



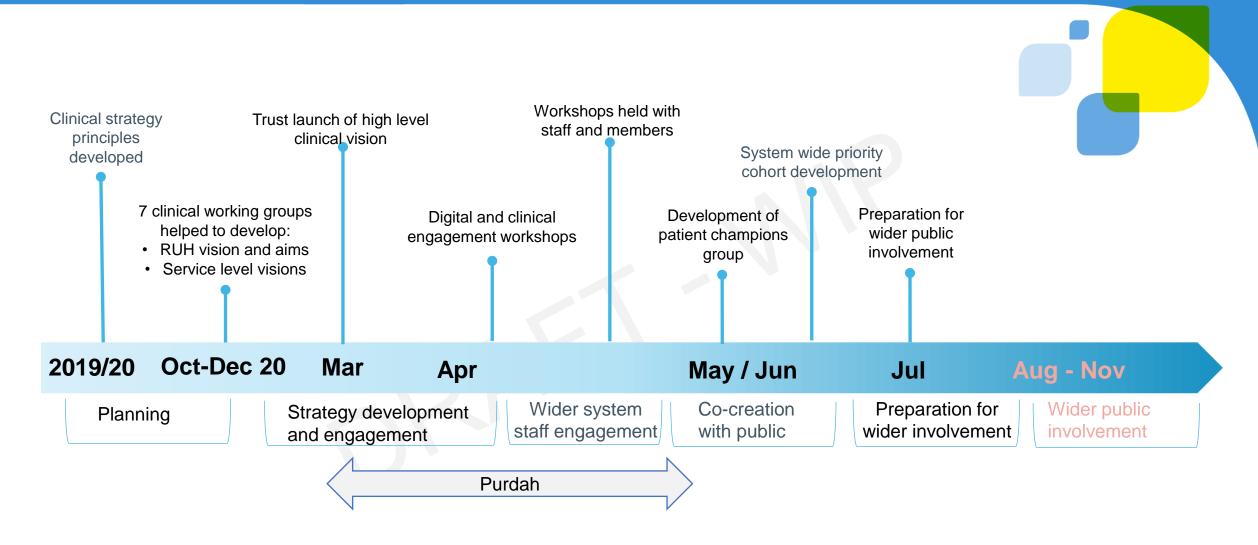
Working Matters
Together
Difference

Overview

- RUH working with partners and the public across its catchment to develop a vision and support model for the population to deliver excellence
- Desire to be ambitious and radical to tackle future challenges
- The new model of how we deliver support and care will inform our investment needs for the future and underpin any business case that bids for infrastructure investment
- We want to do this with the local population for the local population so your support in this is vital



Progress so far





Context - national and local drivers

Support Strategy

Strategic context

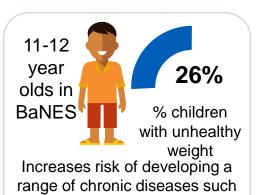
- The journey so far
- Where are we within the national and local context?
- Drivers for change
- Is there anything we can learn from international models of care?
- Our role within the Integrated Care System

A more complex population The over 75 population in BaNES is anticipated to rise by 36% by 2029; comparable rises will be seen in Wiltshire and Somerset	Integration Working at system, place and neighbourhood levels with our partners to improve population health; tackle inequality; enhance productivity; support broader social and economic development
Societal change In how we live our lives, how we interact with large organisations and how we seek access to healthcare; Covid- 19 has accelerated these changes	Changing workforce Expectations and needs of our staff are changing, reflecting generational shifts and the impact of Covid-19. What we need from our staff is also changing
Environmental impact Driving new ways to provide services which reduce their impact on our environment	Digital innovation Offers new ways to provide services, share information and communicate with patients and families
Advances in clinical care Technological, pharmaceutical and therapeutic developments will change how we will deliver services and the workforce we need	Resilience Ongoing requirement to mitigate the risk of events such as Covid-19 and climate change, on our patients, on our services and on our staff
National workforce shortages With particular pressure points in some specialties and professions	Focus on keeping people well Expectation that all providers of care will play a part in preventing ill health and upstreaming
Value for money In health, social care and public health	Mental health/vulnerable people Parity and integration with physical health, for service planning and delivery



Key local challenges

The overall population of BaNES is expected to increase to nearly 200,000 by 2024, an increase of 11 per cent from 2014. In line with trends for the wider BSW footprint, population projections suggest there will be large increases in the number of older people in BaNES – by 2029 the number of over 75s in the population is projected to increase by 36 per cent (approximately 6,000 people) compared with 2016.



as heart disease and diabetes

486

More falls over 65s per 100,000 population than SW average



12%

% Rise in alcohol related hospital admission in BaNES



73,000

People in BaNES with at least one long term health condition



18%

% of local population in BaNES experiencing mental health condition



43%

Expected increase in numbers of men with dementia by 2025

Priority cohorts

Ageing Well

Long term conditions and ambulatory care

Mental Health

Elective

How can we change this?

