Sussex
Health and Care Partnership

Sussex Health and Care Strategic Plan & Response to the NHS Long Term Plan

Brighton and Hove Health & Wellbeing Board

September 2019

Today we aim to build our understanding of and input into the development of the Partnership’s response to the Long Term Plan

AGENDA

- **Objectives and context**
- Our response to the LTP
- Approvals process
- Key / clinical priorities for place-based plans
- ICP development

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OBJECTIVES

- To *inform* on how we are **developing our response** to the Long Term Plan

- To ask you to *influence* and *shape* our **response to the Long Term Plan**

- To *develop* our thinking on the **Brighton and Hove place based** plan

As we become the Sussex Health and Care Partnership we have the exciting opportunity to set out our strategy for the next 5 years

CONTEXT

- In our journey to become the **Sussex Health and Care Partnership** we have achieved a great deal:
  - We have **reduced our deficit** & **improved our financial position**, in a background of national decline in financial performance
  - We have consistently **improved CQC ratings** across the board
  - **A&E performance has improved**, again in a context of national decline
  - We are now aiming to become an **aspirant ICS**

- We now have the opportunity to set out our **local strategy** for the next 5 years:
  - The **NHS Long Term Plan** (LTP), and **Long Term Plan Implementation Framework** sets out a 10-year practical programme of phased improvements to NHS services and outcomes, including a number of specific commitments to invest the agreed NHS five-year revenue settlement
  - We have done a **Population Health Check** to understand the needs of our local population, and written a clinically based **Health and Care Strategic Plan** to respond to the health and care priorities of our population
  - Now we have the opportunity to **align our local strategy with national priorities**

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As a system we are creating our Strategy Delivery Plan for NHSE with our locally produced Health and Care Strategic Plan as the core building block

STRUCTURE OF THE RESPONSE TO THE LONG TERM PLAN

1. Brief overview of the footprint and population need
2. Overall Health and Care Strategic model
3. Specific service changes that meet the local population need as identified in the Population Health Check, as well as responding to the commitments in the LTP. In particular this will show how Sussex will response to the foundational commitments in:
   a. **Place-based plans**
   b. Prevention
   c. Mental health
   d. Cancer
   e. Acute collaboration
   f. Other workstreams
4. ICS / ICP roadmap
5. Financial framework
6. Workforce, estates and digital delivery priorities
7. Programme structure and management for delivery

The Health and Care Strategic model plays two key roles:

- Sets out the Sussex overall intent for the strategy and forms the building blocks of local strategy development
- Sets out the themes that will carry through the rest of the document:
  - Delivery of services through neighbourhood, place, and Sussex-wide
  - Focus on prevention, the wider determinants of health, and individuals playing a greater role in managing their own health and care

* Commitments around planned care will be included within place-based contributions

The Health and Care Strategic Plan has been developed by the Clinical and Professional Cabinet to describe the future of health and care in Sussex

SUMMARY OF HEALTH AND CARE STRATEGIC PLAN INTENT

- The Health and Care Strategic Plan has been written to **respond to areas of concern raised by the Population Health Check**:
  - **Demand for health and care services is rising**, with more people living with multiple long term conditions
  - We have the **opportunity to integrate services** and provide a **coordinated end to end pathway**
  - We have an **engaged population who want to be actively involved in their care**
- The strategy aims to:
  - Strengthen the **role of prevention and address the wider determinants of health**
  - Support people to have the knowledge, skills and confidence to **self-manage and protect their own health**
  - Address the need for **responsive and flexible services, supported by technology**
  - Address the growing number of **people with long term conditions**
  - Improve **access to urgent care**
  - Maximise the benefits from **specialist services**
- The bedrock of the model is close and effective working between primary and urgent care, community and mental health services, social care and the voluntary sector:
  - Primary Care Networks will lead the integration of care and promotion of quality and safety
  - Integrated Care Partnerships will use data to plan services for the benefit of the population
  - The population will identify outcomes that matter to them, to inform the development of Integrated Care Teams
  - We will re-define our clinical, professional, operational, and financial accountabilities to reflect the scope of Integrated Care Teams
  - Our financial framework must gradually incrase the proportion fo total resource spent on primary and community care without undermining performance in the acute setting
- Health commissioners will collaborate with local authority commissioners on the delivery of health and care, and on a programme to address current inequalities

