

Sustainability and  
Transformation Plan for  
Bristol, North Somerset  
and South Gloucestershire  
A summary for local people

2016

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The BNSSG STP is a collaboration between the health and care organisations across BNSSG. Bristol Clinical Commissioning Group, South Gloucestershire Clinical Commissioning Group, North Somerset Clinical Commissioning Group, NHS England (for primary care and specialised commissioning), Bristol City Council, North Somerset Council, South Gloucestershire Council, Avon & Wiltshire Mental Health Partnership NHS Trust, Bristol Community Health, North Bristol NHS Trust, North Somerset Community Partnership, Sirona care & health, South Western Ambulance Service NHS Foundation Trust, University Hospitals Bristol NHS Foundation Trust, Weston Area Health NHS Trust.



# WHAT IS THE SUSTAINABILITY AND TRANSFORMATION PLAN?

The Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Plan (STP) sets out a vision of future health and social care for our population for the next five years.

It has been developed by the health and social care community bringing together the leaders of our hospitals, community providers, commissioners and GPs, ambulance service and mental health NHS organisations and the local authorities.

The aim of the Bristol, North Somerset and South Gloucestershire STP is to design a health and care service which is able to deliver care for local people that is affordable, and can be sustained, for years to come.

Demands on the NHS are increasing and we are no longer able to continue delivering health and care in the same way and still meet those needs.

Our services are better than ever and people are living longer with more complex health conditions, such as diabetes or dementia, and these conditions need to be carefully managed, sometimes for decades.

The cost of care is also increasing and sometimes the way we deliver care is not the most efficient. We also know that the availability of services can vary depending on where you live and which organisation provides your care, and we want to change this.

## Our Key Priorities

### Empowerment

- Individuals can look after their health and long term wellbeing preventing illness, and know where and how to find the information, tools and resources to stay well.
- Individuals with long term conditions have the confidence to manage their condition independently and know where to go to get help when needed.

### Equity

- Every resident in Bristol, North Somerset and South Gloucestershire can access services based on need and not location.

### Balance

- Our health and social care service is affordable for the long term and can meet the needs of the population.

### Partnership

- The health and social care system works together, with both mental and physical health needs being recognised equally.
- Care is centred around the patient and not restricted by organisational or geographical boundaries.

# WHY DO WE NEED TO DO THIS?

# 2

## Growing, ageing population

The population of Bristol, North Somerset and South Gloucestershire is due to grow significantly in the next few years, with a large increase in people aged over 75. This will add more pressure to our health and social care services which are already struggling to meet demand.

We also know that as people live longer they are more likely to develop one or more long term conditions, such as cancer, diabetes, and heart disease. And over the next 12 years the number of people over 65 with dementia is expected to increase in males by 49% and 32% in females.

## Avoidable illness

We see an increasing number of conditions linked to people smoking, excessive alcohol consumption and poor diets all of which can be prevented.

Around one in six people in Bristol, North Somerset and South Gloucestershire live in some of the most deprived areas of England; this has an impact on life expectancy.

Men living in the most deprived areas die eight years earlier and women six years earlier.

The most common causes of death amongst those living in the most deprived areas are heart, stroke and breathing diseases, cancer and digestive disorders. People with severe mental illnesses will also die on average 20 years earlier than the general population. People with these conditions are more likely to end up being admitted to hospital for an extended period leading to a loss of independence.

## Pressure on services

NHS and social care services are struggling to keep pace with the changing and growing needs of the population.

The number of people treated in A&E, being assessed by a consultant, having an operation or receiving tests is rising faster than the growth of the

population. As a result services are finding it tougher to meet demand.

Local authorities are also under pressure and are struggling to provide the care required to keep elderly and vulnerable people living independently at home. As a result more people are going into hospitals, and they are finding it increasingly difficult to find enough beds to accommodate these patients – meaning they are often forced to cancel planned appointments and operations - and cannot discharge those who no longer need hospital care.

Another pressure is that we cannot recruit enough doctors, nurses and carers.

## Organisation of services

We have a confusing health care system that is disjointed; we have three hospitals, three community providers, 99 GP practices, three separate NHS organisations commissioning health care, mental health providers and three local authorities. This can create inefficiencies, duplication and variation and a complicated puzzle of services for patients and staff to navigate.

