

Section

2

About Bury

Transforming
Health and Social
Care in Bury

Our plan
2017-2021

**Building
new
relationships**



**Staying
well
for longer**



**Reducing
failure
demand**



**Tackling
wider
determinants**





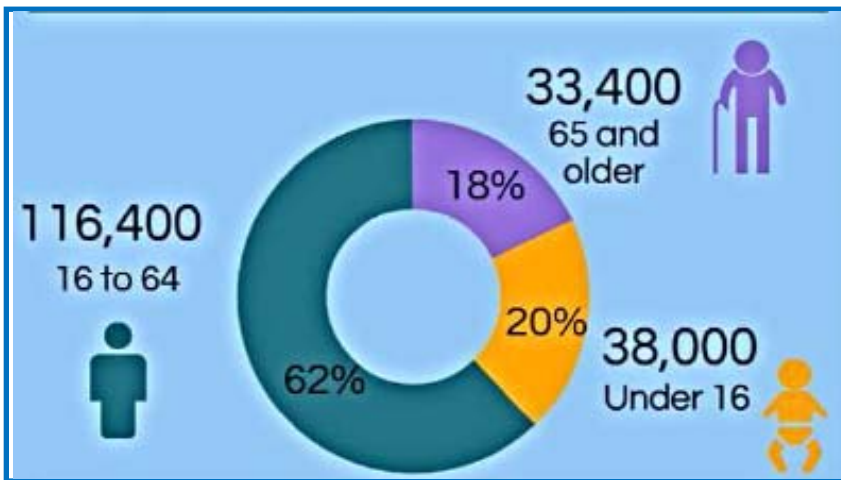
Section 2

Understanding Bury

Our population: Demographics

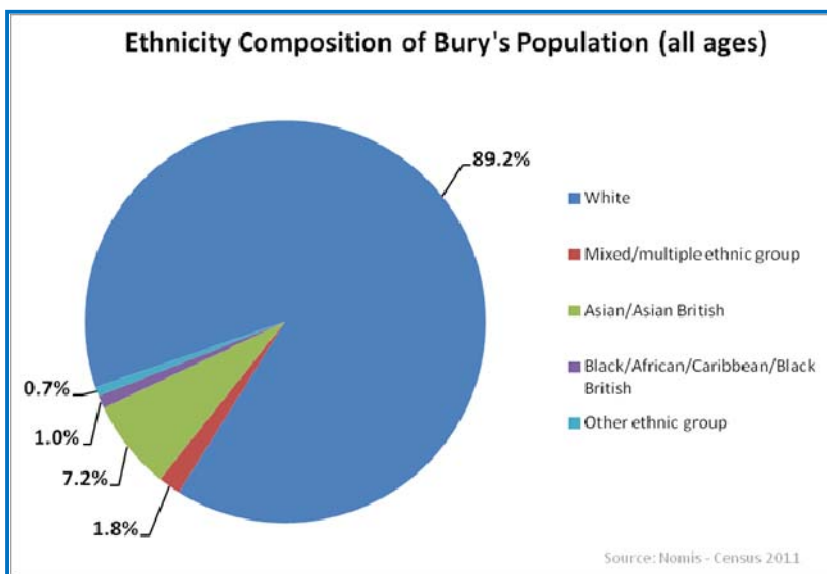
“Our 65+ population will increase by 9.5% by 2021”

The population of Bury is currently 187,900 and can be broken down as follows.



- By 2021, the Bury population is projected to increase by 3.4% to 194,400.
- Over the same time period, the 65+ population is due to increase by 9.5% from 33,410 to 36,600.

In terms of ethnicity, Bury can be broken down as follows:



Further details about the Bury population can be found on the Bury Joint Strategic Needs Assessment website - www.theburyjsna.co.uk/kb5/bury/jsna/home.page



Our population: Poverty and deprivation

“Around 11,000 people live in areas ranked the most 10% deprived”

According to the 2015 Indices of Multiple Deprivation, Bury is the 144th most deprived local authority area of the UK, out of a total of 326 areas.

However, Bury is a very diverse area in terms of deprivation with almost 11,000 local people living within areas that rank amongst the 10% most deprived areas in England, and others living in parts of Bury that are amongst the least deprived in England.

