

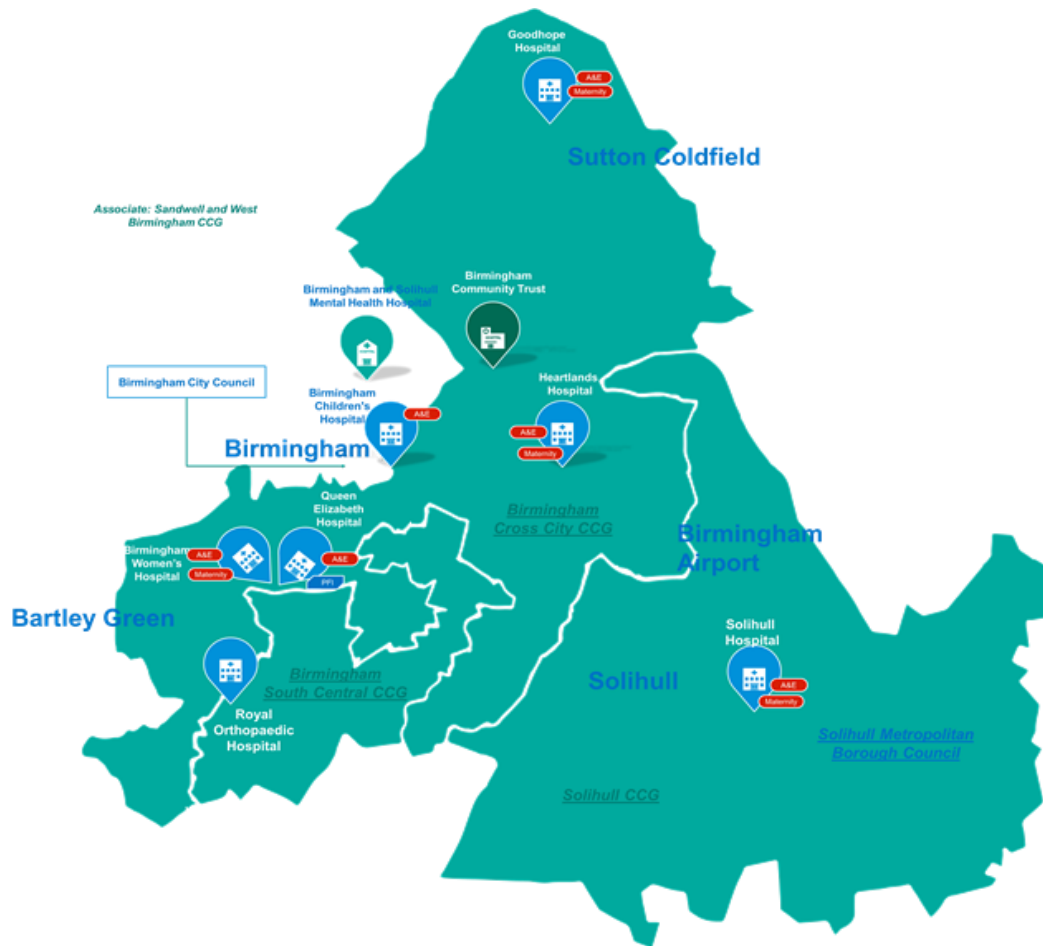


Birmingham and Solihull Sustainability and Transformation Plan

Presentation to Council of Faiths -15/11/2016



So, what is a Sustainability and Transformation Plan (STP)?



- STPs (Sustainability and Transformation Plans) are about local leaders working together to deliver better health and care for local people
- Each STP has a 'footprint' – the area that it covers. Our footprint is Birmingham and Solihull
- On our patch we have
 - 2 local authorities,
 - 3 CCGs,
 - 7 hospitals,
 - 1 mental health trust,
 - 1 community trust,
 - 182 GP practices
- We provide services to 1.8 million people

