Time to change
Sustainability Transformation Plan

National context – what happened last year (2015/16)

- Population is projected to increase by c.7million by 2030
- By 2037 the number of people over 65 is expected to increase by 50%, and the number of over 85s is expected to double
- There are an estimated 5 million people at high risk of developing diabetes
- Obesity levels continue to rise across the board, with 38% of women expected to be obese by 2025

- 8.1% more Ambulance Calls (Cat A) than 14/15
- 18.5% more Cat B calls
- 20.7m ED attendances: 2.9% increase on 14/15
- 91.1% treated/admitted within 4 hours
- 3.3m patients waiting to start elective treatment: 15% more than 14/15
- National 62-day urgent cancer target not met in any quarter

- NHS Acute Trust's combined year-end deficit was £2.4bn
- Three times greater than in 2014/15
- NHS has become £20bn more efficient over the last 5 years
- Flat funding for last 3 years

How this translates locally

Population and demographic pressures

- Older than the England average and the number of over 65s is growing at a faster rate than England
- Significant housing growth in B&NES and Swindon, and army repatriation in Wiltshire
- Recruitment and retention of GPs – young doctors don't want to be GPs, older GPs retiring earlier than expected due to workload

Older people are at greater risk of diseases and over 65s consume the highest proportion of our care resource. This places pressure on all healthcare services:

- Greater demand for GP appointments
- Growth in long-term and chronic conditions
- Increased social care needs
- Rising complexity and case mix changes
- Balancing emergency and elective capacity
- Increased ED attendances and outpatient referrals

Percentage of total population over 65 years old
England: 17.10%
BSW footprint: 18.06%

Percentage of diabetes prevalence
England: 6.40%
BSW footprint: 5.73%

Percentage of adults classed as overweight or obese
England: 64.60%
BSW footprint: 64.13%

Percentage with a long term illness, disability or medical condition diagnosed by a doctor
England: 14.10%
BSW footprint:13.66%

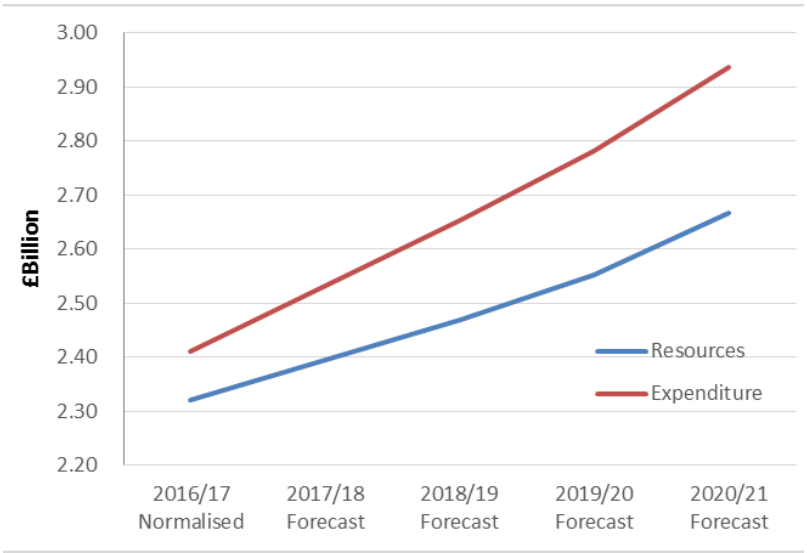
How this translates locally

Performance and financial pressures

87.00%
A&E 4 hours 2015/16
(RUH, GWH and SFT combined)

90.80%
RTT 18 weeks incompletes 2015/16
(RUH, GWH and SFT combined)

8.30%
<7.5% mental health bed days lost due to delayed transfer
(AWP)



- Our current models of care are unaffordable due to the demographic challenges and rising costs of care delivery.
- The 2015/16 financial outturn position for all health organisations within B&NES, Swindon & Wiltshire was a deficit of c£6m.
- The graph shows the financial position across the STP, if no actions are taken to deliver cost savings over the next five years.
- If we do nothing to change how we deliver our services, the gap between available income and cost of services will rise to £337m per year by 2020/21

