Sussex
Health and Care Partnership

Brighton & Hove Response to the NHS Long Term Plan

Delivering the NHS response as part of our Joint Health and Wellbeing Vision for our Population

Report for the Brighton & Hove Health Overview and Scrutiny Committee (HOSC)

March 2020

Contents

We have written a plan in Brighton & Hove to respond to the local health and care needs of our population and the ambition in the NHS Long Term Plan

1. In **Brighton & Hove** we have written a plan that represents our response to the **local health and care needs of our population** and the **national ambitions and expectations** set out in the **NHS Long Term Plan.**

2. The plan is a **joint contribution** from the key partners in health and care across Brighton & Hove:

Brighton & Hove City Council

NHS Sussex Community NHS Foundation Trust

NHS Brighton and Sussex University Hospitals NHS Trust

NHS Brighton and Hove Clinical Commissioning Group

Community & Voluntary Sector

healthwatch Brighton and Hove

General Practice

NHS Sussex Partnership NHS Foundation Trust

3. The Brighton & Hove plan sits alongside the **Sussex Strategic Delivery Plan**, which responds to the Sussex Population Health Check and covers aspects where the **highest quality care and outcomes for the population & patients** can be delivered through planning at a Sussex-wide level

4. We are meeting the needs of our local population and the national ambition of the NHS Long Term Plan in the local context of **growing demand for health and care** meaning services are under extreme pressure and people have to wait, **financial challenges**, a **workforce gap**, and existing **health inequalities**

Brighton & Hove response to the NHS Long Term Plan

NHS Brighton and Hove Clinical Commissioning Group

Brighton & Hove City Council

- ✓ Describes our collective vision for the Brighton & Hove system and outlines how, by working together, we can achieve the commitments set out in the Long Term Plan.
- ✓ Supports delivery of our local Brighton & Hove Joint Health and Wellbeing Strategy, reflecting the prevention agenda necessary to support the health of our population over a life course.
- ✓ Articulates the actions we will take to support improvements throughout the four stages of life, namely Starting Well, Living Well, Ageing Well and Dying Well.
- ✓ Sets out how, using improved partnership working amongst existing organisations and with communities, we will address the jointly agreed top local 4 health and care priorities for the city (Cancer, Mental Health, Multiple Long Term Conditions, Children and young people).
- ✓ Sets out that we will work collaboratively on prevention; integrating care through Primary Care Networks and improving the quality and provision of secondary care for long term conditions including cancer.

Partnership and collaboration	Individuals, communities and organisations across the city will work together to deliver our shared vision.
Health is everyone's business	Services and plans will reflect the contributions that factors such as education and learning, housing, employment, environment, leisure and culture, and transport make to improving health and wellbeing.
Health and work	Fulfilling work, including volunteering, contributes to good health and wellbeing – and local employers, communities and the economy will benefit from healthy workplaces and a healthy workforce.
Prevention and empowerment	Communities will be supported to develop networks and local solutions that lessen social isolation and improve wellbeing, and reduce the need for more specialist services. People will be encouraged and empowered to take responsibility for their health and wellbeing where they can. Early action will help people to live well for longer and to remain independent.
Reducing health inequalities	The physical and mental health of those with the poorest outcomes will improve the fastest. Services will be accessible to those who need them in all parts of the city, including people with learning and physical disabilities and those who are socially isolated.
The right care, in the right place, at the right time	Health and care services will provide high quality care, feel more joined up and will be delivered in the most appropriate place. Often, this will mean that more services are delivered in or close to people's homes.
Engagement and involvement	Local people of all ages will be active partners in the design, development and delivery of health and care services and supported to manage their health.
Keeping people safe	We want everyone to be safe from avoidable harm, taking particular care of our most vulnerable residents.

Our vision in Brighton & Hove is that everyone in Brighton & Hove will have the best opportunity to live a healthy, happy and fulfilling life

What objectives for Brighton & Hove have we set out in the response to the NHS LTP?