The Sussex Health and Care Strategic Plan operates at three levels

Inclusion

Continuous quality improvement

Integrity

Empowerment

You can access a wide range of professionals within primary care, who will work together to support your social, physical and mental health needs wherever you live

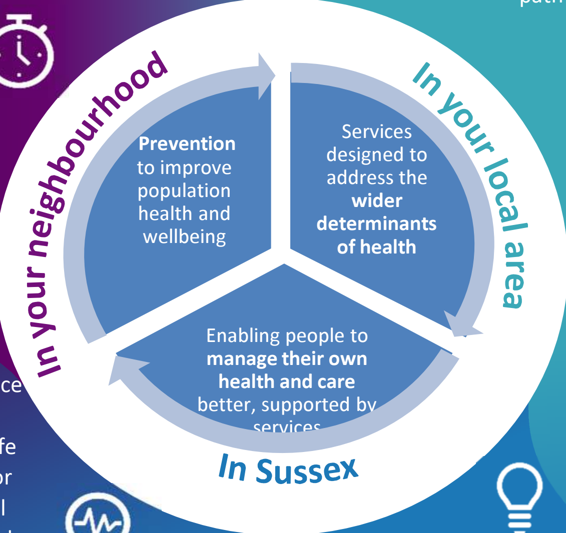
Seamless end to end care across all services to provide the best possible outcome for you along a coordinated pathway

In your **local area** (~250-850k population), primary, community and local hospital services will provide joined-up place-based care through Integrated Care Partnerships, at or close to home.

Extended access to GP appointments and improved access to online resources

You, your family and carers will be supported to have the knowledge, skills and confidence to self-manage your health and wellbeing to start well, live well, age well and die well

Each **neighbourhood** (30-50k population) will be supported by a Primary Care Network where a range of professionals work with you to manage your social, physical and mental health needs.



We will provide health and social care at or as close to home as possible

All decisions about your care will be inclusive: made with you

We will share best practice and use our skills and knowledge to deliver safe and coordinated care for you in your home, local community, hospital and beyond

Care will be based on the best knowledge available

We will harness research and innovation to meet local needs

In **Sussex** (1.8m population), we will work in partnership to deliver high quality specialist and complex services to achieve the best outcomes based upon the best knowledge available.

Hospitals will work together to provide the best quality, safety, value and equity of care in a timely manner

Digital

Workforce

Estates

Parity of physical and mental wellbeing

Freedom to speak up

We are focusing on 5 key priorities as a system, some to be developed at Sussex-level and some at place level

CLINICAL / KEY PRIORITIES – FROM LTP IMPLEMENTATION FRAMEWORK COMMITMENTS

Place-based / ICP plans
Leads: Dominic Wright (Coastal West Sussex CCG) / Peter Kottlar (West Sussex), Jessica Britton (East Sussex), Lola Banjoko / Chris Clark (Brighton and Hove)
Finance Leads: Jonathan Reid (East Sussex), Tom Devonshire and Steven McNally (West Sussex), Alan Beasley (Brighton and Hove)
Key commitment areas:
- Supporting the development of PCNs
- Meeting the new funding guarantees for primary medical and community health services
- Community health responsiveness
- Implementing service improvements
- Implementation of universal model for personalised care
- Improving planned care and reducing waiting times
- Reducing pressure on emergency hospital services
- Digitally-enabling primary care and outpatient care

Cancer
Leads: Lola Banjoko (B&H CCG, HWLH CCG) and Stephanie Bell (Surrey and Sussex Cancer Alliance)
Finance Lead: Debra Crisp
Key commitment areas:
- Screening, referral and early diagnosis
- Unwarranted variation in cancer outcomes
- Increasingly personalised care
- Rapid diagnostic centres

