

Executive Summary

Report to the Council of Governors

Being Held on Thursday 3 April

Subject	Care 2035 – update on progress in developing our clinical blueprint
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Status¹	D - Debate

PURPOSE OF THE REPORT

To update Council of Governors on progress in the development of our ‘clinical blueprint’ or clinical strategy, now being called ‘Care 2035’.

KEY POINTS

- Care 2035 is a ten year strategy for how we will develop our clinical care in response to the needs of our population (including growing levels of multi-morbidity, frailty and increasing mental health needs), opportunities associated with developments in clinical care (e.g. novel therapeutics, genomics informed care) and challenges associated with our current clinical model (including concerns around whether medical interventions are always delivering what matters to patients, and significant risks around sustainability from a financial, workforce and environmental perspective).
- To develop this strategy we have engaged deeply and widely with staff, patients and the public.
- The current draft strategy describes three key developments in care:
 - Care where and when it’s needed
 - Care in partnership
 - Proactive care
- And describes in more detail key developments we will seek to make in 5 key areas of clinical care:
 - Unplanned care: urgent and emergency care
 - Unplanned care: internal medicine
 - Planned care: ongoing care for those with long term condition(s)
 - Planned care: elective and surgical care
 - End of life care
- We have begun engaging with partners in primary care and the Acute Federation about how we might work together to deliver elements of this strategy.
- We are also mindful of the national ten-year health plan that is in development, and currently due for publication in spring/ summer 2025. There is clear alignment between the key developments described in Care 2035 and the three key shifts that the government has described for the NHS (analogue to digital, treatment to prevention, hospitals to community). As detail of the national ten - year plan becomes clearer, we will look to ensure we capitalise on opportunities for alignment whilst also recognising the value of having a local strategy informed by the priorities described by our staff and patients.

IMPLICATIONS²

Aim of the STHFT Corporate Strategy		✓ Tick as appropriate
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓

3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Create a Sustainable Organisation	✓
6	Deliver Excellent Research, Education and Innovation	✓

RECOMMENDATIONS

The Council of Governors are asked to **discuss** the Care 2035 strategy work in progress, and share their thoughts and ideas on next steps for development.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
Council of Governors	3/4/2025	

¹ Status: A = Approval
A* = Approval & Requiring Board Approval
D = Debate
N = Note

² Against the six aims of the STHFT Corporate Strategy 'Making a Difference – The next Chapter 2022-27'

STH care 2035

Evolving our clinical care: a blueprint for where we're going and how we will get there



What is 'Care 2035'?

Care 2035 will set out STH's vision for how we will develop and deliver our clinical care over the next 10 years.

It will describe how we plan to respond to the evolving needs of our population and our staff.

This includes responding to challenges (like increasing multi-morbidity and frailty in our population) and opportunities (like developing technologies and treatments).



We're developing a clinical strategy because...

