Appendix A

in good health

Subject:	Demand and Capacity – next steps following BCG report
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Summary:

Background

1. The Boston Consulting Group review of demand and capacity reported to the STP Executive in December 2018. It concluded that the STP has key challenges, being:
   i. A growing and ageing population
   ii. Primary care working to capacity, with a shrinking GP workforce;
   iii. Acute inpatient bed capacity cannot meet demand;
   iv. Community services cannot meet demand from acutes;
   v. Social care DToCs are high and there is a lack of home care capacity;
   vi. The system has significant financial challenges.

2. The review highlighted that
   i. Demand and capacity is mismatched and could result in a 500 bed deficit by 2023 in a 'do nothing' scenario.
   ii. Current system issues cannot be addressed by any single provider. Collective interventions across the system could create a sustainable position.
   iii. Even given the potential solutions within the review it is estimated that there will be a shortfall of 140 beds so further capacity / new models of care will be required.

3. Representatives from the three acutes plus STP met on 16th January to propose next steps in taking forward the recommendations from the review.

Next Steps

4. The demand and capacity issues could potentially be covered by any one of three work streams, being Acute Transformation, Urgent & Emergency Care and Primary & Community Care. However the issues fall across the whole system and none of those work streams can cover the whole problem.

5. As such the group recommends that a new Demand & Capacity work stream is established with senior director level representation from across the acutes, community, social care and primary care. These representatives should also cover one of the three work streams, as above.

6. Whilst much work has been done in recent years to address the capacity shortfalls this has largely been fire-fighting with little strategic thinking on how we can address the issues in the longer term across the whole system. The Demand & Capacity work stream will establish a short, medium and long term plan with a significant part of its work to focus on the longer term strategy.

7. The links to the other work streams will mean that those work streams may undertake actions in relation to demand and capacity and report back to the Demand & Capacity programme as appropriate.

8. The Demand & Capacity Programme Board will be led by a programme director. It is the recommendation from the group that the Director of Strategy at JPUH undertakes this role.

9. Proposed membership should consist of:
   i. Acute representation: as a minimum, director of strategy & medical director.
   ii. A representative from NCHC & ECCH.
   iii. Clinical representation from GP Provider Organisations (GPPOs).
   iv. Social care representation.
   v. A commissioner.
   vi. Financial representation (CFO from West Norfolk CCG)
   vii. STP COO.

   Task and Finish groups will lead individual pieces of work as required and membership will be sought from appropriate organisations across the system.

10. The Programme Board will consider all the recommendations within the BCG review and report back on our response to each. The plans will build upon the new models of care that are currently being planned. The recommendations will drive the work plan and strategic direction.

Recommendation:
The STP Executive is asked to approve the approach to the next steps, including the establishment of a new work stream which will report to the STP Executive.