Time for a different approach

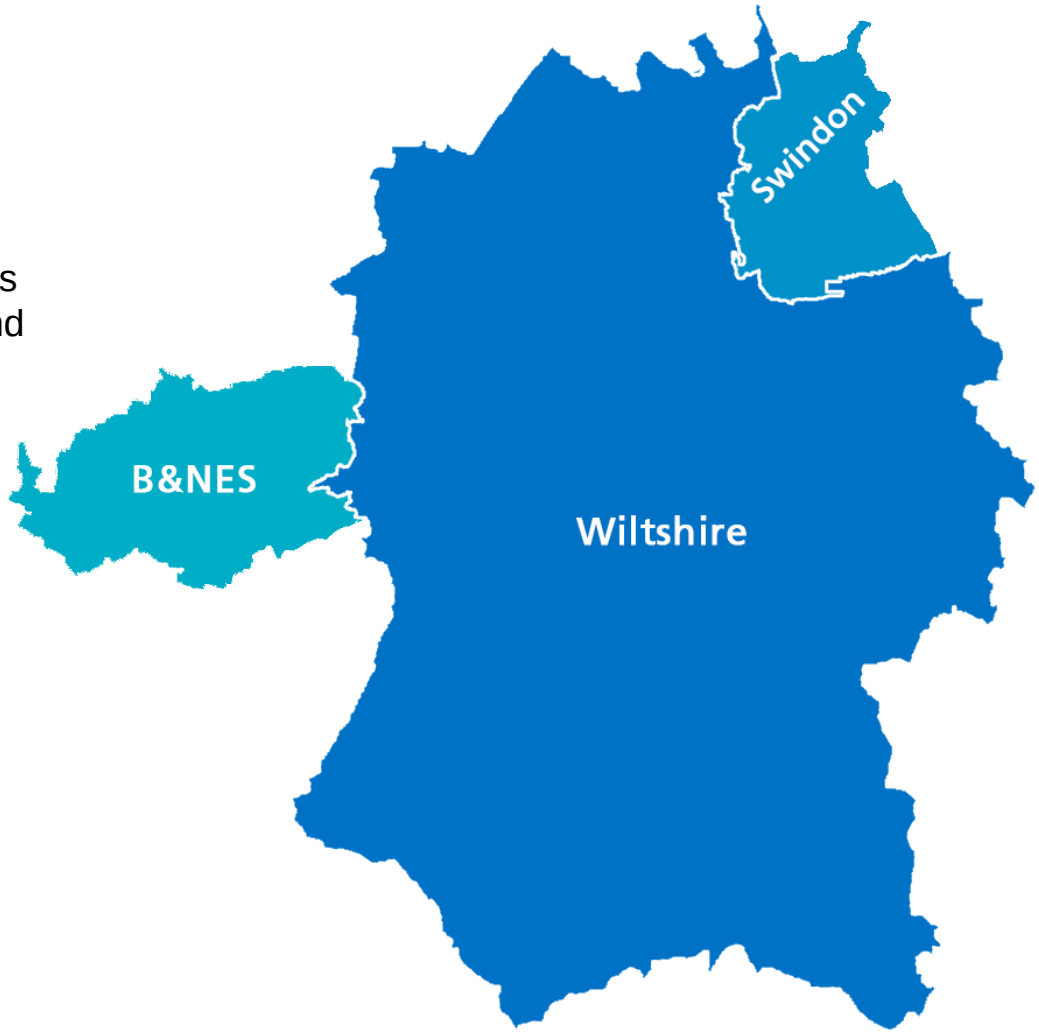
Nationally, organisations are being brought together to work collaboratively to tackle these issues and implement the *Five Year Forward View* (5YFV) for the NHS.

Locally this means bringing together all providers and commissioners across B&NES, Swindon and Wiltshire to form the BSW footprint.

