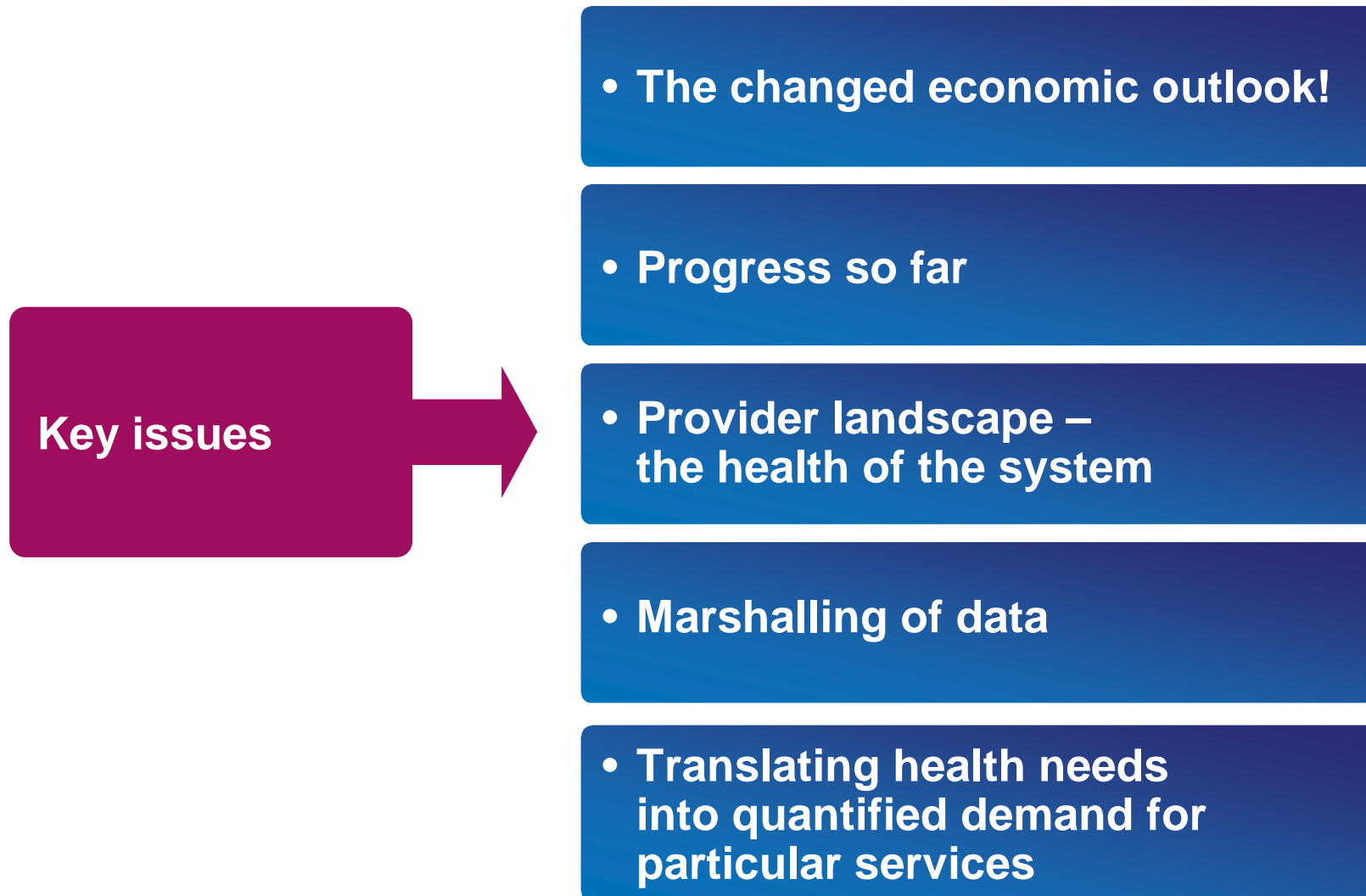
# Learning from Y&H in Year 1



# Learning from Y&H in Year 1



# Key issues to address in Year 2







## Strategic planning in practice



# The people



*Stoke on Trent*

- 240k resident – 270k registered
- Population growth lower than national picture and by 2013 will become younger
- 9% non white British origin
- Less than 40% of pupils achieve 5+ A\*-C GCSE incl Maths and English
- Economy has grown at less than half the regional and national rates since 1995
- Smoking remains high (approx 27%), physical activity low (15%) and obesity high (10.5%)

# Strategic Plan – Mission, Vision and Goals

**Mission** : To improve health and healthcare in Stoke-on-Trent

**Vision**: Over the next 5 years people's health and health care in Stoke on Trent will be transformed. Health in all communities will improve, and the gap in health inequalities will close, at a faster rate than in the rest of England

## Strategic Goals

1

### Tackling Health Inequalities

Tackle and reduce health inequalities, specifically reducing the life expectancy gap between Stoke on Trent and the rest of England by 25% and reducing infant mortality rate by 10% by 2010

2

### Putting patients at the centre of what we do

Services will be better configured around patient and public needs, designed with and for patients and the wider public, to improve people's ability to find their way around the system, manage their own conditions and improve overall satisfaction

3

### Modernising healthcare

Healthcare services in Stoke on Trent will be delivered in the most appropriate setting and in line with best practice, improving access, quality and safety of care for local people

# Joined up Strategic Goals

## Quality improvement framework

- More GPs (12 new GP's in the City)
- Improved ratio of GP to patient (average GP list size reduced by 170)
- Incentivising proactive primary care
- Opportunity to improve quality in all practices and address health inequalities
- Targeting reduced health inequalities and reduced hospitalisation

1

**Tackling Health Inequalities**

2

**Putting patients at the centre of what we do**

3

**Modernising healthcare**

- 6 practices didn't pass assessment, intensive support given
- Contractual powers to be enforced if no improvement

	Classification	Dates	Achieved	Partially achieved	Not achieved	Not applicable to the practice
A	Core contract	April 2009	13	18	16	0
		August 2009	30	15	1	0
B	Best practice	April 2009	2	13	7	2
		August 2009	8	12	2	2
C	Exemplary practice	April 2009	0	3	2	0
		August 2009	0	3	2	0

**Good  
improvement already**

# Examples

- QOF CHD 8 Maximum payment for 70% of patients with last cholesterol of 5mmol/l or less
- Practices achieved 82.5% out of 12,000 CHD patients
- QiF standard is 90%
- 90% achievement will result in 900 more patients with CHD having well controlled cholesterol

## Examples (cont.)

- QOF DM 12 Maximum payment for 60% of patients with last Blood Pressure of less than 145/85
- QiF standard is 60% of patients with BP less than 140/80
- This means the 9,000 diabetics in Stoke-on-Trent will have better BP control and outcomes

## Examples (cont.)

- World Class Commissioning is about all of our business including Primary Care
- This Strategy will make a positive difference to health and health outcomes in the City, and at the same time should reduce Hospital utilization
- It will, in particular, improve our scores in Competencies 4 a, b and c, 6b and c, 8 a, b and c, 9b and c, 10b





# questions