## Overspending

Already, our local NHS organisations are overspent by around £72m, while local authority budgets are expected to reduce by 35% over the next four years. If demand for services continues to grow in the way we expect, the existing £72m gap will grow bigger and in five years' time will be hundreds of millions of pounds.

**Our position at the moment is not sustainable. Health and care organisations and the public need to work together and start thinking differently about the way in which services are organised and operated and our approach to local health needs.**

**We all have to think responsibly about how we use services, and how we organise services to meet the needs of our population.**



A summary for local people

# A SNAPSHOT OF THE HEALTH AND CARE SYSTEM IN BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE



**Population of nearly 1 million** across Bristol, North Somerset and South Gloucestershire.



The population is **projected to grow by 43,000** by 2021. 15.9% growth in 74-84 year olds & 17.6% growth in those aged over 85.



Every year we spend nearly **£1.5 billion** on local health services.



**In 2015/16 local NHS was £72 million in deficit** which is set to grow to +£300million by 2020/22 if we don't change.



**Demand for GP services rose by 13%** between 2008 and 2013/14.



Local NHS successfully sees and treats **1000s of patients** every day.



**90%** of consultations occur in **primary care**, which includes GPs, pharmacists and dentists.



**Consultations with nurses rose by 8%** and with other professionals in primary care including pharmacists, grew by 18% in the same period.



**22%** of the population are **obese** and **61%** are **overweight**.



**19.1%** of the BNSSG primary care workforce is now **over 55 years of age**, which means we need to recruit and retain more GPs, pharmacists and dentists.



## WHAT YOU TOLD US

We have begun to describe our approach to this challenge, starting with what you told us is important to you.

Bringing together your feedback from public engagement activities, local surveys and local health scrutiny committees, and information collated from 'friends and family' test data, patient complaints and Care Quality Commission reports we can identify key themes.

### The key themes which we hear consistently include:

- You want understandable information for both services users and their families and carers.
- Professionals and organisations should be better at sharing information so that people don't have to negotiate organisational boundaries or have their needs assessed multiple times by different professionals.
- You want help understanding and navigating the 'system' and want to be kept informed from the outset about what you should expect during your health care journey.
- Self-care and self-management plans need to be arranged around the needs of the individual. Families and carers are also central to the success of self-care, and it is important we keep them informed.
- Services should be provided as locally as possible and access to GPs should be improved.
- Transport to hospital is a key issue especially for those living in rural areas.
- Access to health services is sometimes particularly challenging for people with disabilities.
- A key area of feedback centres around people's experience of discharge from hospital, this is a time when people feel that issues often arise.

# HOW ARE WE GOING TO DO THIS?

# 4

Our focus will switch from treating illness to keeping people well.

In the future, it will be easier for people to receive good quality information about health and health services. They will be able to choose how to receive this information just like in other areas of life. For example printed leaflets, email, video, apps or podcasts.

When people need care they will get a consistent response regardless of whether they have looked on the internet, called 111, gone to their pharmacist or had an appointment with their GP.

Services will focus care around people, and not geographical boundaries, individual clinical conditions or organisations.

The quality of care and speed of access will be the same for mental health needs as for physical health needs.

We will do less organisation or condition-specific assessments, and have access to shared information so we can build on the work done by other teams, rather than duplicating the work done by others.

Primary and community care will be arranged around where people live, linking closely with charities and local groups.

When people need specialist care, they will be able to access staff with this expert knowledge, working together in the same hospital. Research and expertise will be developed so people get the best possible care.

**People will continue to live longer and they may continue to have long term conditions. However, expectations will be challenged. People will be asked to consider what is important to them as an individual to enable them to achieve their health and wellbeing goals.**





## OUR PRIORITIES

# 5

### Preventing illness and injury

We want to support local people to lead healthier lives and avoid getting preventable illnesses and injuries. We will make it the business of everyone working in health and social care to consider how they can give people the best chance at a healthy, independent, active life.

We will improve our links with the voluntary sector, local charities and groups which empower people to take more responsibility for their health. We will embed a shared set of preventative health objectives across all organisations which create a consistent network of advice and support, and help to reduce inequalities between the healthiest and least healthy communities.