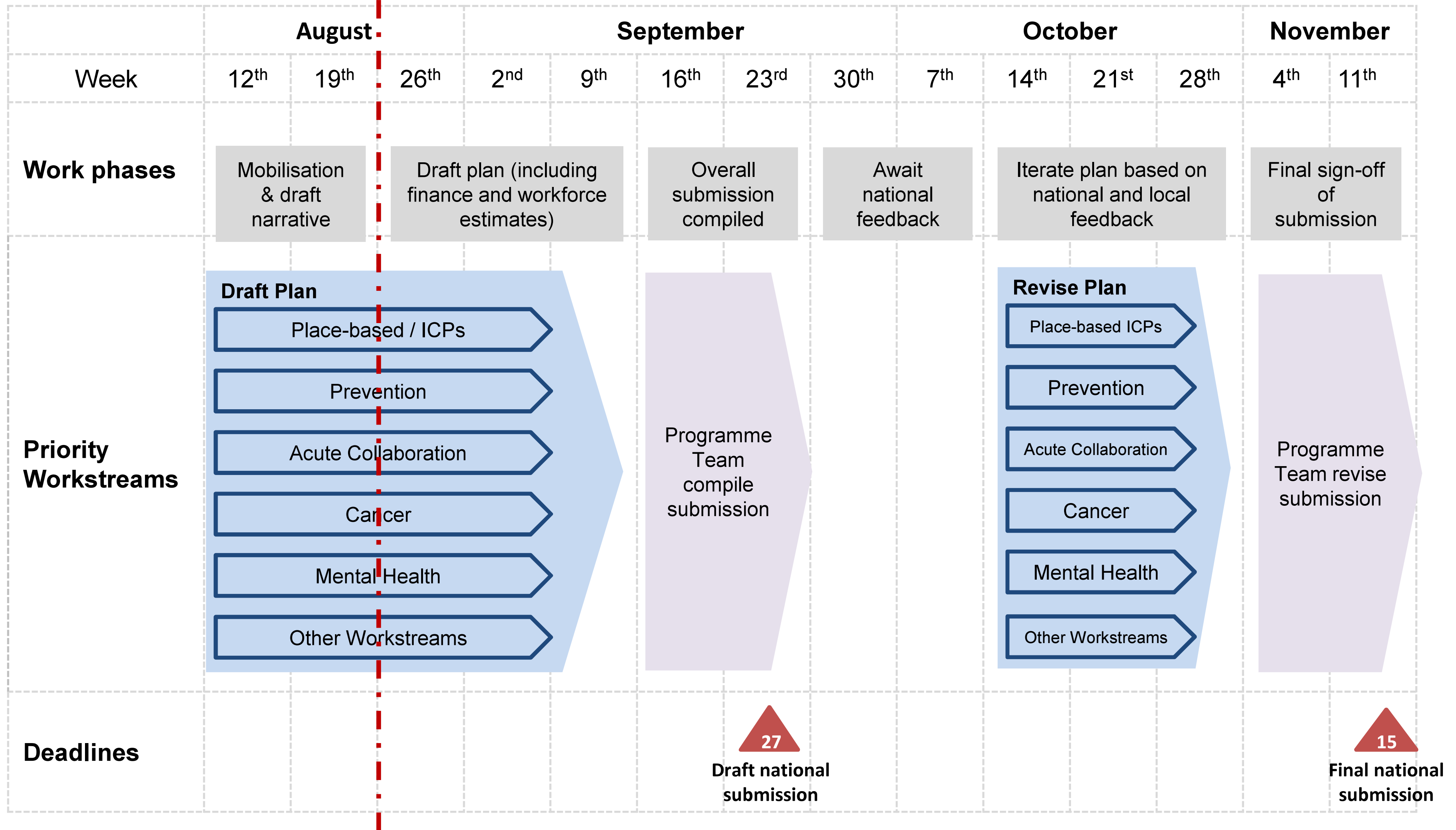
Prevention
Lead: Anna Raleigh (West Sussex)
Finance Lead: Tom Alty
Key commitment areas:
- Prevention activities
- Smoking cessation

Mental Health
Leads: Nick Lake (SPFT) and Tracey Faraday-Drake (HWLH CCG)
Finance Lead: Sally Flint (SPFT) Paula Wilson (SPFT)
- Meeting the mental health investment standard
- Community perinatal mental health
- Access to children and young people's mental health services
- Increased access to crisis pathways
- Community teams for adults with severe mental health illnesses