NHS Brighton and Hove Clinical Commissioning Group

Brighton & Hove City Council

- ✓ Reduced health inequalities, with better health and care outcomes and a more positive experience for all residents.
- ✓ A strengths-based approach which maximises independence, self-care and utilises our local assets to contribute to health and wellbeing.
- ✓ A stable and healthy workforce able to operate in a multi-disciplinary approach, unhindered by organisational boundaries.
- ✓ Long term joint financial plan to underpin investment commitments into programmes such as prevention.
- ✓ Reduced demand on emergency and specialist health care, similarly and on residential and long term care.
- ✓ Robust and transparent governance, scrutiny and oversight that allows for appropriate local leadership of health and care, and governance that enables further collaboration and integration.
- ✓ Financial stability for health and adult social care within commissioning and provider organisations.
- ✓ Moving from shadow joint investment to truly pooled programme budgets with clearly defined outcomes.
- ✓ Provider market stability and collaborative working relationships with the community voluntary sector.
- ✓ A productive and influential partnership within the Sussex Health and Care Partnership (SHCP), shaping the strategic future of health and care provision to come.

We are improving care in Brighton & Hove throughout the life course through a wide-ranging set of service changes, all supported by primary care

WHAT'S CHANGING IN BRIGHTON & HOVE? (1/3)

Start Well

- Supporting our young people with the transition to adult services in a way that increases independence and ties in with workplace and training support
- A multi-disciplinary approach to children and families tying together physical, mental health and community care
- Whole school approach to emotional health and wellbeing including enhanced Schools Wellbeing Service
- Pregnant women will have a designated clinician responsible for their care to provide continuity of care
- More children will have childhood immunisations
- Increased support for young people with autism and learning difficulties

Live Well – Personalisation

- Support to stop smoking, increase physical activity, maintain a healthy weight, improve nutrition, and drink less alcohol
- Personalised care approaches embedded in all interactions with health and care, supporting increased self-management of own health, empowerment to make decisions on own care in partnerships with clinicians, and personal health budgets for those with most complex care needs
- Faster access to physiotherapy for people with MSK conditions to support self-management
- Digitally-enabling primary care and outpatient care for a higher quality service that makes people don't have to travel to appointments if it's not necessary and are supported to self manage

Primary care provides services tailored to the specific needs of their local population, with an expanded workforce that can deliver care closer to home with fewer handovers of care for a seamless experience

We are improving care in Brighton & Hove throughout the life course through a wide-ranging set of service changes, all supported by primary care

WHAT'S CHANGING IN BRIGHTON & HOVE? (2/3)

Live Well

- Improved outcomes from planned care in hospitals and shorter waiting times through improved diagnostic capacity, closer links between acute hospitals and GPs, evidence-based interventions, and less time spent in hospital when not clinically necessary
- Shorter waiting times in A&E through reducing pressure on emergency hospital services and an integrated network of community and hospital based care
- Greater support for population with COPD including mental health support and provision of pulmonary rehabilitation services
- Transgender population will have improved access to and experience of care
- The population has access to extended hours at GP practices
- More cancers will be diagnosed earlier
- Increased choice of location for operations if patients have been waiting for a long time
- Our university population will have increased mental health support
- The homeless in Brighton will have increased and improved support
- Those at risk of suicide will have a targeted support offer in partnership with the community and voluntary sector
- Those in need of an inpatient detox service for substance misuse will have access 24-hours 365-days a year

Primary care provides services tailored to the specific needs of their local population, with an expanded workforce that can deliver care closer to home with fewer handovers of care for a seamless experience

We are improving care in Brighton & Hove throughout the life course through a wide-ranging set of service changes, all supported by primary care

WHAT'S CHANGING IN BRIGHTON & HOVE? (3/3)

Age Well

- Faster access to community crisis services (rehabilitation and reablement) will avoid any unnecessary trips to hospital
- Continuing support for unpaid carers through Carers Hub, the Jointly app and increased identification of carers
- Supporting our ageing population to stay independent for longer through an Ageing Well signposting service to get the most from life in the city
- Enhanced support to people in care homes to support people to stay out of hospital
- Social prescribing and role of the community and voluntary sector in supporting our communities
- New dementia support services including Memory Assessment and Support service

Die Well

- Supporting more our population to die in their place of residence
- Advanced care planning to meet preferences at the end of life
- More coordinated planning for end of life care involving the voluntary and community sector

Primary care provides services tailored to the specific needs of their local population, with an expanded workforce that can deliver care closer to home with fewer handovers of care for a seamless experience

What is our ambition for partnership working in Brighton & Hove?

