

Time to change Sustainability and Transformation Plan

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Policy Context within Healthcare



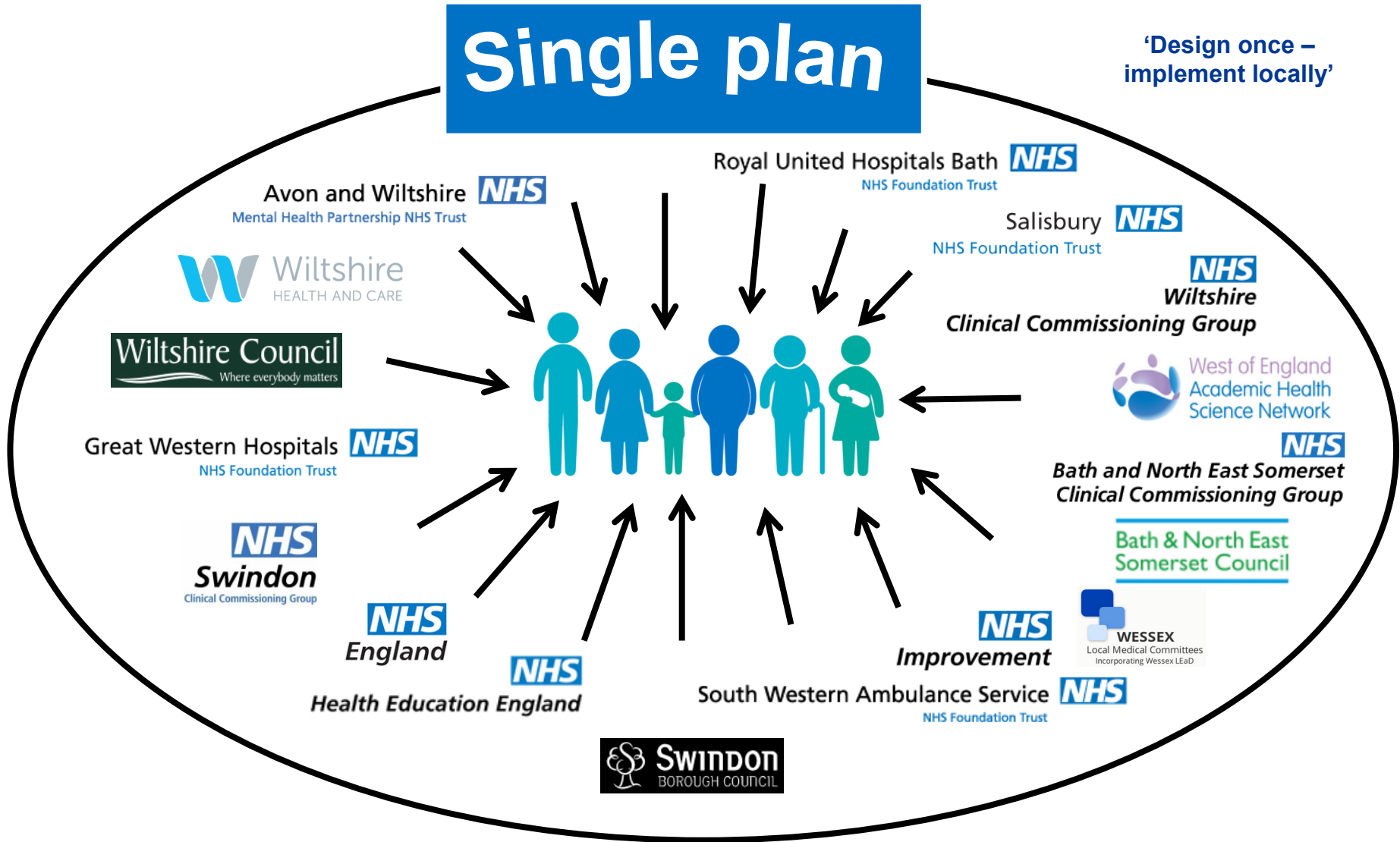
B&NES, Swindon and Wiltshire working together

Putting the person at the centre of our planning



Single plan

'Design once – implement locally'