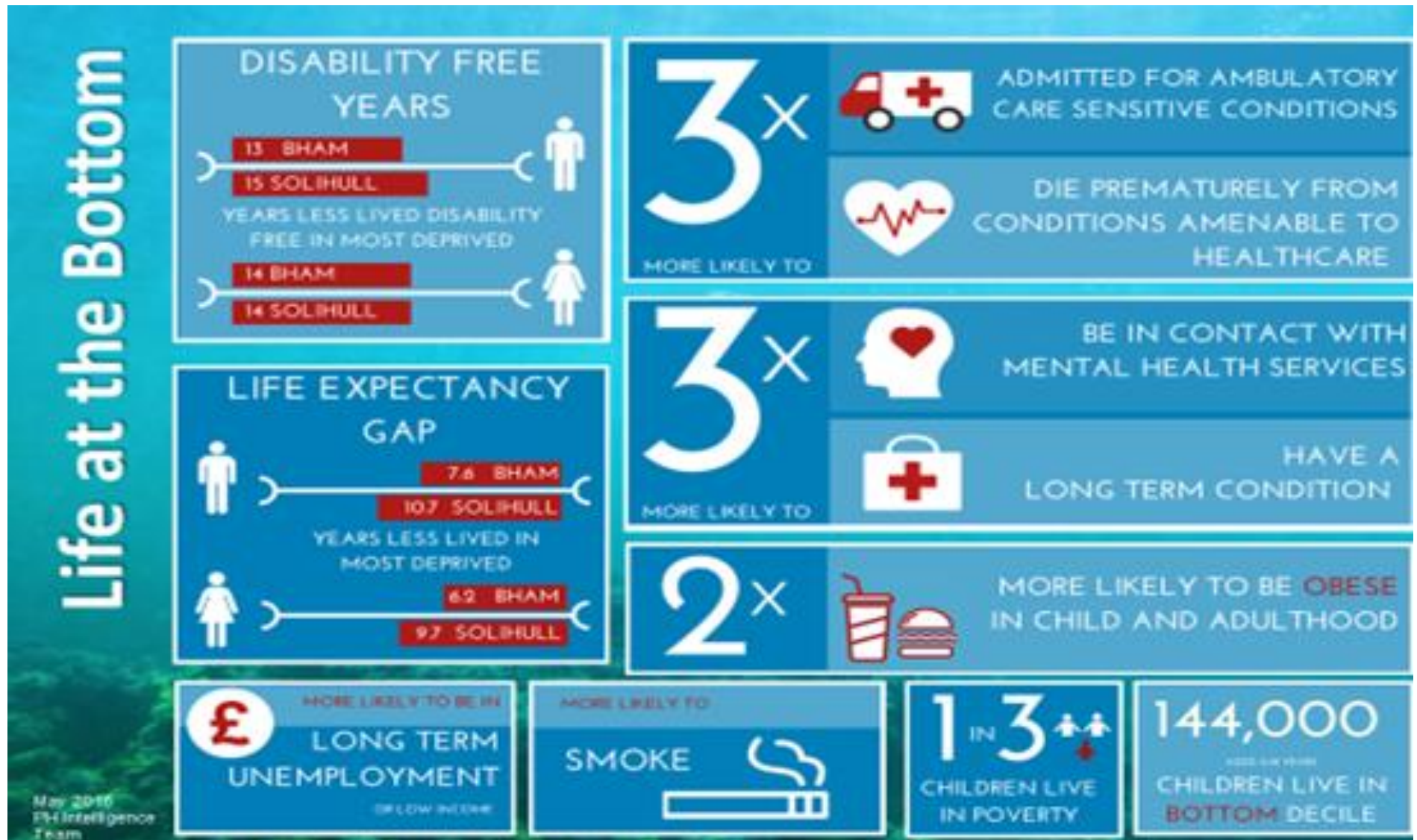
Before we start – a few thoughts on STPs

- **It's no secret that there is less money to deliver services in the both the NHS and in social care, so both need to work together to make resources go further whilst ensuring that we can still deliver the quality of care people need**
- **The STP is not a way of privatising the NHS, and it is not a separate organisation with a secret agenda. It is a planning tool to bring a focus on 'place' rather than individual organisations**
- **STP is an iterative process, and this is the start of a longer transformation journey**
- **It's not a short term plan - this is for long-term, sustainable change over 5 years and beyond**

Before we start – a few thoughts on STPs

- **We need to be mindful of the ever changing landscape – whatever we create has to be flexible and be able to evolve over time**
- **What is being suggested isn't completely 'new' – but will help us all work together more effectively for a better future**
- **In simple terms our goal is to have more people out of hospital if they don't need to be there, being looked after by the community (where appropriate) with much better health outcomes**

Why do we need an STP?



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- Birmingham and Solihull has the second lowest numbers in England for GPs and nurses per thousand of the population
- Nearly 1 in 4 of current GPs across Birmingham and Solihull are over 55
- Our financial position is challenging – if nothing changes in 5 years time all organisations across Birmingham and Solihull will be in deficit, and we will have a funding gap of £712m by 2021 if we don't change things
- This is the equivalent of 430 additional hospital beds on top of what we have now – and we don't have the resources to provide them
- Both local authorities also face significant funding pressures for adult social care due to changes in life expectancy, demography, market pressures and government policy. The situation is particularly acute in Birmingham
- We need to take significant action to change things

What are we going to do?