NHS Brighton and Hove Clinical Commissioning Group

Brighton & Hove City Council

1 To develop a shared vision and objectives, tailored to the needs of different neighbourhoods, aligned to the needs and wants of the population of Brighton & Hove and reflecting our Joint Health and Wellbeing Strategy and the strategic outcomes for improving health and care agreed by a wider group of partners across Sussex.

2 To set out how our priorities for the city as a whole and for neighbourhoods will be delivered through a plan which targets interventions at the most significant of health inequalities.

3 To deliver improved outcomes which matter to people, through collaboration between existing providers and commissioners of health and care and the communities which they serve and by building relationships between the NHS, the City Council, voluntary sector partners and community groups, and other public services supporting people across the wider determinants of health.

What activities will we need to support improved partnership working in Brighton & Hove?

NHS Brighton and Hove Clinical Commissioning Group

Brighton & Hove City Council

Collaborative planning…

We want to bring all partners across Brighton & Hove with an interest in improving the health of our population together to…

- Agree a shared vision for delivering better outcomes
- Confirm our priorities for the city as a whole
- Set priorities for each neighbourhood
- Set out a plan with clear timescales for addressing the most significant of our health inequalities, aligned to our Joint Health and Wellbeing Strategy

Commissioning for population health…

We want to embrace an approach which raises the value of strategic commissioning and establishes a unique role for commissioners across health and care in improving outcomes at a whole population level.

- Needs Assessment
- Segmentation
- Outcomes Development
- Contracting

Integrating care…

We want organisations from all sectors to work together with communities to model care delivery, integrate care, and address health inequalities.

Integrate Care & Address Health Inequalities
Co-ordination of self care activity, care planning & management, integration of care records, public & patient navigation, population education etc

Model Care Delivery
Develop operational plans, manage & plan demand & capacity, optimise whole system pathways, & allocate resources against delivery of contracted outcomes.

Manage & Evaluate Quality & Performance
Managing regulatory compliance of partners & services, safeguarding, system wide quality surveillance, and ensuring delivery of constitutional standards.

What are neighbourhoods and what will there role be in improving outcomes?

What are Primary Care Networks (PCNs) and what will they be doing?

NHS Brighton and Hove Clinical Commissioning Group

Brighton & Hove City Council

What are PCNs…?

A key building block of the NHS long-term plan in bringing general practices together to work at scale.

Focused on service delivery. Not commissioning bodies.

Funded from a directed enhanced services payment (DES), which is an extension of the core GP contract.

Will be the mechanism by which primary care representation is made stronger in integrated care systems.

Practices are accountable to their commissioner for the delivery of network services.

Since July 2019 Brighton & Hove has had 7 PCNs covering 35 practices across the city.

What will PCNs do…?

Will deliver a set of 7 national service specifications. 5 will start by April 2020 and the remaining 2 will start by 2021.

Provide a wider range of primary care services to patients, involving a wider set of staff roles than might be feasible in individual practices.

The footprint around which integrated community-based teams will develop to provide services to people with more complex needs.

Expected to think about the wider health of their population, taking a proactive approach to addressing health inequalities.

Responsibility for providing the enhanced access services, which pays GPs to give patients access to consultations outside core hours, will transfer to PCNs by April 2021.

Why are PCNs so important…?

Potential to benefit patients by offering improved access and extending the range of services available to them, and by helping to integrate primary care with wider health and community services.

Potential to strengthen resilience of primary care by improving the ability of practices to recruit and retain staff and to manage financial and estates pressures.

Closer working together in Brighton & Hove is needed to provide tailored and high quality provision of health and care to our local population

1. **Working together** as organisations enables the patients and the population to have a **seamless experience of health and care** where the most **appropriate care is provided most quickly**, moving **away from fragmented care** where the focus is on treating episodes of ill health rather than the cause of illness or preventing illness in the first place.