Patient centric
Health and care
model

Aligned digital and technology solutions

System financial framework

Collaborative governance structure

Agile workforce



Challenges and opportunities

Support Strategy

Where are we now?

- The services we provide
- Our performance
- Challenges and opportunities
- System relationships

We are often unprepared for surges in ED attendances

RUH Staff Member

Some of the challenges and We need to look after the staff who in turn can look after patients

RUH Public Member

opportunities shared with us by the public and staff

We struggle with meeting the demand for our patients who, often would be best served in the community

RUH Staff Member

Access to the hospital is very challenging for people with complex needs

RUH Public Member

Each time I visit the hospital I have to retell my medical history

RUH Public Member



Design principles

Creating a new future of outstanding healthcare with prevention and intervention when and where it is needed, working together to help our communities enjoy healthier lives



Support Strategy

Our care vision Our key aims

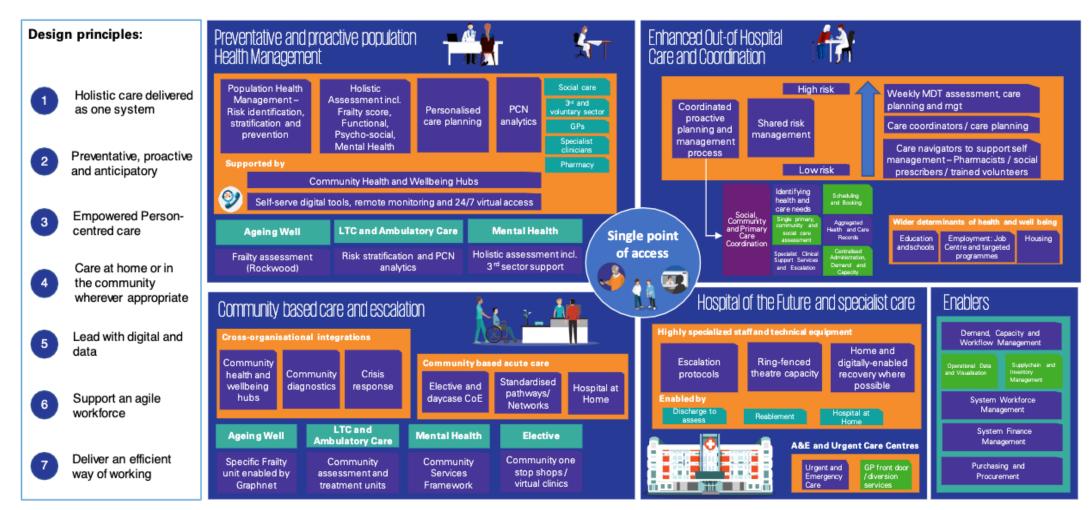
The care model for the area includes health, social care and public health and will:

- Provide holistic and flexible care seamlessly as one system with embedded innovation and continual improvement
- Care is preventative, proactive and anticipatory, focuses on wellbeing and addresses health inequalities through the lens of wider determinants of health
- Provide person centred care and empowerment to put the person in control of their health and well being, and ensuring that each interaction adds value to the person
- Provide care at home or in the community wherever appropriate, coordinated through strong primary care networks and multidisciplinary teams, and supported by sufficient emergency and specialist capacity in hospitals
- Lead with digital and data to support seamless care for our patients and drive more effective decision making
- 6 Support an agile workforce, champion innovative roles and provide opportunities for training, research and development
- Deliver an efficient way of working to ensure financial sustainability of the system and value for money of services.



Summary model

→ Health and care model blueprint – Work in progress



Next steps

- Engage with the wider BSW Partnership on work to create a health and care model for the whole of BSW. This will combine the main elements of this work with similar work from other places and organisations in BSW.
- Develop plain English content and 'personas' for service users and staff to bring the model to life
- Commence wider public involvement from October



