Brighton and Hove Health and Care Partnership Plan

2021/22

Summary

Our vision and goals

Our ambition is to ensure everyone in Brighton and Hove has the best opportunity to live a healthy, happy and fulfilling life. We want people to be better supported with their health and wellbeing throughout their lives by ensuring the population health and care needs are met, health inequalities are reduced and we have a health and care system that is sustainable for the future.

Our Place Based Plan sets out our ambitions for the Brighton and Hove population, providing the framework to develop joint health and care priorities year-on-year that will have the greatest impact on our population. The plan aims to set out a clear and concise vision, outcomes, priorities and measures, linking together the multiple health and care organisational plans and workstreams across Brighton and Hove and the wider Sussex system. Our plans have been developed jointly with our health and population experts, clinicians, provider partners and our population, as well as being based upon detailed population analysis.

This summary provides an overview of the full detailed plan, which has been published in the public domain.

Working together for our population

The Brighton and Hove Health and Care Partnership was established in January 2020 as an alliance of organisations responsible for integrating care around our local population, improving health and care outcomes and addressing health inequalities. Our Partnership Executive is an informal place-based partnership arrangement, bringing together Brighton & Hove Clinical Commissioning Group, University Hospitals Sussex NHS Trust, Brighton & Hove City Council, Sussex Community Foundation Trust, and Sussex Partnership Foundation NHS Trust, Community Works (Representing the Voluntary and Community Sector), Primary Care Networks (PCNs) - General Practice, patients and the public.

The Partnership will drive the way we work collectively to transform services from a strategic level down to front line operational services. The focus of the ICP is not just limited to the transformation programmes but also includes how we best deliver business as usual. Through a population health management approach we will develop thinking beyond the integration of health and social care towards a shared understanding of our combined resources and assets, and use this as the basis for joint action.

Working across the wider system

We work as part of the Sussex Health and Care Partnership Integrated Care System (ICS) which is a partnership of health and care organisations working together across Sussex. Working as part of the ICS, allows health and care services to be planned and co-ordinated at a larger ‘system’ level at scale, while our Partnership allows us to work at a more local ‘Place’ level to ensure there is focus on the needs of our population.

The Sussex Health and Care Partnership has made huge strides to improve and transform health and care over the last few years, with a significant amount of work taking place behind the day-to-day frontline delivery of services to focus on how we can develop a system that enables our organisations to work in a more joined-up and collaborative way for the benefit of our populations.

We have agreed a vision for Sussex that sets out where we want to be as a health and care system in the future. It is a vision where people live for longer in good health; where the gap in

healthy life expectancy between people living in the most and least disadvantaged communities will be reduced; where people's experiences of using services will be better and where staff feel supported and work in a way that makes the most of their dedication, skills and professionalism. It is a vision where the cost of health and care will be affordable and sustainable in the long term.

This vision will enable every individual living in Sussex to have access to the best health and care from the moment they are born and throughout their lives. Our place-based plan supports and enables this vision to become a reality for our local population.

Our population

Brighton and Hove is a very diverse community with a population that has significant diversity. A snapshot of our population highlights:

- **Sexuality** – High Lesbian, Gay, Bisexual, and Transgender (LGBT) population, estimated that 11-15% of the population aged 16+ in 2019
- **Deprivation** – The majority of the areas of the city are within the deprivation quintile with some amongst the most deprived in England. We also have a higher proportion of older people living alone and who are income deprived.
- **Ethnicity** - One in five people were from a Black, Asian, and Minority Ethnic (BAME) group according the 2011 Census and around 53,000 residents were born outside of the UK in 2019.
- **Homelessness, including rough sleeping** - Around 400 people have been supported with accommodation including those who might otherwise be in hostels with shared facilities, those who might need to resort to sleeping rough and homeless people continuing to arrive in the city
- **Younger Population** - Brighton and Hove has a younger population compared with neighbouring local authorities, the South East and England, with 83% of the population aged under 60 years, compared with 76% in England.
- **Children** - The number of children in need of help and protection is rising locally and nationally, linked to the increase in families experiencing financial difficulties, and there is a growth in the numbers of children with statements of Special Educational Needs and Disability (SEND) or Education Health and Care Plans, some of whom will have complex medical and care needs.