2. We will be changing **how organisations will work** to allow health and care provision to be most appropriately tailored to local needs:

   - Sussex is working towards becoming an **Integrated Care System**, a partnership of health and care organisations working together to provide overall assurance for the Sussex health and care system, provide a forum for strategic oversight, facilitate collaboration and joint planning on enabling functions including workforce, digital and estates, and plan and commission specialist services where there are clinical benefits to this being done at a Sussex level.
   - Our **Integrated Care Partnership** will be an alliances of health and care organisations working together to plan and provide services for the population in a consistent and joined-up way. They **will not** be new organisations and **will not** change the accountability of current providers or their statutory duties.
   - Our seven **Primary Care Networks** are groups of GP practices collaborating with local community services, mental health, social care, pharmacy and voluntary sector teams to provide integrated local health and care for communities – building on the ongoing work in "Cluster 6" which has worked closely with the voluntary sector.

What is Sussex Health and Care Partnership?

Brighton and Hove Clinical Commissioning Group

Brighton & Hove City Council

SHCP is an aspiring integrated care system (ICS) aiming to provide a forum for leadership, strategic oversight and collective decision making in Sussex…

What is an ICS…?

A way for NHS and Local Authority partners to jointly give greater priority to the prevention of ill health by working together to tackle the wider determinants of health and wellbeing

Builds from existing partnerships to develop plans on how to improve health and care for the populations they serve

Provides organisations with the opportunity to think and act as part of a wider system to deliver faster improvements in care and shared performance goals

Supports a wider approach to establishing sustainability across health and care by providing a flexible finance framework within which to support transformation over the longer term

Creates the opportunity for effective collective decision-making around the wider determinants of care, aligned with accountabilities of constituent bodies, to maximise the opportunity for improving outcomes for populations.

Deploys rigorous and validated population health management capabilities to improve prevention, manage avoidable demand and reduce unwarranted variations

Planning for the future
Developing plans for improving health and wellbeing of populations

Managing performance
Overseeing performance, setting local standards and monitoring progress towards achieving shared goals.

Optimising our acute care services
Standardise clinical practice; make better use of clinical support services; & more creatively and flexibly use the skills of staff.

Owning and resolving system challenges
Encouraging partner organisations and associates to come together to create solutions by working together as a system

Integrating regulation
Over time, develop "self-assurance" for the Sussex health and care system.

Providing system leadership
Supporting a shift to a focus on places and populations and with providers taking more responsibility for shaping services and improving quality of care.

The Sussex Health and Care Partnership and local accountability

- The ICS offers a framework for NHS organisations and Councils across Sussex to work more effectively as partners. The statutory obligations and accountabilities of existing organisations are not changed as a consequence of the ICS being established.

- It does offer an opportunity for the NHS in Sussex to undertake "self-assurance" rather than this being undertaken by NHS England and NHS Improvement. Plans for this have been set out to NHS England and NHS Improvement and will need to be approved prior to "self-assurance" being delivered in Sussex and prior to the ICS assuming any further regulatory powers.

- It's important to note that local government's regulatory and statutory arrangements are separate from those of the NHS. Whilst we will look to establish mutual accountability arrangements for the work to be undertaken by partners across Sussex certain aspects of these will not apply to councils because of the differential regulatory arrangements. For example, Councils would not be subject a single NHS financial control total and its associated arrangements for managing financial risk. The ICS offers the NHS and councils the opportunity to align planning, investment and performance improvement only where it makes sense to do so.

- **Democratically elected councillors will continue to hold partner organisations accountable through their formal Scrutiny powers.**

