

The BSol STP provides a framework for considering the challenges facing the Birmingham system:

### 1. Health and Wellbeing

The defining factors about Birmingham is that it is a **young, diverse and deprived** city, with 46% of the population under the age of 30, nearly half the population living in the bottom 10% of deprived neighbourhoods in the country (430,000 people) and 130 different languages spoken in our schools.

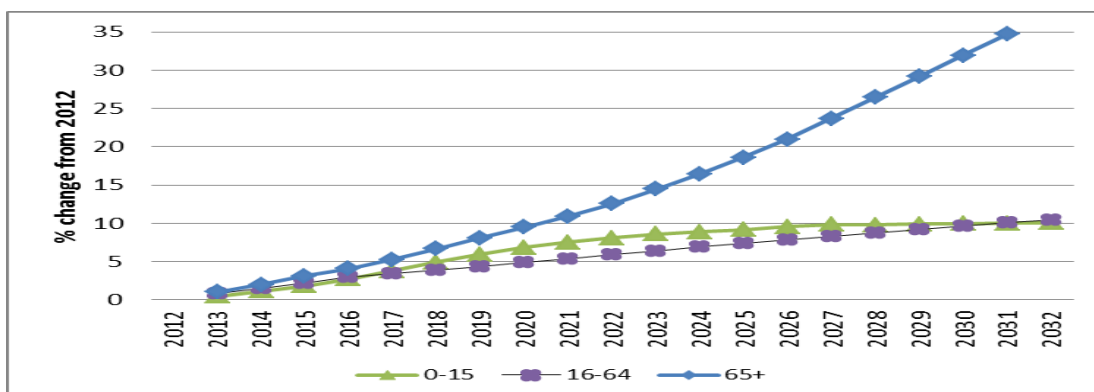
As a result of these issues we face the pressures of *responding* to and *preventing* higher than average demands for health and care in our system which manifests itself with raising attendances at A&E and failure across the system to hit performance targets in this area, and admissions for conditions not usually requiring an acute admission.

The over 65s have their own set of challenges as outlined by the Public Health England profile for older people in Birmingham when reviewed against CIPFA comparable areas:

Compared with benchmark Better Similar Worse Lower Similar Higher Not compared

Indicator	Period	England	Birmingham	1 - Leeds	2 - Bradford	3 - Sheffield	4 - Sandwell	5 - Leicester	6 - Coventry	7 - Liverpool	8 - Kirklees	9 - Nottingham	10 - Bolton	11 - Walsall	12 - Wolverhampton	13 - Oldham	14 - Derby	15 - Bristol
Supporting information - % population aged 65+	2016	17.9	13.0	15.4	14.4	16.1	15.2	11.7	14.0	14.7	17.1	11.5	16.9	17.8	16.8	15.8	16.1	13.1
0.1ii - Life expectancy at 65 (Male)	2013 - 15	18.7	17.6	17.8	17.5	18.3	17.2	16.9	18.3	16.8	18.0	16.9	17.7	17.8	17.6	17.2	17.9	18.1
0.1ii - Life expectancy at 65 (Female)	2013 - 15	21.1	20.7	20.3	20.0	20.6	19.9	20.0	20.6	19.4	20.5	20.1	19.9	20.7	20.2	19.4	21.0	20.9
Supporting information - Deprivation score (IMD 2015)	2015	21.8	37.8	26.6	33.2	27.6	34.6	33.1	28.1	41.1	24.0	36.9	28.4	30.4	33.2	30.3	27.8	27.2
Percentage of deaths in usual place of residence among people aged 65 years and over	2016	47.2	38.7	42.9	48.8	44.1	44.0	49.8	43.0	40.8	49.0	43.4	46.5	42.3	42.1	45.0	50.2	50.6
Rate of deaths from Cardiovascular Disease among people aged 65 years and over	2014 - 16	1149.2	1203.8	1304.3	1322.7	1200.0	1264.9	1408.9	1162.9	1119.4	1278.9	1338.9	1219.1	1259.7	1338.4	1365.9	1196.0	1046.7
Rate of deaths from Cancer among people aged 65 years and over	2014 - 16	1115.2	1159.8	1208.3	1160.7	1173.1	1255.8	1116.7	1152.8	1418.2	1137.9	1300.1	1165.2	1233.9	1204.3	1275.4	1157.2	1170.2
Rate of deaths from Respiratory Disease among people aged 65 years and over	2014 - 16	629.1	687.5	641.3	754.1	546.3	736.7	732.4	617.6	801.2	649.9	777.6	857.1	692.7	585.1	832.9	683.2	673.7
Dementia: Recorded prevalence (aged 65+)	Apr 2017	4.29	4.36	4.70	5.19	5.15	4.05	5.53	3.90	4.35	4.26	5.40	4.71	4.58	4.96	4.91	5.07	4.73
4.12i - Preventable sight loss - age related macular degeneration (AMD)	2015/16	114.0	113.8	126.7	120.9	148.9	121.1	152.3	107.6	141.3	132.6	69.9	111.7	65.1	98.4	120.8	41.7	111.3
4.14i - Hip fractures in people aged 65 and over	2015/16	589	633	659	540	563	654	641	602	677	632	629	644	610	710	583	538	636
4.15ii - Excess winter deaths index (single year, age 85+)	Aug 2015 - Jul 2016	17.7	6.4	12.2	5.5	21.7	15.4	17.8	17.1	20.7	16.8	28.7	11.4	23.2	8.3	23.0	14.7	21.0
4.15iv - Excess winter deaths index (3 years, age 85+)	Aug 2013 - Jul 2016	24.6	20.5	20.9	18.6	26.5	28.2	24.3	21.5	28.1	24.0	33.0	29.1	27.8	17.5	30.2	23.1	27.5