B&NES, Swindon and Wiltshire working together

BSW Case for Change

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%

BSW Case for Change

Performance and financial pressures



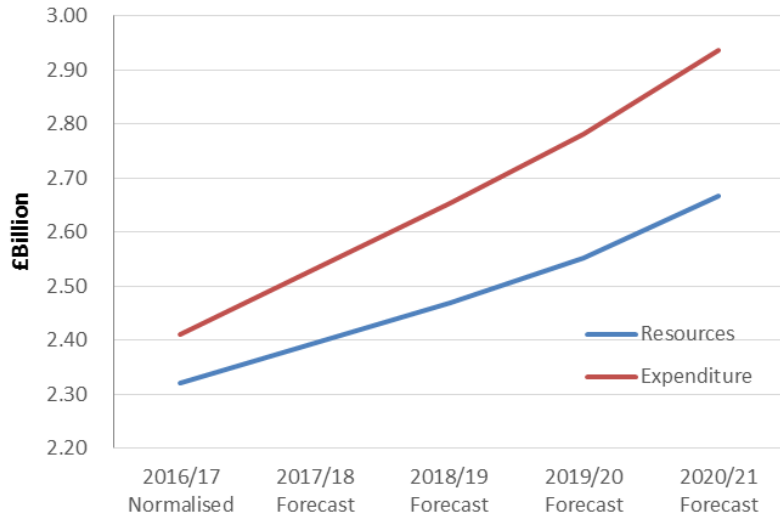
87.00%
A&E 4 hours
2015/16
(RUH, GWH and SFT
combined)



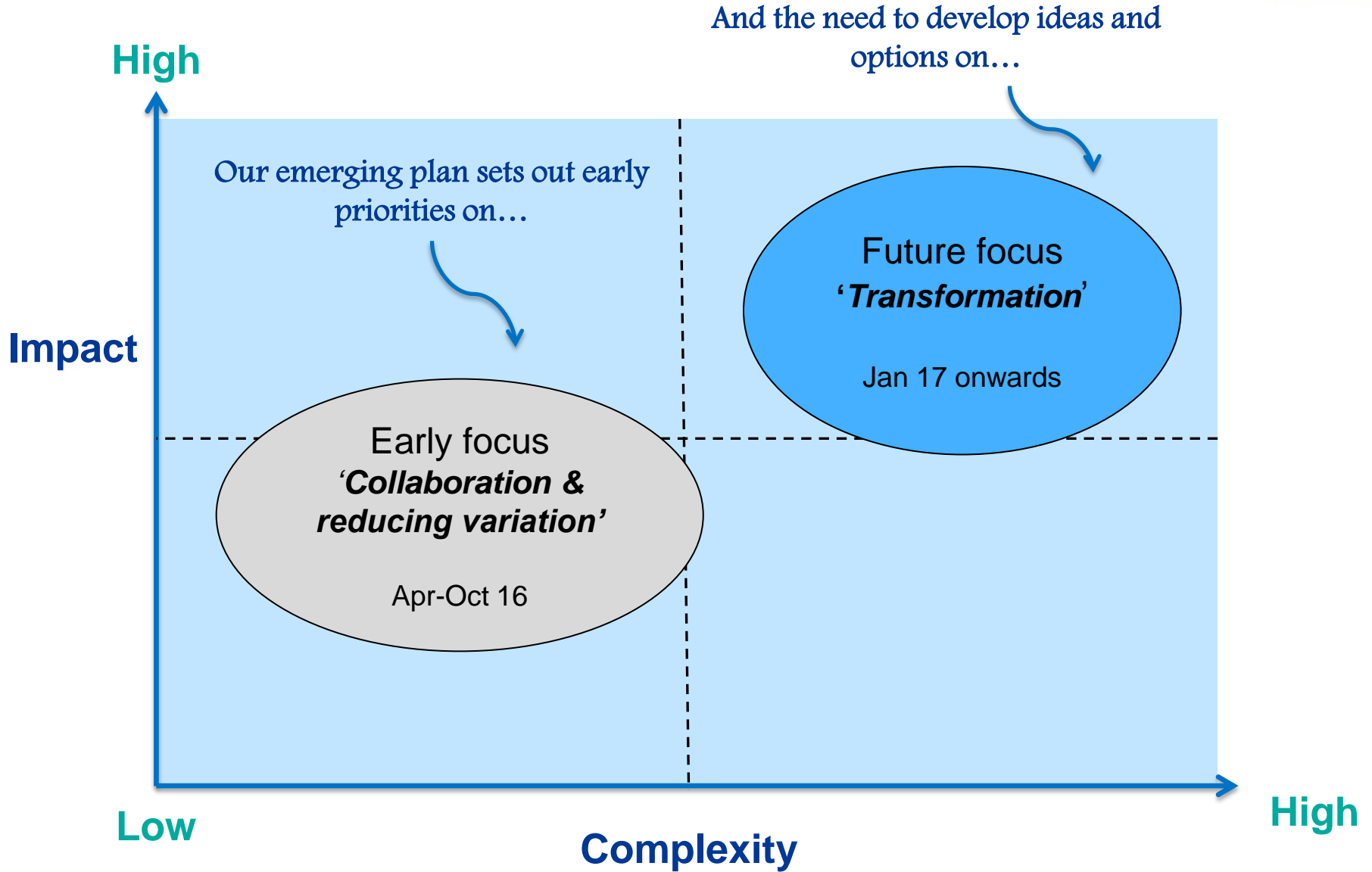
90.80%
RTT 18 weeks
incompletes
2015/16
(RUH, GWH and SFT
combined)