APPENDIX 1

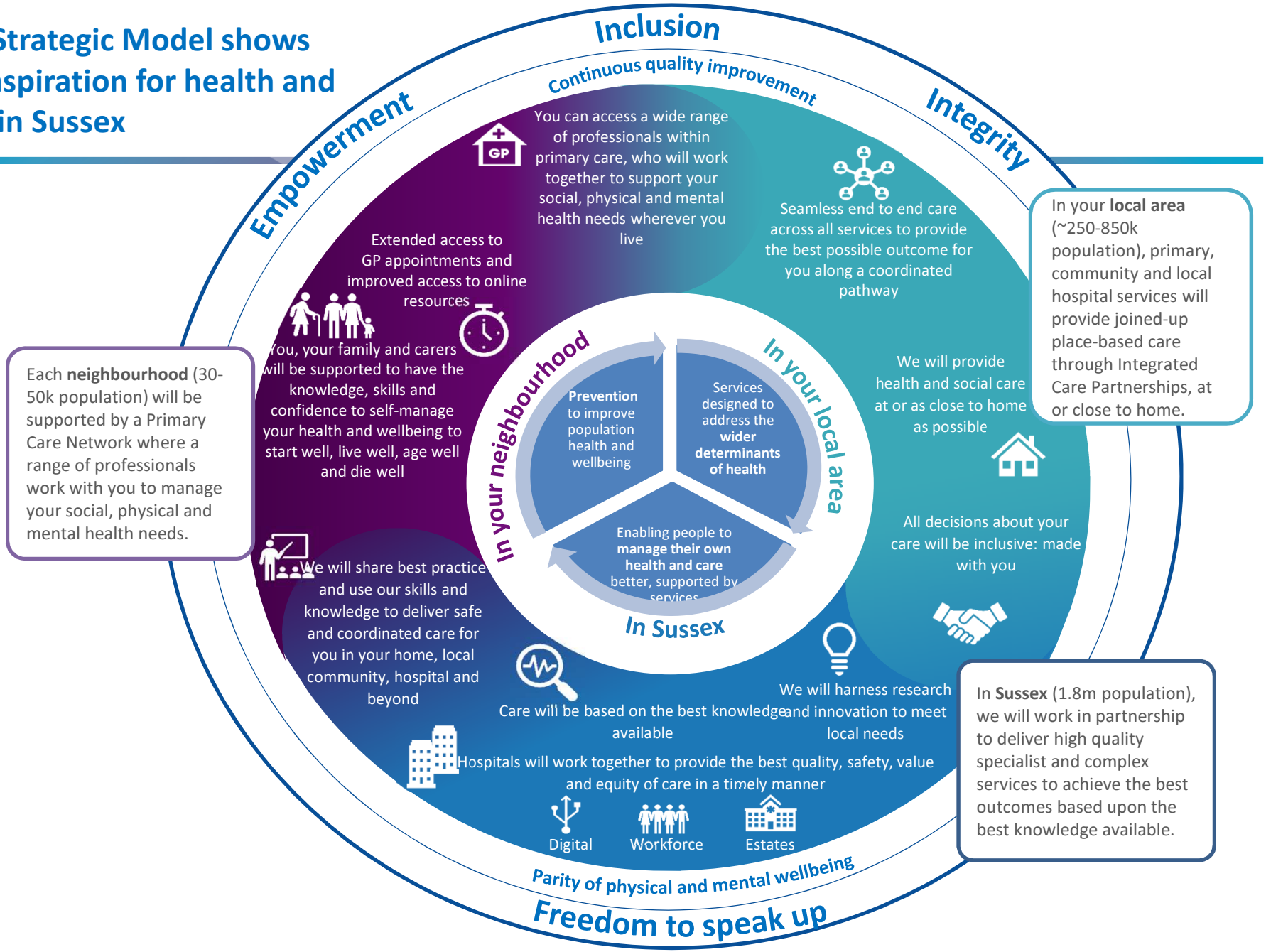
STRATEGIC MODEL FOR HEALTH AND CARE IN SUSSEX

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 increase the proportion of 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

Our Strategic Model shows our aspiration for health and care in Sussex



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.

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.

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.

APPENDIX 2

SUPPLEMENTARY EXTRACTS

- PLANS TO IMPROVE PERFORMANCE

- PLANS TO ADDRESS INEQUALITIES

- SUPPORT FOR PRIMARY CARE IN THE CITY

Plans to improve local performance

Transforming out of hospital and community-based care

- Integrating physical and mental health services . This will include a new approach to mental health training for all professionals working in our services. For example building on successful multidisciplinary work in Primary Care Networks across the City.
- Giving people more control over their own health and more personalised care – information based shared decision making
- Effecting digital transformation of primary care and outpatients
- Support self-management and empower patients e.g. shared decision making
- Continue to build on the work with community voluntary sector, for example developing social prescribing and other community asset based approaches