Although Birmingham has the youngest population in Europe, our under 65 years population is the fastest growing age group, with an estimated 37.4% growth in this age group between 2012-2032.

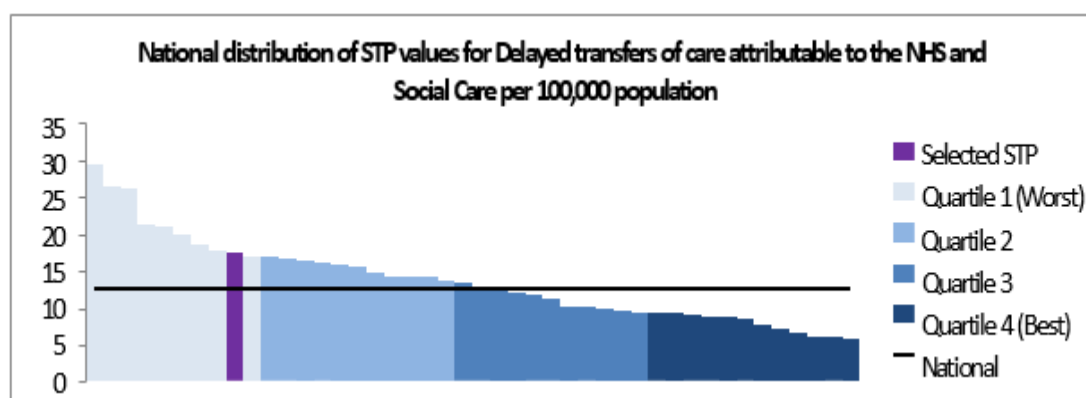


Source: Local Population Projections

## 2. Care and Quality

The greatest issues for older people become very apparent when the quality indicators measured around the interfaces of agencies are reviewed. These relate to key ‘touchpoints’ or hand-offs between the sectors e.g. primary care to the acute sector, or from the acute sector to community or social care.

- Growth in emergency attendances and admissions** (ref: 14.9 A&E delivery board dashboard);  
 Many A&E attendances and admissions are avoidable, and could have been managed by an alternative service. There is a growth in emergency admissions for ambulatory care sensitive conditions (currently 940.8 per 100,000 population).
- Poor performance on Delayed Transfers of Care:** The BSol STP is in the worst performing quartile nationally for DTOC. Several factors have been identified, including the availability of community healthcare, care home facilities (especially nursing homes), and early discharge beds. Issues related to transport, equipment provision, awaiting test results, funding discussions and service protocols are also implicated.