In terms of poverty and deprivation:

- Approximately 7,000 Children and Young People live in poverty.
- Approximately 15,600 Adults claim out of work benefits.

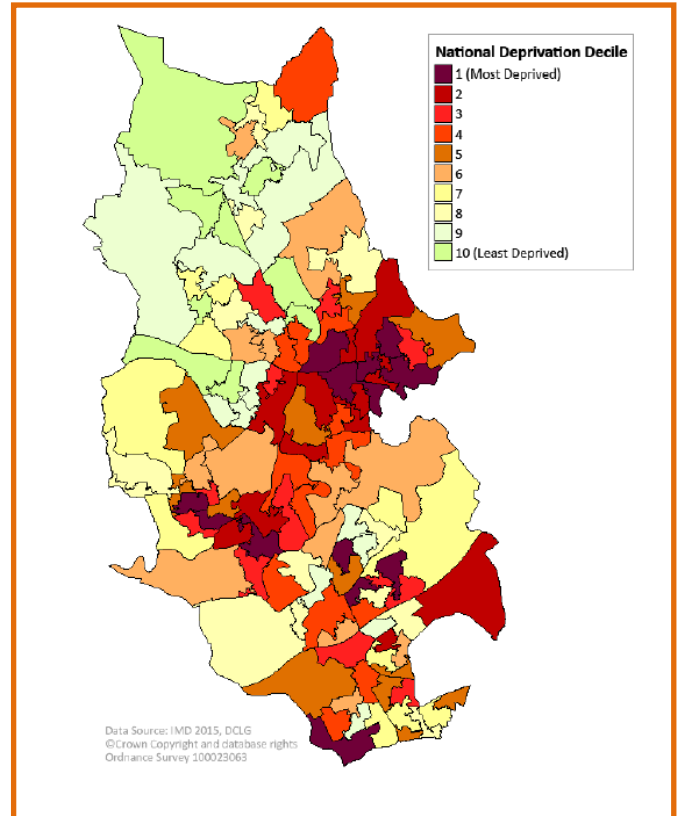
Some areas of Bury experience very high levels of deprivation and this directly impacts on Healthy Life Expectancy which falls as low as 53.1 years for Males and 54.2 years for Females in our most deprived communities.

Our approach will focus on how we can support those with the greatest levels of need and who experience the greatest health inequalities.

This will include the most deprived communities in Bury, and will also focus upon the needs of those with ‘protected characteristics’ under the Equality Act 2010, where these contribute to health inequality.

In addition, whilst not specifically identified as protected characteristics by law, we will also place a specific emphasis on the health needs of:

- Carers
- Young adults who have been in the care system
- Veterans



“Healthy life expectancy is as low as 53.1 (male) and 54.2 (female) in the most deprived areas”



The Scale of Demand for Health and Social Care Services

As an indication of the scale of demand within the Health and Social Care system in Bury:

- In 2016/17 approximately £373million will be spent on Health and Social Care across Bury, which will increase to £470million by 2020/21 if we do nothing.
- Over the past 12 months, approximately 114,000 local people have accessed a Health or Social Care service on at least one occasion.
- On an average day:
 - Over 4,000 GP appointments are offered across Bury.
 - There are 182 A&E attendances, 54 unplanned admissions, and 683 outpatient appointments involving Bury residents
- In 2015/16, 4440 people received Adult Social Care support.
- It is estimated that approximately 43,200 local people have at least one Long Term Condition.
- It is estimated that almost 3,500 local people have a Learning Disability.
- Approximately 19,400 local people provide unpaid care, and almost 5,000 of them provide more than 50 hours a week of care to a loved one, friend or neighbour.
- There have been over 2000 referrals to Children’s Social Care over the past 12 months.
- Over 1,700 children and young people are open to Children’s Social Care, of whom 326 have a disability.
- 258 children from Bury are currently in Out of Borough Placements due to their specific Education or Personal needs.
- More than 1 in 3 children in Bury at not considered ‘school-ready’ at the age of 5.