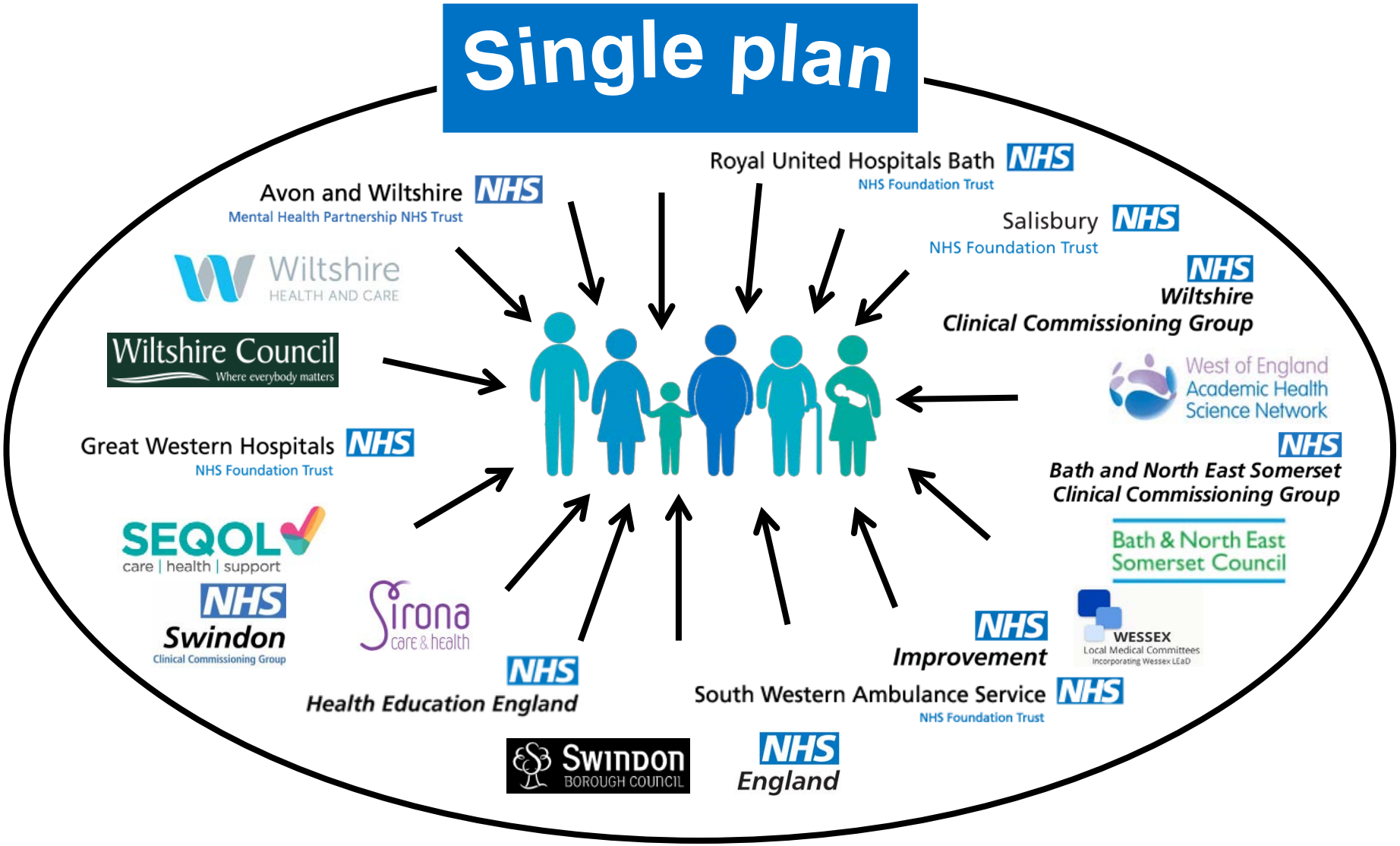
We're working in collaboration to address the serious challenges with a joint place-based, multi-year plan for all organisations – our STP.

The STP is built around the needs of local populations, and focussed on the delivery of the triple aim of sustainably:

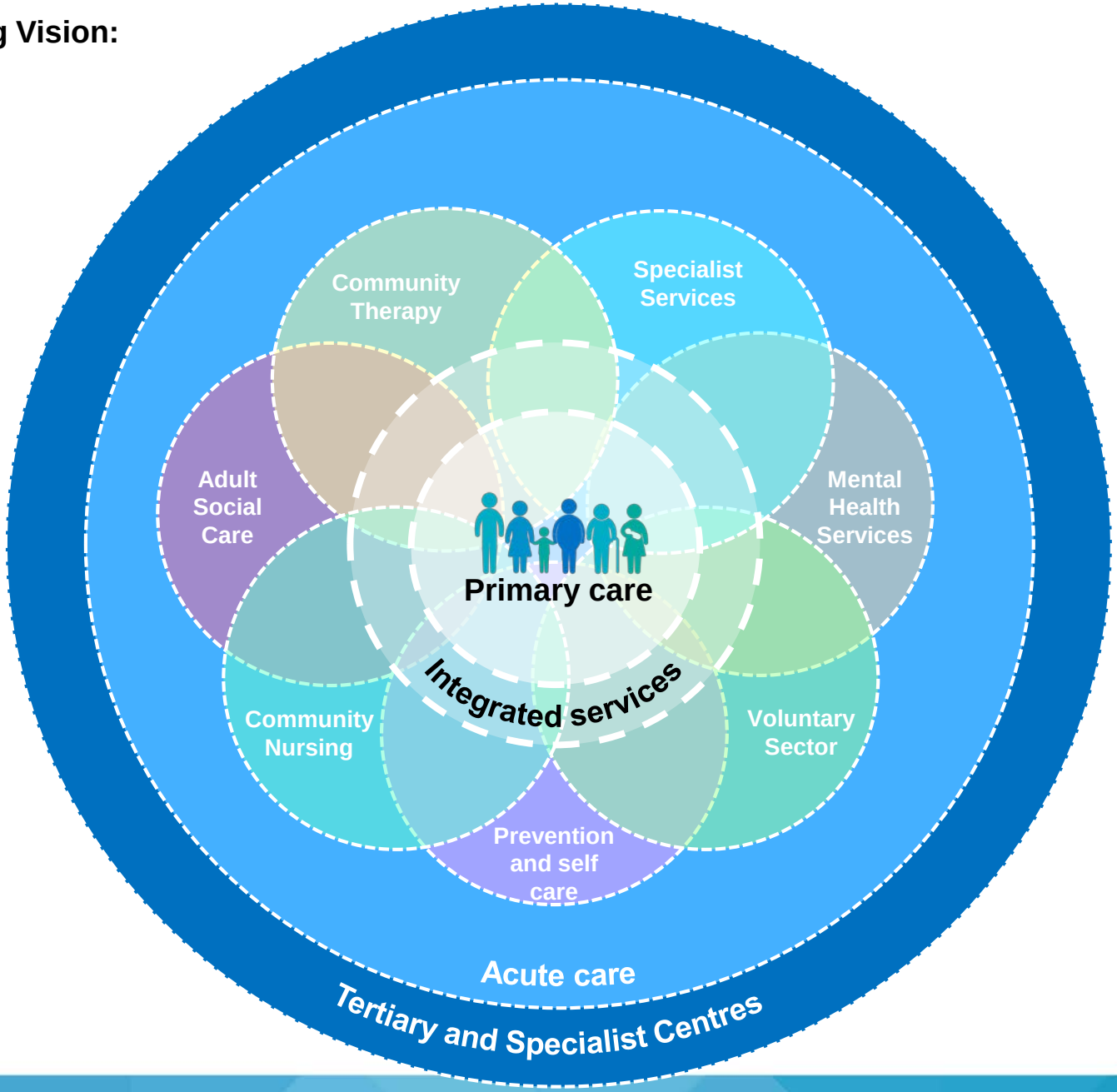
- Improving health outcomes,
- Transforming the quality of care, and
- Achieving sustainable finances