Changing patient need

Multi-morbidity

Frailty

Widening gap in health outcomes

Sustainability risks

Major revenue and capital challenges

Workforce at risk of burnout and professional dissatisfaction

Medicalised approach to end of life

Significant carbon footprint

Developments in care

Diagnostic and treatment capabilities

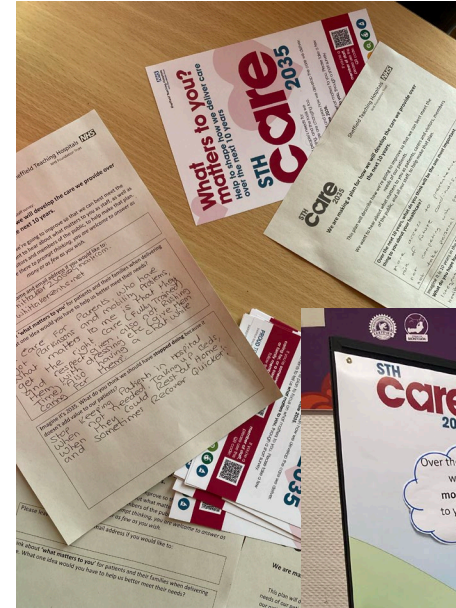
Personalisation and genomic medicine

Technological opportunities



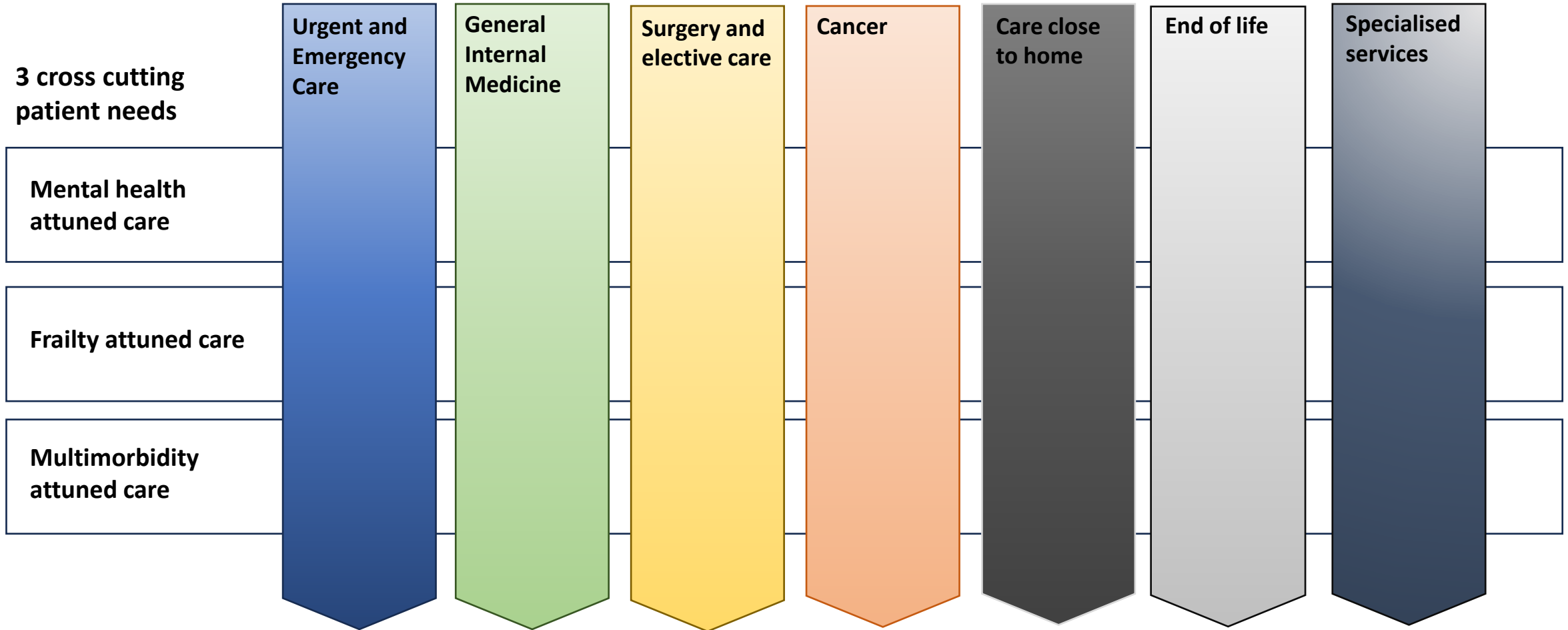
How have we developed our thinking?

1. Leadership from a **multi-disciplinary 'engine room'** (clinical, ops, nursing, AHP, ODD, S&P) to guide development
2. **Engaged deeply** with staff through a series of **workshops** focused on different clinical themes, and conversations in various different **professional groups and forums**
3. **Engaged broadly** with staff through a staff survey and open invitation for follow up conversations at staff meetings
4. **Engaged with patients** through pop up stalls at RHH, NGH and community location, workshop sessions with community groups, online drop ins, patient survey – as well as reviewing what patients have already shared with us
5. Reviewed **existing research and evidence** about what works to deliver improvements in areas we're focused on
6. Started engagement with the **Acute Federation** and **Primary Care Sheffield**



Where our thinking started...

7 clinical service areas we think will define our clinical care offer over the next 5 years



**In light of what we've heard from patients and staff, we've developed that vision into a draft
Vision for Care**



Our vision for care

We will work **together**, focusing on **what matters to patients**, to make it **simple** to access and deliver care, and ensuring we always **add value**.