“Almost £400 million spent on health and social care last year”

“40,000+ people with at least one long term condition”

“1 in 3 not school-ready at age 5”

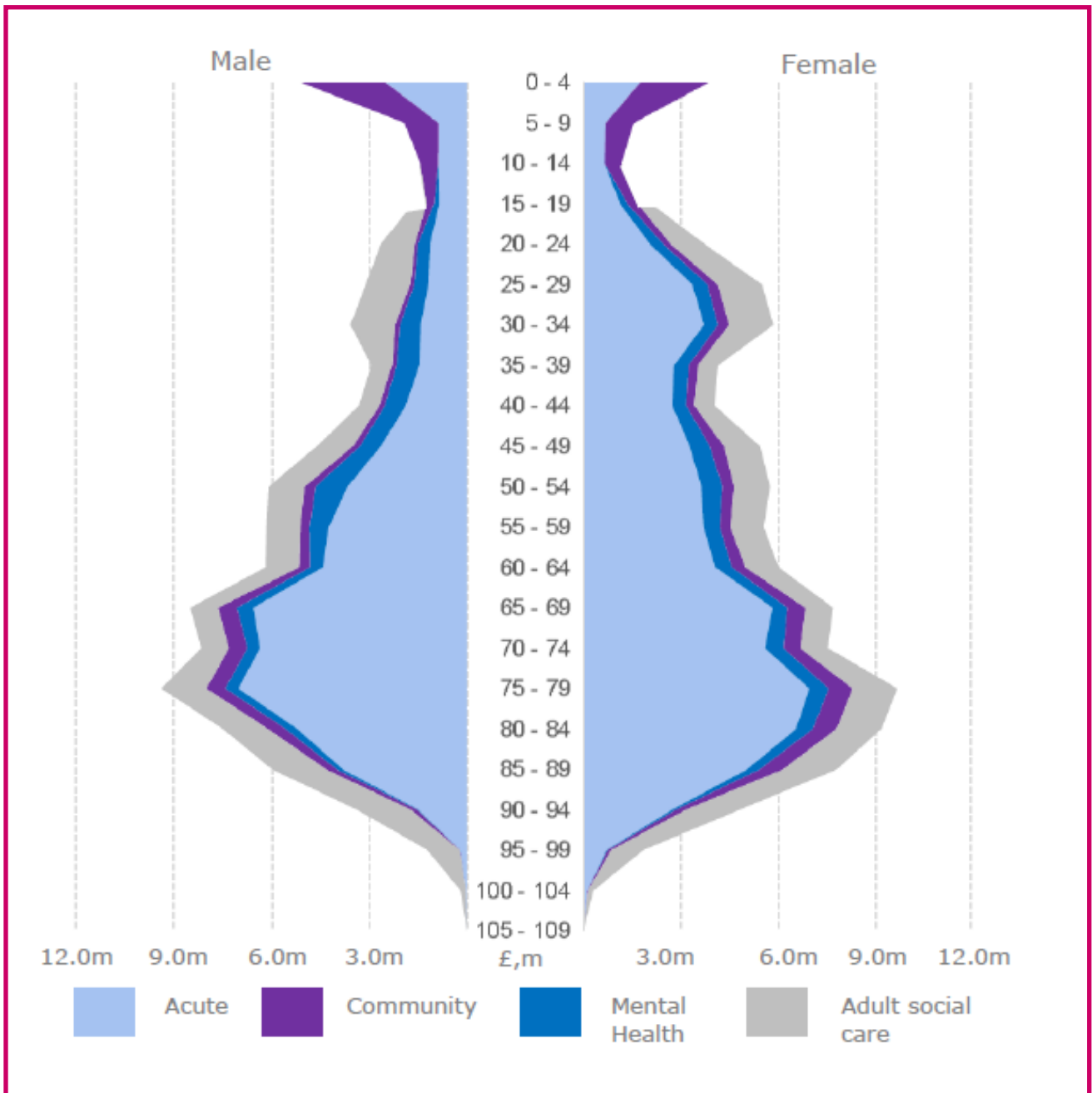




The Nature of Demand for Health and Social Care Services

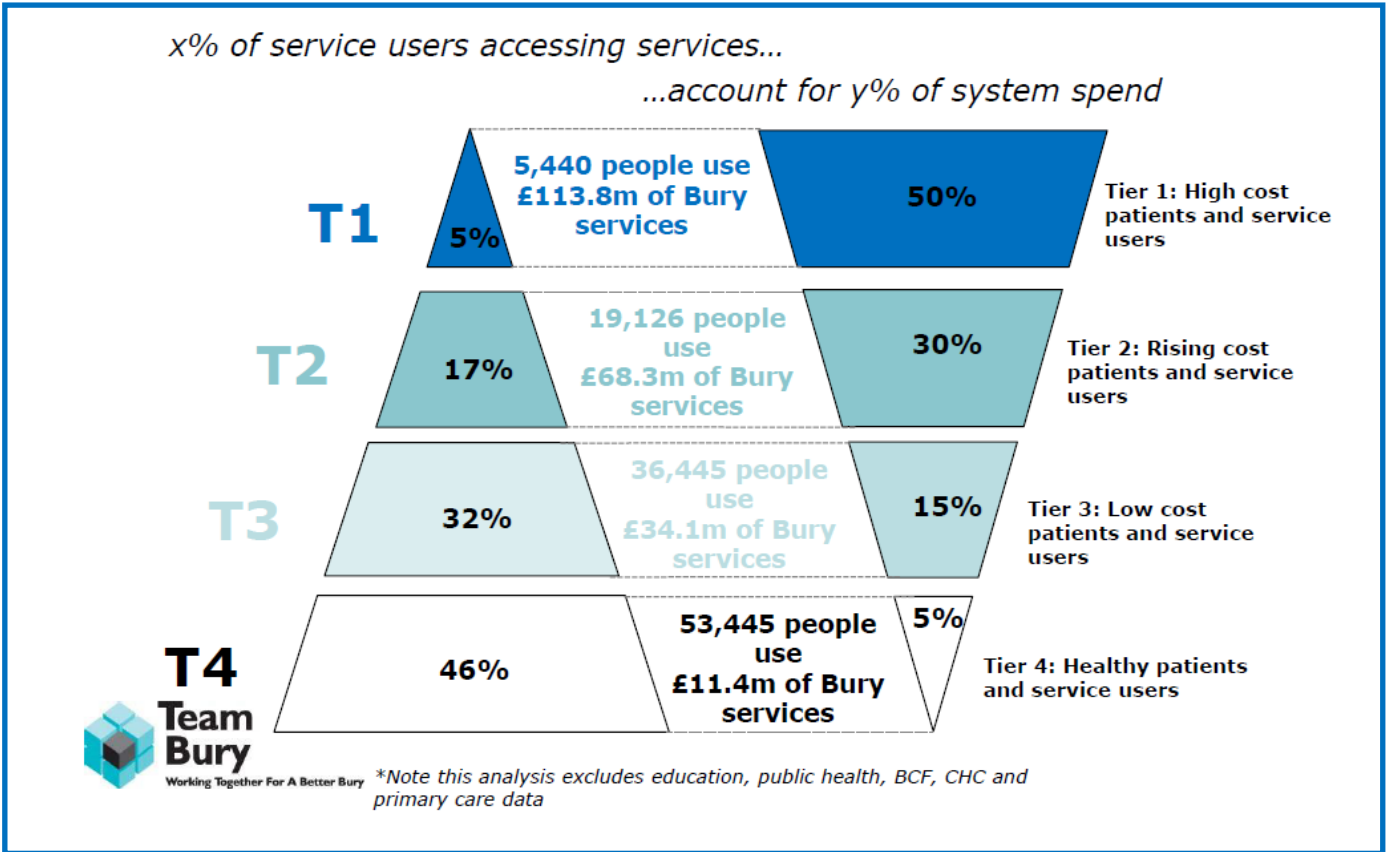
Demand, and associated cost, is not spread evenly across the population, and some cohorts generate significantly greater demand than others.

The following chart shows how system expenditure on Acute Services, Community Services, Mental Health and Adult Social Care varies by gender and age, with a significant increase between the ages of 65 and 85.