Reducing pressures on urgent and emergency care

- Integrating urgent care with a 'digital front door' enabling effective care navigation, the ability to book an appointment at the appropriate service. This will include appointments at GP practices, primary care improved access hubs and other community services, and for urgent access.
- Improved responsive services delivered in the community
- Improved crisis response and reablement
- Enhanced care in care homes

How the Plans address inequalities

An Equality and Health Inequalities Impact Assessment has been developed and considered:

- The assessment shows that the plans will positively impact on most protected characteristic groups, and help to reduce health inequalities across Brighton and Hove, as it underpins development and transformation of all local health care services with a focus on improving access, integration, prevention and self-care and education for the whole of the City's population.

Specific groups who will be positively impacted upon by the Brighton and Hove LTP response are:

- Older people; Children and young people; Disabled people; LGBTQ+ ; Trans; BME groups; Pregnant people; Men; Women; Carers and Homeless people

Priorities in Brighton and Hove will be older people, children and young people, pregnant people, and disabled people, as outlined in the four 'well' programmes.

Other aspects of the plans regarding addressing inequalities include:

- An engagement plan that links in voluntary and community groups, and families and schools that are involved and will be engaged with.
- Building on the links with voluntary and community organisations and groups who work with and support minority groups.
- Specific Community Voluntary Groups will be targeted to work with us and to help us
- Continued work with local authority and public health teams to establish data collection sets and monitor protected characteristic, health care access and patient feedback
- Staff engagement events, for example NHS Staff Equality Network.

Support measures for primary care in Brighton

The GPFV, published in 2016, laid the foundation for change in General Practice. It aims to better utilise the talents of the wider workforce; maximise the potential of digital technologies; encourage working at scale across practices to shape capacity; and extend access to General Practice including evening and weekend appointments. These were reinforced by the publication of the NHS Long Term Plan (LTP) in 2019.

Primary Care Networks (PCNs) offer an opportunity to relieve pressure on individual practices by working together at scale. For example, the development of Multi-disciplinary Teams (MDTs) of GPs, Community Services, Mental Health, and BHCC Adult Social Care to provide targeted interventions to patients with complex needs; and the employment of new Social Prescribing staff in each area of the city will help patients access more readily the care that they need.

The development of the Workforce. We want to make Brighton an attractive place to work through promoting new ways of working, attracting locums into accepting salaried posts in General Practice; and supporting practices in the development of new, purpose build premises. For example, we have been working with BHCC to site new GP premises in the Preston Barracks development, and funded feasibility studies for practices to consider new sites on which to offer their services.

Improving Practice resilience. High Patient:Doctor ratios, an increasingly elderly population, and a rising workload all threaten the continued delivery of GP services. The CCG regularly assesses the resilience of all practices and works proactively with them to ensure they remain as robust and responsive to the changing health and social care environment as possible. This can be through funding training, commissioning support for practice nurses in smaller practices who do not experience the benefits of a larger team; funding new Locally Commissioned Services which ensure practices are remunerated for work they undertake; and offering a platform for practices to offer online consultations (to go live in 2020/2021) not to replace face to face appointments, but as an additional resource for patients that want them.

APPENDIX 3

PUBLIC INVOLVEMENT

Brighton and Hove Long Term Plan

Public Involvement

Background:
Big Health and Care Conversation

- Held 2017/18
- Over 6,500 people took part in discussions
- Range of methods- survey, events, engagement pop ups, targeted outreach
- Included work with young people: You and Your NHS

- Themes collated and final report produced

Background:
Our Health and Care, Our Future

- January – May 2019
- Based on the NHS Long Term Plan and the Surrey and Sussex Population Health Check

Phase 1 Engagement: High level thematic

- Keynotes events in key locations – one in Central Brighton
- Online survey
- Outreach and networking events

- Across Sussex, over 750 people engaged face to face
- 130 responded to an online survey

Phase 2 Engagement: targeted/general

Across Sussex, over 1,500 people engaged, focussing on communities and people not reached in phase 1

Area	Date	Number of Attendees (Approx)	Population Focus	Engagement Type
Brighton and Hove	2 April 2019	40	Ethnic Minority	BAME event – Healthcare
	25 May 2019	30	General Public	Open Market
	5 June 2019	20	Ethnic minority	Gujarati Cultural Society
	21 June 2019	9	Young people	Brighton, Hove and Sussex Sixth Form College
	18 July 2019	30-40	People with a learning disability	What's out there event for people with learning disabilities?