What will be different

Care where and when it's needed

*We will deliver care in the **community** wherever possible, making it **simpler** and more **equitable** to access care and helping people to stay where they are most comfortable.*

Care in partnership

*We will work in partnership with our patients, across professional groups, and with partners in health and care, to make sure our care is joined up and gives patients the information and tools they need to manage their own care. We will be **confident** to have the courageous conversations about what matters to you.*

Proactive care

*We will get to know our patients early in their care journey and use this **insight** to plan care together, **making every contact count** and ensuring our patients can benefit from the latest clinical developments that add value.*



Vision for care

We will work together, focusing on what matters to you, making it simple to access and deliver care, and ensuring we always add value

Principles of care

Care where and when it's needed

Care in partnership

Proactive care

Focus areas for transformation

Unplanned care: Urgent and emergency care

Unplanned care: Internal Medicine

Planned care: Ongoing care for those with long term condition(s)

Planned care: Elective and surgical care

End of life care



**An example of the detail that will sit underneath
this overarching strategic framework...**



Urgent and emergency care

Vision

We will understand what a patient's care urgent or emergency care need is, and meet this as close to home as is possible with the right skills and expertise in place – only delivering care in an emergency hospital environment when that is required.

Where we are today

Today, we have a number of routes to access urgent and emergency care, many of which aim to prevent people needing admission to hospital. This isn't easy to understand for patients, and A&E remains the easiest front door. We are an integrated acute community Trust that provides a variety of other forms of urgent care in the community, but they aren't always located near to those who need them most. Our demand for urgent and emergency care continues to grow, and it's difficult to meet patient expectations and to provide this within the estate we have. Many of the patients attending the emergency department have mental health needs, and they are waiting too long to access the right care in the right place for their needs.

What will be different

Urgent and emergency care will be recognised as a system of care delivered in large part outside of the emergency department, through more formalised engagement of relevant specialists and rapid access to urgent triage and assessment in the community, as well as through development of our Same Day Emergency Care model. We will ensure our different routes to access urgent and emergency care are well integrated, including with our virtual hospital model to help people get home safely.

How we will get there

- **Develop our emergency department** estate so that it can effectively meet the needs it is required to meet
- **Develop a Same Day Emergency Care (SDEC) model** that ensures patients have fast access to the right specialist input, prioritising those specialties where there is most need for urgent care – and developing our estate to deliver this. As the model develops, include pathways for urgent (next day) care
- **Develop a mature community based, Single Point of Access hub** for urgent care needs located where there is greatest need within the community, with close links to neighbourhood teams and step up expert advice for rapid review and diagnosis, supported by strong engagement of specialty input
- Wherever possible, provide **virtual access to urgent care** to help people stay where they feel safe – either as a step up in care needs for review and decision about appropriate pathway or to help them quickly get back into their community with the support they need. We will develop a 'virtual care' model that enables a step up/ step down in care needs with appropriate specialist input as required, focused first on those specialties with expertise in the pathways

Key enablers to this approach

Collaboration with our partners across Sheffield to develop a model that collectively triages people to the most appropriate place to meet their needs, prioritising keeping people close to home, and agreeing where the most appropriate location(s) is for community based urgent care access. Developing our estate to best meet the needs of our acute emergency care provision, and to enable the development of an SDEC approach, as well as creating an appropriate community hub(s).



What we're doing now

- Describing in more detail specific spotlight areas, and ensuring we sufficiently weave through cross cutting themes related to multi-morbidity, health inequalities and mental health attuned care
- Developing an engagement draft to share with colleagues and partners for feedback and further development
- Developing plans for how we mobilise as an organisation in support of delivery of these plans, including outlining the key enablers to this approach



For discussion

- Are there key trends in the needs of our patients and our population that we need to consider in this ten year plan, alongside those we've already described?
- Are there brilliant examples of evidence-based practice you've seen elsewhere that we should learn from, or look to scale up in the next 10 years?
- How can we best involve our patients, the public and our staff in the development and then delivery of these plans?