Putting the person at the centre of our planning



Our Emerging Vision:



Five priorities within our plan

1.

Our vision is:

to provide improved person-centred care by strengthening and integrating the specialist services that support primary care.

2.

To shift the focus of care from treatment to prevention and proactive care:

- Ageing Well
- Healthy Lifestyles
- Self Management
- Specialist Support in the Community

3.

To redefine the ways we work together as organisations to deliver improved individual/ patient care.

4.

To ensure we offer staff an attractive career and build a flexible, sustainable workforce.

5.

To strengthen collaboration across organisations to directly benefit acute and urgent care services .

What will this mean for people?

We are more powerful and productive together….

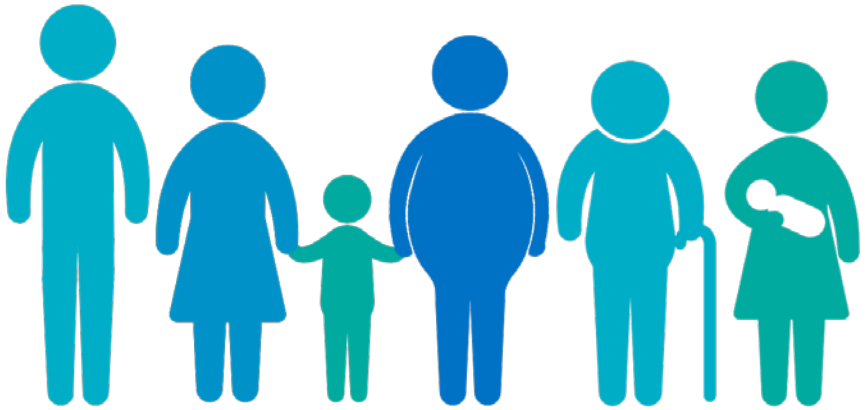
It will make it easier in future to move between organisations to pursue a varied career.

It will provide an opportunity for clinical teams from various organisations to work together and redesign how we care for people – to improve experience and outcomes – sharing learning and best practice.

Collaboration between providers should help reduce the costs of providing care (e.g. collective purchasing).

By breaking down traditional organisational boundaries and bureaucracy it will allow for greater focus on patient experience and outcomes from those responsible for planning services of the future.

It will provide an opportunity to engage our communities in the design of those services.



Our current priorities

To involve key teams and stakeholders in working up our plan – particularly on how we enable people to stay healthy for longer.

This work will inform our 3 ‘models of care’ for:

 Urgent care

 Preventative care

 Planned care

We will then assess whether these models will meet the future needs of our population, how we can locally articulate to ensure they support existing good work, and whether we will have the resource to deliver them.

Mobilising and organising ourselves to refine and deliver our plan.

If you would like to get involved…

Key dates

Stake holder event: 13 September 2016, Corn Exchange, Devizes – Invitation only

Contact the Programme Team:

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