Time to change
Sustainability and Transformation Plan

James Scott
Senior Responsible Officer

B&NES, Swindon and Wiltshire working together
Putting the person at the centre of our planning

Single plan

‘Design once – implement locally’

Avon and Wiltshire Mental Health Partnership NHS Trust

Royal United Hospitals Bath NHS Foundation Trust

Salisbury NHS Foundation Trust

Wiltshire Clinical Commissioning Group

Wiltshire Health and Care

Great Western Hospitals NHS Foundation Trust

Bath and North East Somerset Clinical Commissioning Group

Bath & North East Somerset Council

WESSEX Local Medical Committees Incorporating Wessex LMC

Health Education England

South Western Ambulance Service NHS Foundation Trust

NHS Improvement

NHS England

NHS Improvement

Wiltshire Council

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%

B&NES, Swindon and Wiltshire working together
BSW Case for Change
Performance and financial pressures

- 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 £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 £300m per year by 2020/21
Progress

B&NES, Swindon and Wiltshire working together

Impact

Complexity

High

Low

Our emerging plan sets out early priorities on…

Future focus ‘Transformation’

Jan 17 onwards

Early focus ‘Collaboration & reducing variation’

Apr-Oct 16

And the need to develop ideas and options on…
List of 40+ projects across 7 workstreams

1. Enrolment in the national diabetes prevention programme to reduce / delay the onset of type 2 diabetes

2. Strengthening the operational models for mental health liaison support to emergency depts

3. A combined approach to increasing uptake of the winter flu vaccine

4. Joint focus on care for older people and collaboration between providers on workforce planning for community models

5. A workforce programme to reduce agency use – potentially through shared bank

6. Taking a combined approach to improving our workforce health and wellbeing

Early focus ‘Collaboration & reducing variation’

Apr-Oct 16

12 examples of what is currently in the plan…
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

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’

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

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

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

Our current response

- 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

14th December 16 – Publication of the Full Emerging Plan

10th February – 30 day checkpoint

24th March – 60 day checkpoint workshop

May – Publish updated Plan

April – Update Plan – approval process

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

B&NES, Swindon and Wiltshire working together