We've identified 3 areas that we know we need to change, as they underlie the majority of the challenges we face. We call these the 'drivers' of our challenge.

1. INSUFFICIENT SYSTEM WIDE FOCUS ON USE OF RESOURCES

Due to non-clinical variation, lack of standardisation and inappropriate duplication of clinical and corporate support services. Also includes the use of estates and infrastructure.

We need to work together in a more co-ordinated way as organisations.

An example of us not making best use of our collective resources are Delayed Transfers of Care (DTC) – when people are not discharged from hospital as quickly as they could be because appropriate care packages are not available.

We know that this causes extra stress and cost to our system, and does not benefit our patients. We know that if we work better together we can improve this.

There are other things we can do too – such as make better use of our 'back office' functions and making better use of our buildings and estate.

2. TOO MUCH CARE THAT CAN BE DELIVERED ELSEWHERE IS PROVIDED IN A HOSPITAL SETTING

Creating bottlenecks and queues with a knock on impact on quality and safety due to rising demand from the ageing population and historical over reliance on acute services

If we want to make sure that people are only in hospital when they need to be, we have to improve access to primary care eg GPs, and make sure that community services (primary care, social care, community health services) are fully integrated.

We also need to find a solution for the low numbers of care home beds locally for people that need them

We estimate that Birmingham CrossCity, South Central and Solihull CCGs had over 4,300 emergency admissions per 100,000 patients that did not require hospital admission in 2014/15

3. VARIATION IN CLINICAL SERVICES

Due to unjustified variation in quality and access across Birmingham and Solihull

In the past some services, such as maternity, cancer, mental health and orthopaedics, have become fragmented which makes it more difficult to provide a consistent 'offer' to patients

It's important that we have a long term plan across the footprint that provides that consistency and standardisation.

Work has already started in these areas to try and make this better but we need to make sure that this is done everywhere

We also need to do more in other areas to reduce variation

How are we going to do it?

Understanding the three main causes of our collective challenges means that we can start to do something about them

Our approach is based on three strategic objectives, each of which have a number of areas of work underneath them.



CREATING EFFICIENT ORGANISATIONS AND INFRASTRUCTURE

The first step is to make sure that our organisations are working as efficiently as possible. We will do this by delivering current performance targets, strengthening our approach and tackling areas where there has been underperformance

We will look at how we make our back office functions more efficient and how we can make better use of our buildings and estates



TRANSFORMED PRIMARY, SOCIAL AND COMMUNITY CARE (COMMUNITY CARE FIRST)

We will work together to provide more care to people in their own communities or own homes, where it is appropriate for them, so that only people who really need to be in hospital are treated there.

We will do this by providing information and support to maintain and improve people's ability to live independently, and work with people to develop personalised care plans so that they are supported by a team of health and social care professionals who focus on their individual needs.

We will make sure we take advantage of new technology, so that people can access health and social care services easily and we will look to see where better use of medical technology can be made to support people at home.