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 c£300m per year by 2020/21

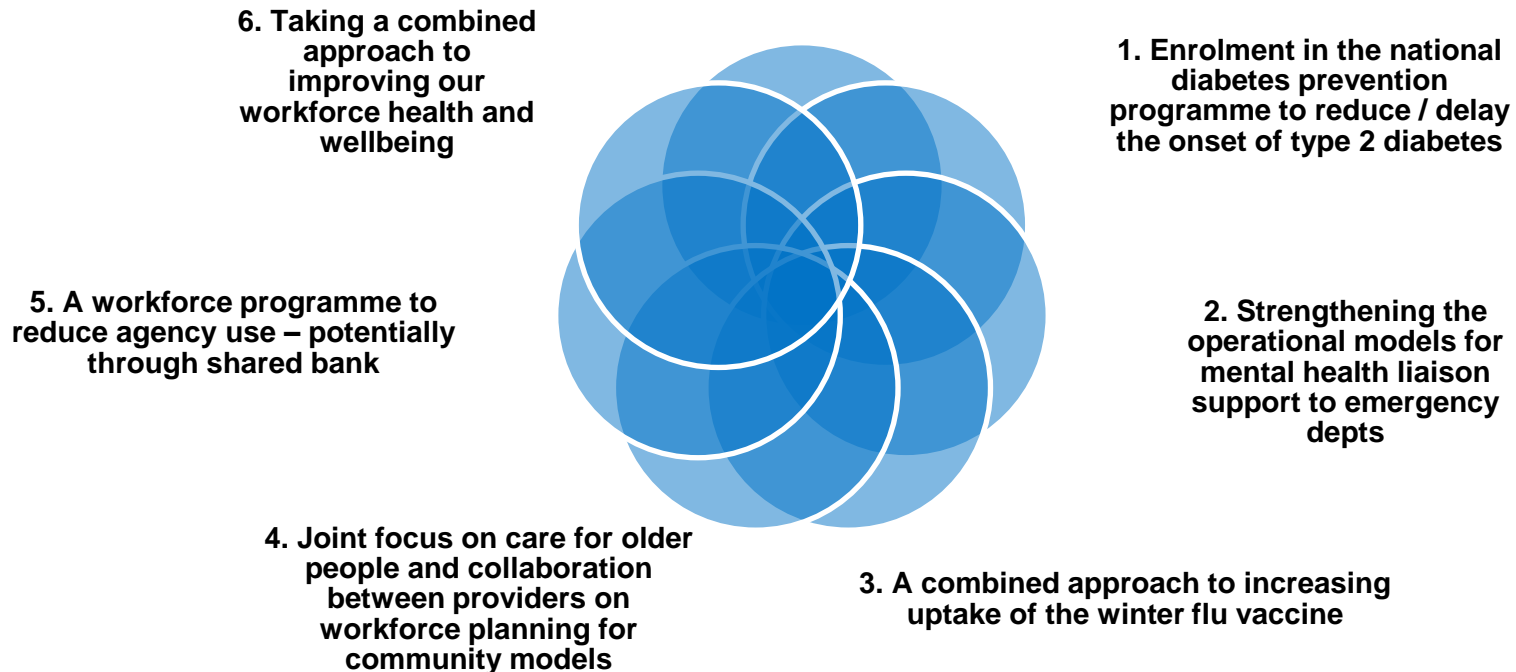


Early focus
'Collaboration & reducing variation'

Apr-Oct 16

List of 40+ projects across 7 workstreams

12 examples of what is currently in the plan...