A small proportion of our population use a disproportionate level of services:



The individuals who have the greatest levels of need and, therefore, generate the greatest demand are primarily aged 65+ and/or have 1 or more Long Term Condition. The Long Term Conditions which are most prevalent within high demand cohorts are:

- Hypertension
- Cancer
- Coronary Heart Disease (CHD)
- Diabetes
- Chronic Obstructive Pulmonary Disease (COPD)
- Chronic Kidney Disease (CKD)
- Mental Health (including Dementia)

“Greatest need and greatest demand primarily 65+ with one or more long term conditions”

In order to reduce demand we will provide better quality joined up care to those who need it the most, whilst preventing others from entering these high demand / high cost cohorts, and reducing the prevalence of the most common Long Term Conditions through early intervention and prevention.



Our local challenges

The challenges we face as a Health and Social Care system are significant and complex and can be summarised as:

- The Scale of Illness
- Health Inequalities
- Financial Sustainability
- Service Pressures
- The Changing Nature of Demand

“Life expectancy significantly lower than national average”

The Scale of illness

Healthy Life Expectancy in Bury is significantly lower than the national average – people in Bury become ill far earlier than they should do. This creates avoidable demand within the system and reduces the investment that is available for prevention.

“People become ill earlier than they should do”

We have an increasing older population leading to a greater prevalence of age-related illness and an increase in the numbers of local people with multiple Long Term Conditions.

There are a number of working age adults, and families, who are trapped in chaotic lifestyles and who are dependent on Public Services.

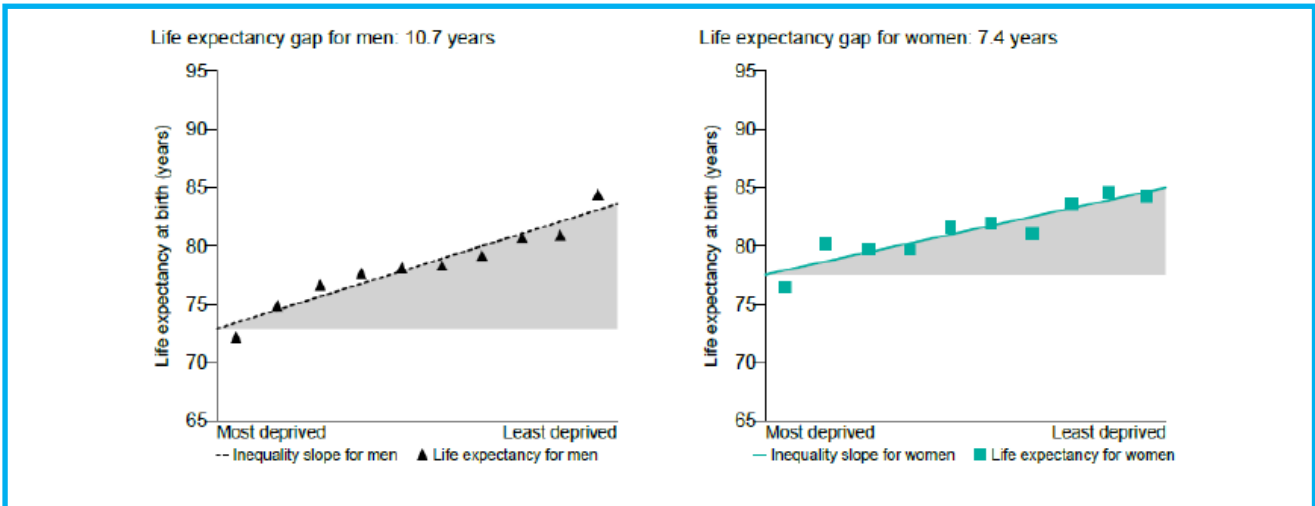




Health Inequalities

Health in Bury correlates with levels of deprivation.

The most affluent areas tend to have the best health, and the most deprived areas often have the worst health.