### Providing care closer to home

We want to provide easier access to care and care closer to home, making services more adaptable to people's needs, with more support in the community, and better use of technology. We believe people shouldn't always need to attend a large hospital to see a consultant or other specialist, so we will work together to bring these skills into the local community. We want to enhance the teams in GP practices with new roles, such as practice-based pharmacists and physiotherapists, as well as health coaches, leaving our GPs to handle the most complex cases. We also want to make it easier for people to get advice when they need it.

Many people, particularly the elderly, stay in hospital longer than is medically necessary so we want to provide much more hands-on specialist care to help people return home quicker, regaining their mobility, confidence and independence. That means nurses, doctors, social workers, therapists, pharmacists, families, and patients, working together and maximising the quality of care.

### Personalised care

We need to care for the person, not the "patient", creating a truly collaborative system of care in which the person is at the centre. We want care to be better coordinated with teams of physical and mental health professionals working flexibly to meet individuals needs. We need to join up access to individuals' information (with consent) so that all those involved in planning, managing and providing care understand their needs, their history, and what is important to them. And for those who are living with multiple complex conditions, we will increase access to specialist complex care support which will help them to navigate services and remain out of hospital.

Hospital should be the last resort, and if you are admitted we want to get you home as quickly and safely as possible.



# WHAT DOES THIS LOOK LIKE?

## STEVE'S STORY

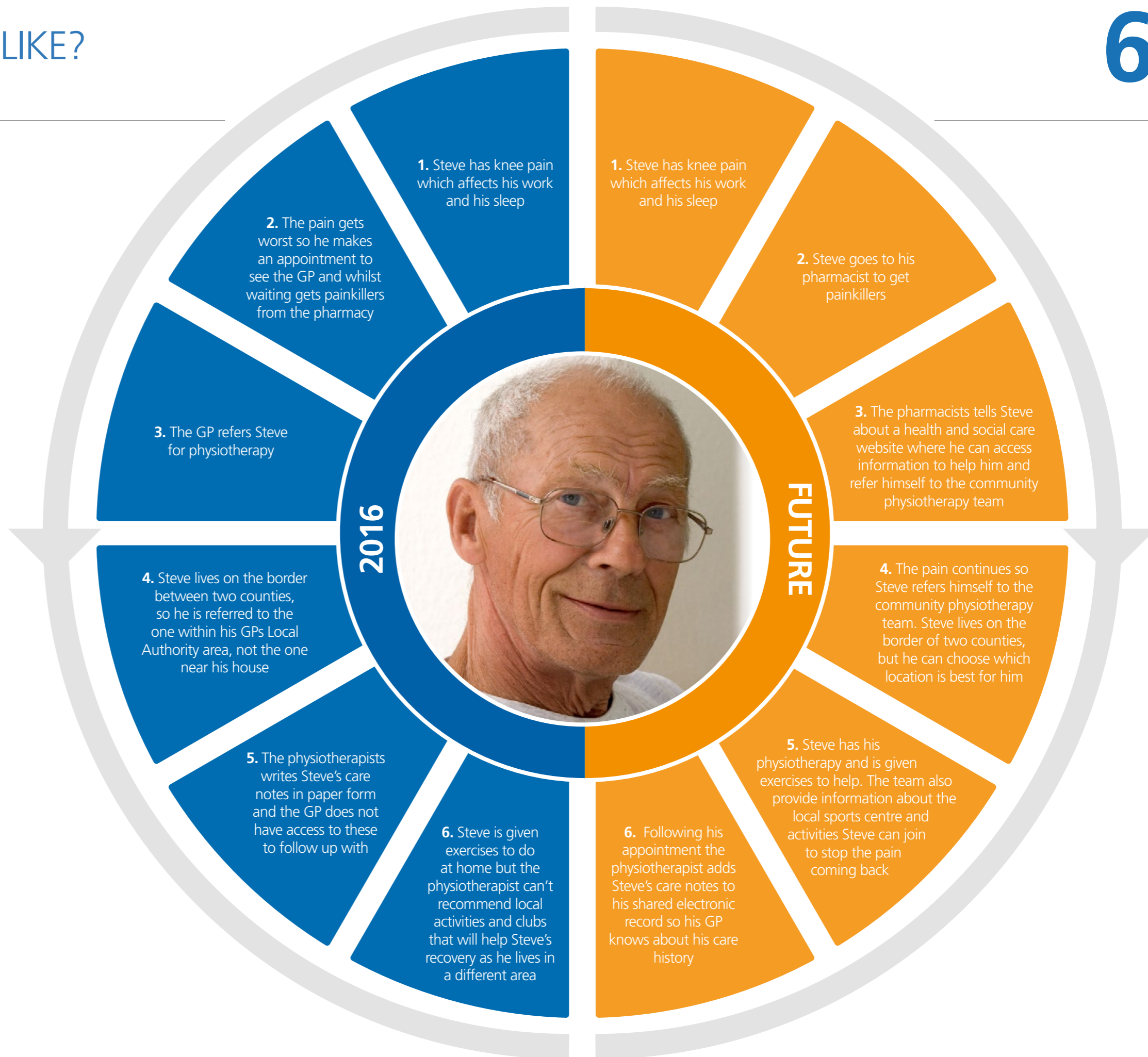
Steve's story illustrates the complexity within the Bristol, North Somerset and South Gloucestershire health and social care system.