Acute Collaboration
Lead: Amanda Harrison (BSUH & QVH) and Catherine Ashton (ESHT)
Finance Lead: TBC
Key commitment areas:
- Provider collaboration and partnership working
- Governance and structures to support collaboration
- Supporting delivery of specific clinical areas where there are transformational opportunities

A set of clinical workstreams are responsible for developing their plans ahead of programme team compilation of draft national submission

WORK PHASES AND DEADLINES



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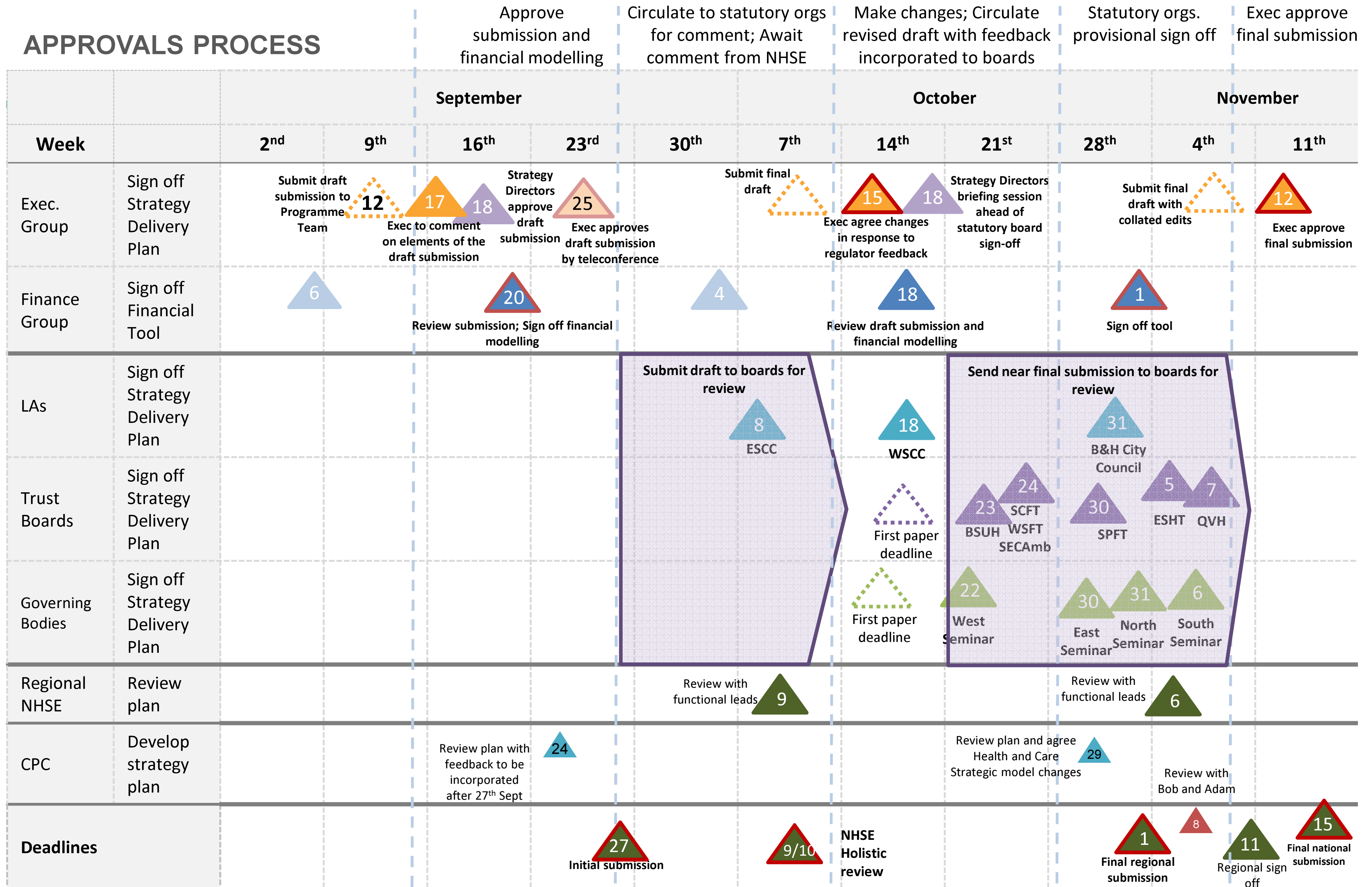
The following approvals process for Sept and Nov submissions is recommended