Early focus
**'Collaboration &
reducing variation'**

Apr-Oct 16

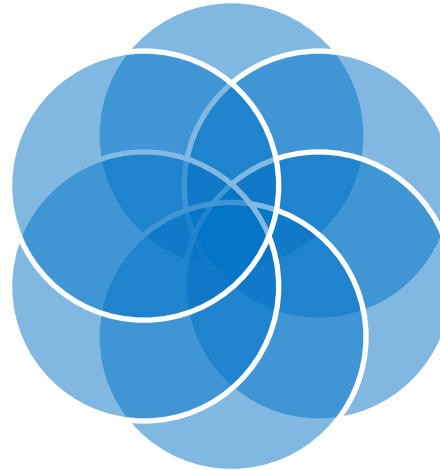
List of 40+ projects across 7 workstreams

12 examples of what is currently in the plan...

7. Using the STP process to share models for the future of primary care – acknowledging each model will look different in each CCG area

12. Improved sign-posting to support services through partner agencies such as the fire service

11. Developing a digital strategy that delivers paperless working and enables health and care professionals to work together



8. Identifying the root causes of challenges within urgent care – practical steps include the re-procurement of NHS 111, identifying how we can support domiciliary care providers with workforce shortages

9. Mapping our Estate across the footprint and planning the future estate need based on future clinical models

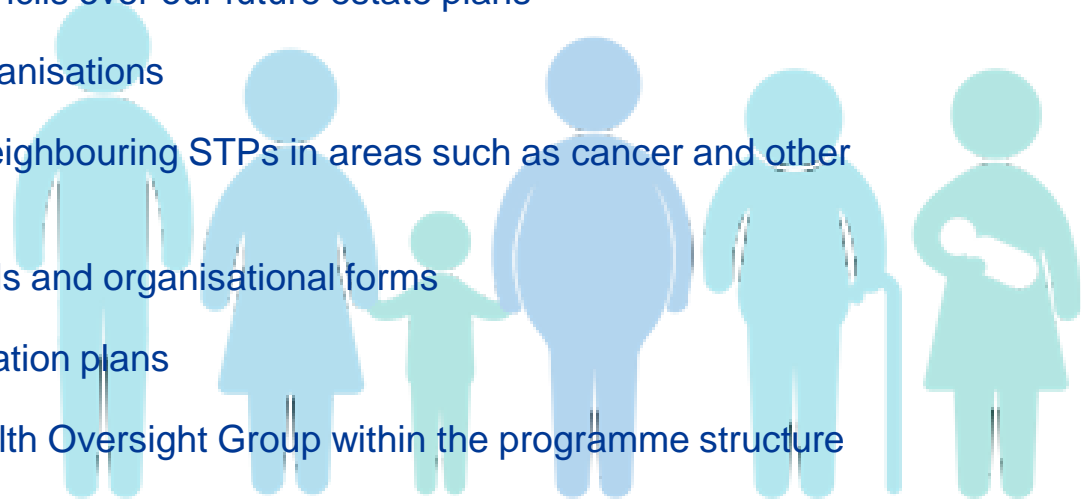
10. Three acute Trusts working collaboratively on those services identified as potentially 'unsustainable'

Future focus
'Transformation'

Jan 17 onwards

Opportunities in the next phase...

- 1) Improve our communication to our workforce and the public through on-line presence
- 2) Greater time and freedom for workforce and public engagement to co-design services
- 3) Stretch our ambition with regards to clinical models of care – particularly the development of the prevention agenda
- 4) Opportunity to collaborate further with councils over our future estate plans
- 5) Grow the working relationships across organisations
- 6) Consider more widely the interface with neighbouring STPs in areas such as cancer and other specialised services
- 7) Develop our thinking on formal care models and organisational forms
- 8) Use analytical tools to steer our transformation plans
- 9) Embed our Clinical Board and Mental Health Oversight Group within the programme structure
- 10) Evidence improvement as a result of the early priority projects



Our current response

1. Reconciling the STP with organisational statutory responsibilities
2. The overall financial position of most organisations – relatively good in 15/16 but under increasing pressure
3. The speed at which we can innovate to meet these challenges
4. The challenge of balancing ‘systems working’ and organisational interests
5. Engaging the public in considering the potential implications of new care models
6. How we encourage new ideas and engage people in the debate who don’t usually engage



Ongoing review of programme governance



Finance Directors Group established as part of the programme



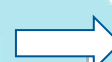
Use of 30 day and 60 day action planning to speed progress and review of roles within orgs



Masterclasses currently being funded through Health Education England



Full engagement plan being developed for implementation in January.



Charities and Independent sector event already held and contact list established.



Key Dates – next 6 months



May – Publish updated Plan

April – Update Plan – approval process

24th March – 60 day checkpoint workshop

10th February – 30 day checkpoint

2nd January '17 – development of the plan through workforce and public engagement

14th December 16 – Publication of the Full Emerging Plan