

SYSTEM GAPS

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We are asking local systems first to focus on creating an overall local vision, and the three overarching questions:

- 1. How will you close the health and wellbeing gap?*
- 2. How will you drive transformation to close the care and quality gap?*
- 3. How will you close the finance and efficiency gap?*”

Demographic Context

Birmingham and Solihull have a total population of c1.3m people. Both have areas of affluence and areas of significant deprivation. Over 1.1 million people live in Birmingham and 205,000 in Solihull.

Summary of key demographics:

Birmingham is a young city (46% of the population are under 30)

Solihull has an ageing population (19% of the population are over 65, 13% in Birmingham)

Birmingham is a diverse city (42% of residents come from an ethnic group other than white)

Solihull has increasing diversity (11% of the population 15% of the under 15s)

Birmingham is a growing city linked in part to migration (9.9% increase since 2004, Solihull has increased by 3.6% since 2001)

Solihull has a prosperity gap reflected in the 10 year life expectancy gap between its wards

Other key facts:

75% of the Birmingham adult population owns a smart phone (highest coverage in Europe)

Solihull hosts significant economic hubs for the footprint – NEC, Land Rover, Birmingham Airport, and the future HS2 hub – currently drawing in 85,000 workers daily.

Birmingham hosts five universities.

HEALTH AND WELLBEING GAP

Scale of Gap

Vulnerable Groups & Communities

440,000 (~40% of the footprint population) live in the “bottom 10%” most deprived areas across the footprint. Within this population:

- There is a life expectancy gap –Birmingham live 7.6 less years, men in Solihull 10.7, women in Birmingham 6.2, Women in Solihull 9.7
- 1 in 3 children live in poverty
- 3x more likely to have a mental health condition, be admitted for ambulatory sensitive conditions, or die from conditions amenable to healthcare

Maternity & Early Years & Children & Young People

- Birmingham is an outlier for A&E Attendances (0-4 years) - National outlier for infant mortality
- Obesity: 38% of children aged 10-11 were classified overweight or obese in 2014/15, worst quartile (national average 34%)
- Birmingham & Solihull are outliers in family homelessness

Employment & Health

- 59,000 on Employment Support Allowance – (4.5% BSol population, compared to 3.7% national average)
 - 49% with Mental Health problem, 14% musculoskeletal
- Only 1% (Birmingham) and 3% (Solihull) of supported adults with LD in paid employment (national average 7%)
- Only 6% of people with serious mental illness (on Care Programme Approach) recorded as employed

System factors

- Outlier for hospital admissions for fall injuries: there were 2,363 injuries from falls in people aged 65 and over per 100,000 population in 2014/15, worst quartile (national average 2,000 per 100,000)
- Deaths in hospital: 54% of deaths to place in hospital in Q1 of 15/16, worst quartile (National average 47%)
- Primary care variation (See Care Quality gap)

CARE AND QUALITY GAP

Priority area	Areas requiring improvement	Planned activity
Primary care	<ul style="list-style-type: none"> • BSol is second lowest in country for GPs and nurses per thousand of the population • Nearly 1 in 4 of current GPs are over 55 • 27% Primary Medical Services in footprint Requiring Improvement or Inadequate (national average for footprints is 13%) 	
HEFT	<ul style="list-style-type: none"> • Medical Care including older persons • Maternity and gynaecology • Outpatients and diagnostic imaging • Urgent and emergency care services • Children’s and young people 	Recovery plan in place and being implemented
Royal Orthopaedic Hospital	<ul style="list-style-type: none"> • Intensive / critical care • Outpatient and diagnostics 	Recovery plan in place and being implemented
BCC Children’s Service	<ul style="list-style-type: none"> • Long term ongoing issues with safeguarding 	Recovery plan in place and being implemented
Adult social care provision	<ul style="list-style-type: none"> • Long term issues with quality requiring improvement 	New dialogue with providers in Bham commenced

FINANCE GAP

2016/17

System faces **in year gap of c£18m in 2016/17**

This is driven by primarily by the pressures in Adult Social Care, the majority of which is as a result of BCC's situation, but there are emerging pressures in the commissioning and provider sides of the NHS

2020/21

Given no change in current spending trends, **the financial gap in 2020/1 will grow to c£713m**

Assuming we are able to deliver all currently planned savings right across the system, we would still have a residual gap of c £191m in 2020/1

Our Summary Story / key factors

Over 40% of the Birmingham and Solihull population (440,000 people) live within the lowest 10% deprivation decile; one in three children live in poverty.

When analysis of quality issues , specifically CQC ratings , are overlaid upon this picture of deprivation it is clear that the poorest people receive the poorest health and care offer resulting in increased hospital utilisation - a vicious circle. This is further compounded by the financial position of the Birmingham City Council (and less so Solihull Metropolitan Borough Council) and available resources for social care.

In addition we have multiple different cohorts who are of sufficient size to warrant specific attention and require engagement in different ways to be effective:

- 2,500 most vulnerable

- 65,000 students

- Economic migrants and refugees

- Over 75s including those with dementia

However we also have providers of world renown within the footprint and our collective challenge is to build upon this to drive overall improvements in health and social care provision and to use as the foundation for wider engagement on and contribution to economic development for the footprint and wider Combined Authority.