The Sussex Health and Care Partnership Executive Group and statutory organisations have agreed the following principles

APPROVALS PROCESS – PRINCIPLES

1. The **Strategy Directors and Clinical and Professional Cabinet** will support the **socialisation of the emerging plans with the statutory organisations**

2. The **Partnership Executive Group** is **delegated authority to approve the draft submission**
   a) The will be **shared with the Executive Group and Strategy Directors on 15th Sept**
   b) **Strategy Directors** will feedback on behalf of their constituent Boards between 15th and 18th Sept, and approve the draft submission by the meeting **on 18th Sept**
   c) The **Executive Group will approve the plan (by teleconference) on 25th Sep**

3. This will allow the **Sussex Health and Care Partnership** to submit the draft submission **to NHSE by 27th September**
   a) This version will also be shared with statutory organisations and feedback is requested by **11th October 2019** via the Strategy Directors (via email)

4. An **updated submission and any headline changes still to be made will be circulated** (based upon feedback from NHSE and the collective feedback from the statutory organisations) **from 18th October**
   a) The **Executive Group** will agree headline changes on **15th October**
   b) The **Strategy Directors will meet on 18th Oct** to discuss further changes and briefing ahead of statutory board sign off
   c) **Strategy Directors** will be asked to bring this version to their **respective boards from 23rd Oct to 7th Nov**
   d) This **agreement of the near final submission will be considered as a provisional sign off** from the Boards

5. A **final version of the submission will be shared with statutory organisations via the Partnership Executive Group** in advance of the Sussex Health and Care Partnership Executive Group on **12th November**

6. The **Sussex Health and Care Partnership Executive Group is delegated authority to approve the final version** of the submission on 12th November, with **final sign off from the statutory organisations occurring after 15th November submission**

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The place-based plans cover both system development and service improvement priorities, including PCN development and out of hospital care

CLINICAL / KEY PRIORITIES FOR PLACES FROM LTP IMPLEMENTATION FRAMEWORK

Supporting the development of PCNs
- Improving the responsiveness of community health crisis response
- How PCNs will make early progress in the service specifications that commence from 2020/21 including the anticipatory care requirement; Enhanced Health in Care Homes; structured medication review requirements for priority groups; personalised care and early cancer diagnosis support
- PCNs should develop their partnerships with other health and care providers, community and mental health services
- Deployment of home-based and bed-based elements of the Urgent Community Response model, Community Team, and Enhanced Health in Care Homes
- Primary care networks will also work with emergency services to provide emergency support, including where advice or support is needed out of hours

Reducing waits for planned care, including meeting RTT
- Set out how elective care activity will be increased to reduce elective waiting lists and eliminate 52+ week waits from referral to treatment
- Use available data to understand how their outcomes compare with their peers, identify and reduce unwarranted variation
- Implement a planned NHS-managed choice process across the country for all patients who reach a 26-week wait, starting in areas with the longest waits and rolling out best practice through a combination of locally established targeted initiatives and nationally-driven pilots
- Scaled their provision of First Contact Practitioners (FCP) so that all patients across England have access. This will provide faster access to diagnosis and treatment for people with MSK conditions and support more patients to effectively self-manage their conditions
- Delivery of constitutional standards

Service improvements for primary and community services
- Meeting the new funding guarantees for primary medical and community health services
- Community health responsiveness
- Delivering improved crisis response within two hours and reablement care within two days
- Providing anticipatory care jointly with primary care
- Supporting primary care to develop Enhanced Health in Care Homes
- Building capacity and workforce to do these things, including by implementing the Carter report and using digital innovation

Giving people more control over their health and more personalised care

Systems will be expected to set out how they will use the funding available to them to implement the six key components of the NHS Comprehensive model of personalised care:
1. Shared decision making
2. Personalised care and support planning
3. Enabling choice, including legal rights to choice
4. Social prescribing and community-based support from 2019/20
5. Supported self-management
6. Personal health budgets and integrated personal budgets

A critical part of the place planning will be understanding how to support the developing of PCNs

PCN DEVELOPMENT

What is expected of PCNs by 2023/24?