Knee pain, is one example of over 200 musculoskeletal (MSK) conditions. These conditions include injury or disorder that affects the human body's movement; it can include problems with muscles, tendons, ligaments, nerves and discs. These conditions affecting millions of adults and children in the UK and include all forms of arthritis, back pain and osteoporosis. They are the most commonly reported type of work related illnesses and make up 1 in 4 of all GP consultations. They can limit daily activity and impact on quality of life for many individuals, however there is limited information available to empower individuals to manage the condition themselves.

Depending on where you live within Bristol, North Somerset and South Gloucestershire access to services is variable and people have to wait longer than they should to access treatment.

Due to rising demand the local NHS is paying the private sector to carry out orthopaedic operations because the hospitals are not arranged in the most efficient way to be able to deliver them. There is also a difficulty in recruiting and retaining staff.

We want to change this, in the future it will be easier for people to access the information they need to manage their condition, refer themselves to community services and get the support they need faster and it won't matter which area you live in.



# HOW CAN I GET INVOLVED AND FIND OUT MORE?

# 7

We are inviting you to get involved in the ongoing development of the Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Plan. The publication of the draft STP is your chance to get involved at this early stage. Your feedback is important.

We don't yet have all the answers but this is the start of a conversation to develop the plan with your input.

You can find our STP documents online at:

[www.bristolccg.nhs.uk](http://www.bristolccg.nhs.uk)

[www.northsomersetccg.nhs.uk](http://www.northsomersetccg.nhs.uk)

[www.southgloucestershireccg.nhs.uk](http://www.southgloucestershireccg.nhs.uk)

The plan brings together a few projects which have been under development for some time, whilst others are yet to be formulated or started. For projects which are already underway we will continue our engagement with the people and patients who have been involved and widen participation as more people express an interest. For projects which are not yet started we will be looking to involve people from the start in developing the ideas and plans.

We strongly believe in co-production, we can't achieve our vision without your help. The real engagement will come when we start to get to the detail of these individual projects and programmes. If you are interested in a specific topic then it would be helpful for you to let us know so we can involve you from the start.

You can register your interest by emailing us at [bnssg.stp@nhs.net](mailto:bnssg.stp@nhs.net) and we will contact you in due course.

We look forward to working with you on the ongoing development of our plans so that together we can find long term solutions to ensure a sustainable health and social care system that meets your needs and your family's, for years to come.





For further copies of this document or if you would like it in another format, please contact one of the Clinical Commissioning Groups below:

**Bristol Clinical Commissioning Group**

South Plaza, Marlborough Street  
Bristol, BS1 3NX  
Telephone: 0117 976 6600  
[www.bristolccg.nhs.uk](http://www.bristolccg.nhs.uk)

**North Somerset Clinical Commissioning Group**

Castlewood  
Clevedon, BS21 6FW  
Telephone: 01275 546702  
[www.northsomersetccg.nhs.uk](http://www.northsomersetccg.nhs.uk)

**South Gloucestershire Clinical Commissioning Group**

Corum 2, Corum Office Park, Crown Way,  
Warmley, South Gloucestershire BS30 8FJ  
Telephone: 0117 947 4400  
[www.southgloucestershireccg.nhs.uk](http://www.southgloucestershireccg.nhs.uk)