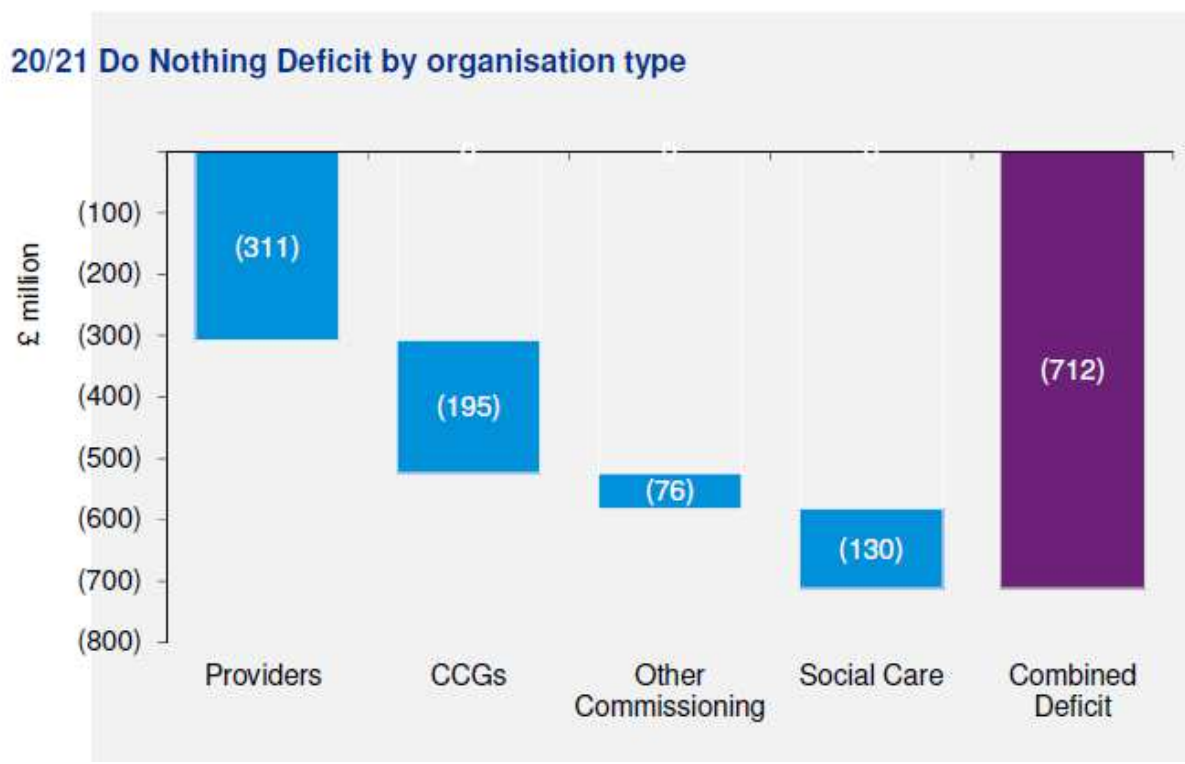
- CHC and Care Services:** There are significant challenges with available capacity as well as variability in quality of care in nursing homes and domiciliary care. (ref: 6.16 SAQ and Social care market quality).

- **Primary Care:** The BSol STP has the second lowest combined ratio of GPs and Practice Nurses per 100,000 populations (0.53).
- **Re-ablement:** Birmingham has lower rates than peer averages for adults over 65 receiving re-ablement services post hospitalisation (3%).
- **End of Life Care:** Across the LDP 53.8% patients (Q1 2015/16) died in hospital. This was in the poorest performing quartile against the national figures.

**Care Market Stability – (Ref: Market Position Statement) see Q10**

**3. Financial**

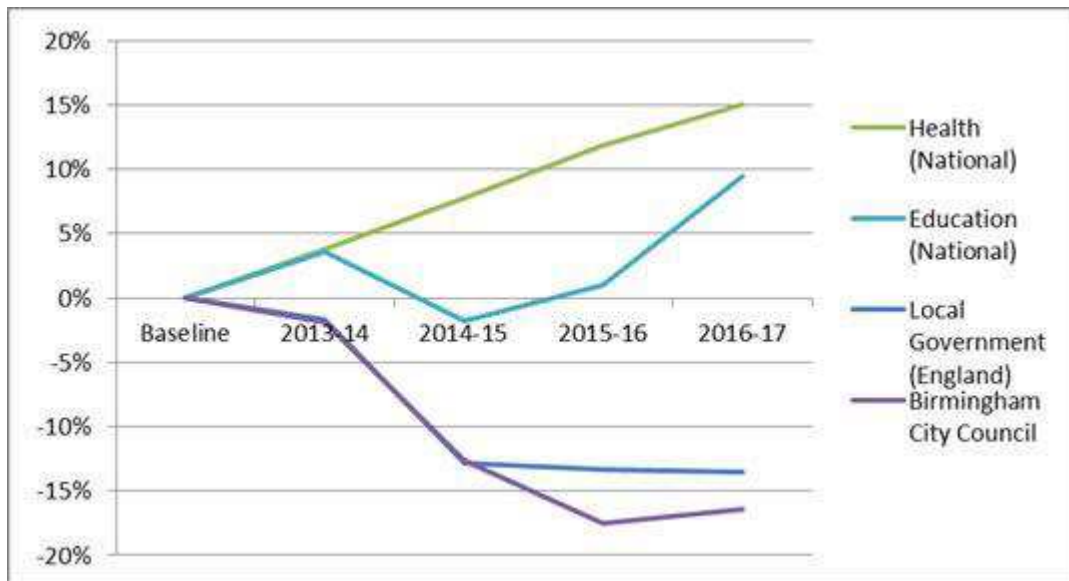
If demands continue to increase in line with projections, the health and care system will need a combined £712m to manage the increase in activity by 2020/21 (BSol STP 2016 projections). In terms of hospital beds this means an additional 450 beds would be needed to meet this demand – this is the equivalent of a new hospital.



The significant contribution to these costs will be related to increasing care needs for the ageing population.

There is a particular financial challenge with respect to local authority funding as illustrated below.

National funding changes:



We have worked as a system – particularly with respect to the use of BCF and iBCF – to mitigate the pressure that reduced funding for local authorities places on the whole system, but this should be recognised as a fundamental challenge.