1. Stabilised general practice, including the GP partnership model
2. Addressed the capacity gap and improved skill-mix by growing the wider workforce by over 20,000 wholly additional staff as well as serving to help increase GP and nurse numbers
3. Become a proven platform for further local NHS investment
4. Dissolved the divide between primary and community care, with PCNs looking out to community partners not just in to fellow practices
5. Systematically delivered new services to implement the Long Term Plan, including the seven new service specifications, and achieved clear, positive and quantified impacts for people, patients and the wider NHS.

What is expected of PCNs by March 2020?

- Understand their own journey: know where they are aiming to get to over the next five years, use a diagnostic process to establish development need, using a maturity matrix or similar tool, and put a development plan in place
- Be functioning increasingly well as a single team
- Be part of a 'network of PCNs' that helps shape the STP/ICS plan to implement the Long Term Plan
- Formed clear and agreed multi-disciplinary teams with community provider partners
- Building on existing relationships, form links with local people and communities to understand how to work most effectively for their benefit
- Have made 100% use of their funding entitlement for additional roles in line with national guidance
- Have started work on at least one service improvement project of some kind, linked to Long Term Plan goals
- Have started thinking about their future estate needs, jointly with community partners
- Be ready to deliver new national service specifications from April 2020

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- **ICP development**

The place-based plans will also need to set out the emerging plan towards becoming an ICP

DEFINING AN ICP

What is an ICP and what will it do?

Alliance of "Sovereign" Providers
Including local authorities, acute hospital trusts, community providers, PCNs & mental health providers

Integrate Provision & Address Health Inequalities

- Deploy PCNs as the basis of new models of care and host integrated care teams
- Co-ordinate self care activity and population education to address the wider determinants of health and embed citizen decision-making

Model Care Delivery

- Allocate resources make operational plans to deliver end to end health and care
- Manage and plan demand and capacity to optimise whole system pathways

Manage & Evaluate Quality & Performance

- Deliver constitutional standards
- Stratify whole populations to anticipate health and care needs and bolster prevention activities
- Manage regulatory compliance, safeguarding, and quality surveillance

Deliver services and outcomes

- Provide services best managed on an ICP footprint, e.g medicines optimisation, clinical training & education, & emergency planning
- Deliver outcomes and be accountable for sub-contracting services not directly provided by partner organisations