FIT FOR FUTURE SECONDARY AND TERTIARY SERVICES

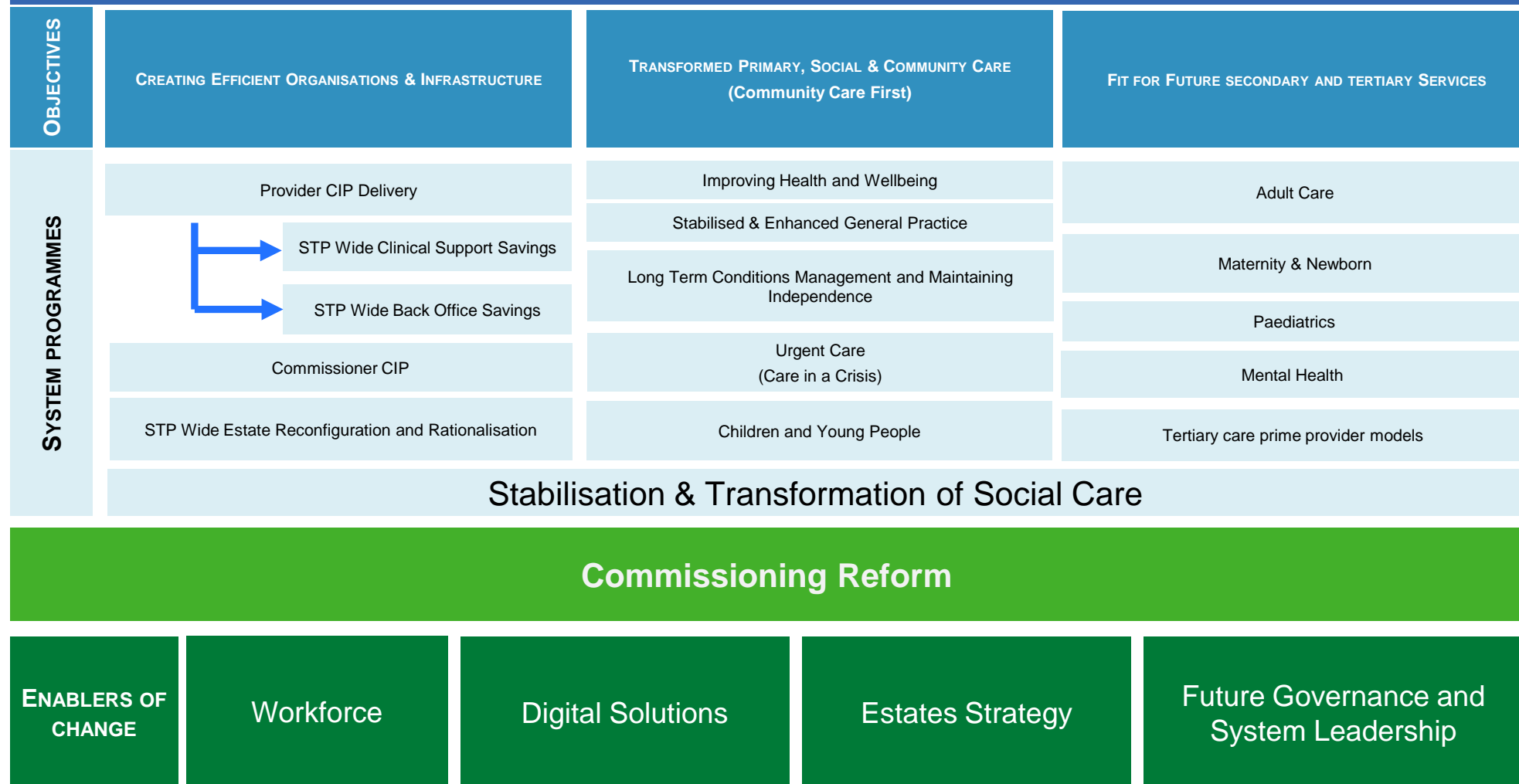
By doing the two things above, we will have a better understanding of the demand for in-hospital services, and how best we can manage that demand

Providers will work together to make sure that best practice and the same offer is available to patients requiring hospital treatment wherever they live in Birmingham and Solihull

The next slide is our 'plan on a page'. This shows all of the areas of work that we need to undertake over the next 5 years if we are to create a sustainable system, and how all the work fits together.

Our STP - 5 Year 'plan on a page'

TRIPLE AIM – BETTER HEALTH, BETTER CARE, LOWER COSTS



So...what will it mean for me?

If we can get this right, you should feel that

- ✓ Your care is designed for you and your needs
- ✓ Your care is provided in the most appropriate place, with whoever is the best person or organisation leading it
- ✓ You have greater access to high quality community- based rather than hospital - based services, where that's most appropriate for you
- ✓ You can easily access a GP, who provides you with consistently high quality care
- ✓ There is a greater focus on helping you to stay independent in your home and in your community for as long as is right for you
- ✓ If you have a long term condition, or a condition that can be managed at home, you feel supported and able to do that
- ✓ If you are admitted to hospital in an emergency, your care is high quality and seamlessly co-ordinated, so you are seen by the right people at the right time, receive the treatment you need and are able to return home quickly and safely, with the right support in place
- ✓ that there is a greater focus on your health and wellbeing as a whole



Where can I find out more?

You can read the full STP submission on the Birmingham City Council website – www.birmingham.gov.uk/stp

This will give you more detailed information about all of the work that is underway.

Please remember that the submission is a draft plan – no decisions have been made about the way that services are provided. The draft STP sets out our current thinking about the kinds of changes that we are going to have to make.

We want to know what you think, so if you have any comments on the draft plan you can email BsolSTP@nhs.net

Over the coming months, each partner within the STP will be organising engagement events about their particular area of work, and we will let you know when these will be.

We would value your opinion

Having heard our thoughts so far:

- **What would you want to say to people leading this to help us get it right?**
- **Do you think there is a role for the Council of Faiths? If so, what might that be?**