Engaging with our marginalised groups

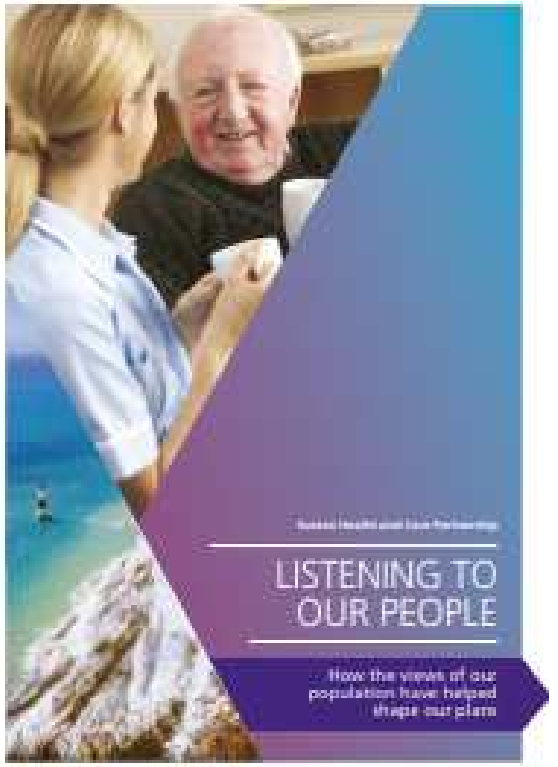
Commissioned engagement, focussing on LTP priorities, with:

- Age UK – **older people** who are isolated
- Amaze/Carers Centre- **parent carers/carers**
- YMCA Downslink Group - **Young people**
- Possability People – **disabled people**
- Mind – **people living with mental health issues**
- Trust for Developing Communities/Hangleton and Knoll project– **BAME people**
- Friends, Families and Travellers – **Gypsies, Roma and Travellers**
- Switchboard – **LGBTQ people**

The above and past intelligence informed the EHIA for the B&H LTP response

Report “Listening to our People”

Summarises key feedback and how it has shaped the Long Term Plan response for Sussex and our places.



Future engagement

- **Cascade and comment:** Upon publication, the local plan will be publicised through key stakeholders and our usual channels, with invitations to comment or to express interest in getting involved in key work areas
- **Bespoke Communications and Engagement plans** to be developed for key work streams within local plan, to include:
  - Involvement objectives
  - EHIA and inclusion involvement objectives
  - Impact monitoring
- **Feedback mechanisms** to be enhanced, ensuring our people know that their input has had an impact
- **Developing partnership approaches** to engaging with some of our more marginalised groups- e.g. homeless, substance abuse, Trans, pockets of BAME communities
- **Supporting asset based working** with our community groups and Primary Care Networks
- **Public Consultation** where significant change proposed
- Use of new **online engagement platform** to co ordinate engagement activity and collation of feedback (across Sussex)

“Business as usual” engagement

- **Ongoing partnership approach** between CCG and Local Authority

  Aligned working, particularly related to integration

- Establishing **B&H Communications and Engagement Network**, across:

- Statutory sector – NHS and LA (including providers)
- VCSE
- Healthwatch
- Public Members (Community Ambassadors)

to co ordinate and align communications and engagement approaches and map experience across pathways to better understand “journeys”

Ongoing engagement

- Continuation of **building our networks**:
  - Patient groups
  - VCSE organisations
  - Community/neighbourhood groups and forums
  - Partners including Fire and Rescue services, Sussex Police
  - Community Ambassadors
  - Health Network

- Continuation of **Inclusion Engagement** – local and pan Sussex approaches; informing our EHIAS and work to reduce health inequalities

- Expand use of **digital engagement** methods

- Improved **triangulation of intelligence** across partners and joint impact measuring across “health and care journeys”