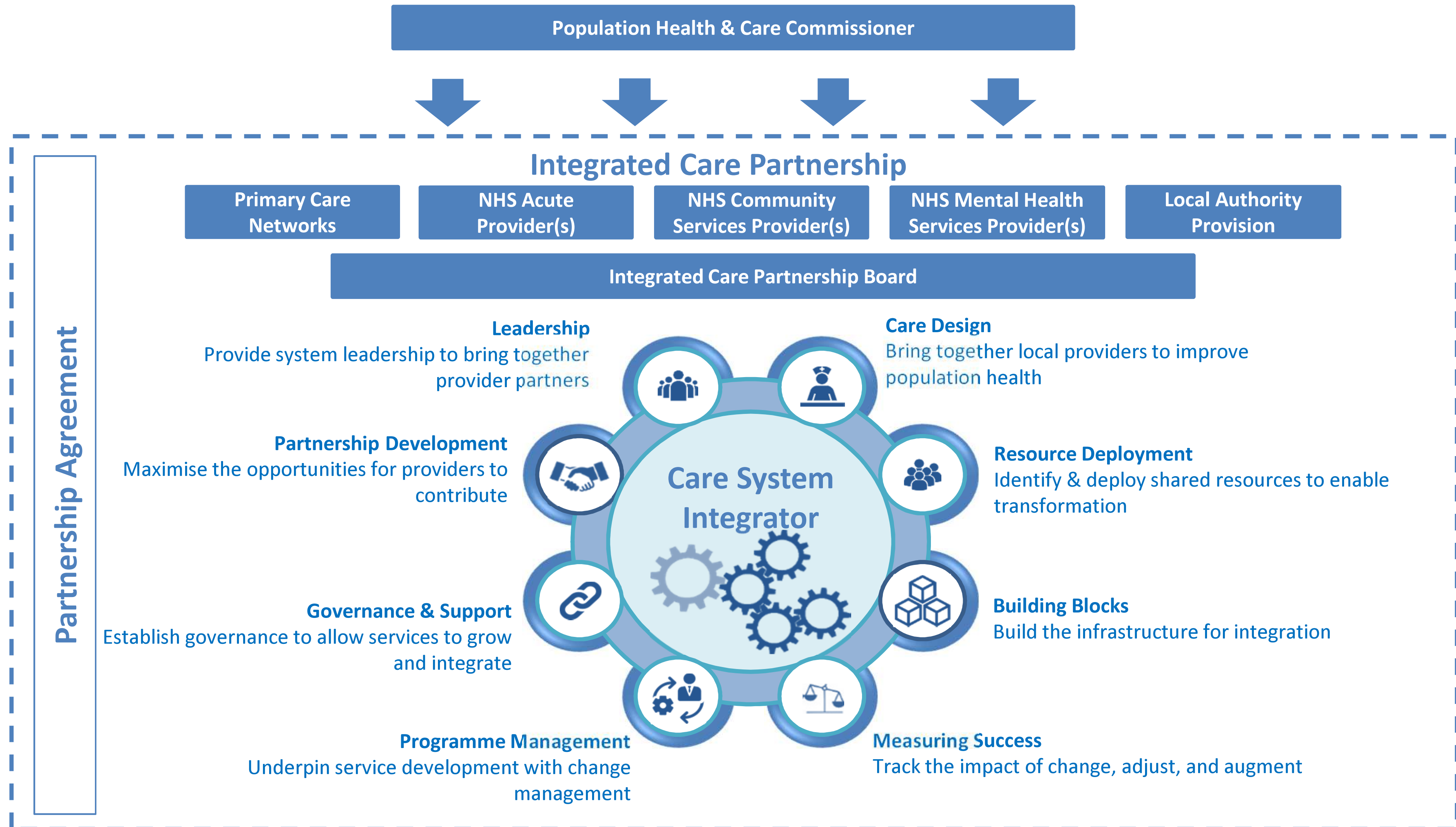
What will an ICP deliver?

More joined-up care and quality services to enable our population to live and age well

1. Improved personal wellbeing and mental and physical health outcomes
2. Increased confidence of people to take responsibility for their own health
3. More people with positive experiences of care and 'joined up' services
4. More care delivered at home or in the community
5. A sustainable model of primary care with reduced demand through prevention and social prescribing
6. Seamless pathways across primary and secondary care
7. Reduced annual costs per head of population
8. Simplified planning, prioritisation and decision making, with reduced transaction costs
9. Greater staff satisfaction, confidence and teamwork

Each place will shape their ICP development considering the core components of an ICP

DEFINING AN ICP



The initial planning assumption of the Sussex Health and Care Partnership is that each ICP footprint will be coterminous with LA boundaries

PLANNING ASSUMPTIONS

	West Sussex	East Sussex	Brighton & Hove
Primary Care	Primary Care Networks* 80 practices 19 PCNs 896k population	Primary Care Networks* 62 practices 12 PCNs 559k population	Primary Care Networks* 35 practices 7 PCNs 322k population
Acute	Western Sussex Hospitals Surrey and Sussex Healthcare Brighton and Sussex University Hospitals Queen Victoria Hospital	East Sussex Healthcare Brighton and Sussex University Hospitals	Brighton and Sussex University Hospitals
Community	Sussex Community	Sussex Community East Sussex Healthcare	Sussex Community
Mental Health	Sussex Partnership	Sussex Partnership	Sussex Partnership
Social Care	West Sussex CC	East Sussex CC	Brighton and Hove CC

*estimated numbers of practices, PCNs and population size. To be confirmed at place.