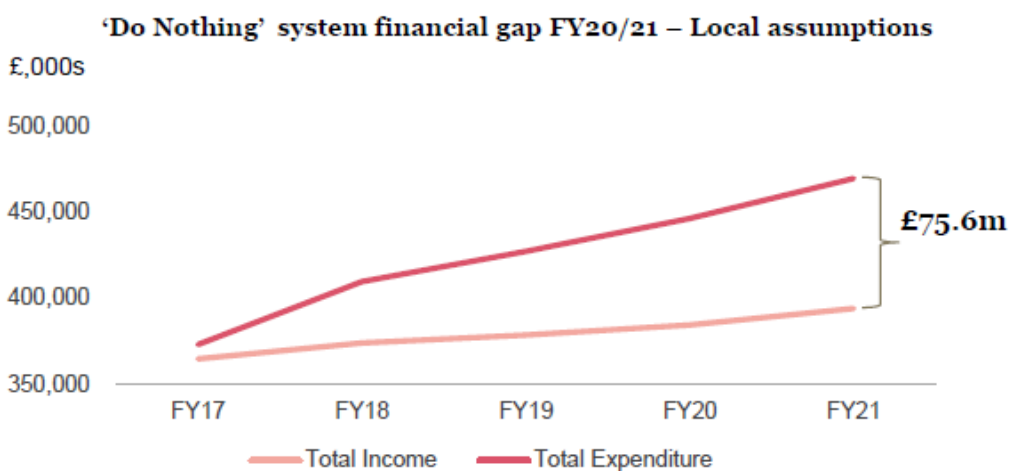
The Life Expectancy gap between those who live in the most affluent areas of Bury compared to the most Deprived currently stands at 10.7 years for male and 7.4 years for females.

Financial Sustainability

If we do nothing to transform Health and Social Care then we will have a system-wide financial gap on £75.6million by 2020/21.

“If we do nothing...

We will have a £75.6 million financial gap by 2020/21”





A gap of this scale, representing 19.2% of the system budget by 2020/21, would have a catastrophic impact in terms of services and outcomes for local people.

This gap is primarily driven by a combination of Government cuts to Local Government funding, increased demand for services, and the systemic underfunding of Health and Social Care in Bury when compared to other similar areas.

Service Pressures

A number of core services within our Health and Social Care system are experiencing critical challenges in terms of being able to function effectively.

The existing level of demand currently places unsustainable pressure on these services, and directly impacts upon the staff who work within them, and the local people who receive them.

The projected future increases in demand could lead to these services ceasing to function effectively, leading to an adverse impact on those who depend on them.

These pressures are felt across the entire system, but are particularly acute in relation to General Practice, Hospital services, Adult Social Care, Community Health Services, Mental Health, and Children’s Social Care.

“Some of our care services are experiencing critical challenges”

The Changing Nature of Demand

The nature of demand within the Health and Social Care system, is changing and the reasons for this are multiple and complex.

One example is the change in the continuing increase in life expectancy and the associated ageing population. This is a good news story, but fundamentally challenges the way in which the current system is designed due to the significantly increased prevalence of age-related illnesses and multiple-long term conditions. The system needs radical transformation to respond to these changes.





Our local assets

We are committed to taking an asset-based approach to transforming Health and Social Care, and addressing the challenges that impact upon the current system. We are fortunate to be commencing this journey from an asset-rich position and our key assets include:

- Our communities
- Our environment
- Our workforce (Including volunteers and the Voluntary Sector)
- Systems approach and systems leadership
- Our track record

“We have a track record of improving services and improving outcomes for people”

Our Communities

Our communities provide a wealth of knowledge, skills, experience, commitment and resource. We will invest in mobilising these in order to maximise the impact that local communities have on the health of local people.

Our Environment

Bury is an asset-rich physical environment with a wide range of physical assets, many high quality facilities, vibrant town centres, high quality parks and green spaces.

Our Workforce

Our workforce (including volunteers, the Voluntary Sector and unpaid carers) is skilled, knowledgeable and passionate. We will build upon this, and will seek to invest in ensuring our workforce has the competencies to work within our transformed health and social care system.

Systems Approach and Systems Leadership

We are already building upon strong partnership arrangements, and implementing a model of systems thinking and systems leadership as the bedrock of our wider approach to Public Service Reform. We will continue to build upon this across our entire system as the basis for establishing and normalising new and innovative ways of working, across Bury and in local neighbourhoods.

Our Track Record

Whilst the scale of this transformation is unprecedented, we have a track record of transforming and improving public services, improving outcomes for local people, and making significant savings. We will harness this experience as we seek to be even more ambitious and ground-breaking in our approach to transforming Health and Social Care.