Whilst the health inequalities that our population experience are not new, Covid-19 has significantly exacerbated inequality and impacted population, communities and individuals' physical and mental health. Failure to address this will lead to greater inequality, therefore, addressing health inequalities is critical and central to our work.

We have committed to transforming the way we work to promote wider integrated working in our communities between the health and social care system and the full range of services that impact on the broader determinants of health and reduce health inequalities, including housing, employment, welfare, transport, environment and leisure and voluntary, community and social enterprise sector (VCSE) services and support.

Our challenges

Impact of COVID-19

COVID-19 is the greatest challenge the health and care system has faced in living memory, which has made significant impacts on demand, capacity and the performance of services. In addition, the pandemic has contributed to increased disparities and health inequalities, with large sections of the community facing increased deprivation and challenges due to various personal and economic circumstances. Our partnership working has been stress tested significantly by COVID-19 and proved crucial as the system collectively came together to respond to the unprecedented challenge.

Thanks to the vaccination rollout, we are moving to restore services while remaining prepared for any future waves of the virus. We aim to build on what we learned to bring about positive change and renewal so that we can deliver improvements in health and wellbeing for our population.

NHS performance

The NHS is required to meet a number of constitutional standards on the performance of services. Despite an extremely difficult year due to the pandemic, locally we delivered a number of the required targets over 2020/21. However, there are a number of standards we have not been able to meet due to the increased and rising demand on pressure on services we are working collectively across the system to manage and improve performance.

Our Place Based Priorities

We have identified five shared priorities which are a focus for collective action during 2021-22:

Mental health in adults and children

We know that in Brighton and Hove people experience poorer than average outcomes, their mental health is underpinning other physical health outcomes and is strongly associated with key issues including smoking, alcohol, substance misuse and homelessness.

Multiple long-term conditions (MLTCs)

We know that adults with MLTCs are increasing and a lot of health care services respond to single long-term conditions rather than taking multi-morbidity approach. The interaction of mental and physical health conditions is an important factor to improve outcomes. Prevalence of MLTCs correlates with deprivation and for our population MLTCs themselves are the norm in older adults and a significant driver of cost.

Multi-complex needs

We know that adverse child and adult experiences contribute to developing MCNs. Uncoordinated services and silo working are difficult to navigate. Adults with MCN aren’t viewed holistically and subsequently don’t meet eligibility criteria for some services

Cancer

We know that higher than expected mortality (including premature mortality) is significantly driven by preventable risk factors i.e. people not being diagnosed early enough

Children and Young People

We know that In order to take action on health inequalities, a focus on prevention across the system with children and young people is required

The areas of focus in 2021/22 to address these issues include:

- Developing an integrated homelessness strategy to take forward our ambition of creating an Integrated Homeless Hub with holistic, flexible, integrated and co-located, multi-disciplinary model for the population.
- Delivering a consolidated Out of Hospital Community Healthcare Bedded Model for Brighton and Hove patients to provide resilience.
- Develop and agree a shared outcomes framework and integrated delivery model for Adults with Multiple and Complex Needs.
- Reframing local priorities to incorporate the impact of Covid-19, lessons learnt including from the Covid vaccine roll out and introduce a transformational approach that will reach all members of the community, for example Homeless, Learning Disability, LGBTQ and the BAME communities.
- Partners working together to develop a robust communication and engagement approach that is appropriate and culturally sensitive and competent; using updated modern tools co-developed with communities to support improved access, experience and outcomes.
- Undertaking work to address specific recommendations and actions arising from the Brighton and Hove Equalities and Access Work stream (EAW) in relation to health inequalities.
- Ensuring overarching goals to address health inequalities are embedded; for example, preventing people from dying prematurely, enhancing quality of life for people with long-term conditions and helping people recover from episodes of ill health or following injury.
- Enhancing the Speak Up Against Cancer programme. The programme raises awareness of cancer, giving people the confidence and tools they need to attend screening appointments, recognise the signs and symptoms of cancer and to overcome barriers to getting help when it is needed.
- Taking forward the outcomes and recommendations from the Place and Primary Care Network Population Health Management (PHM) Development Programme.

Our Delivery Plan

As well as our Place-based priorities, we have a number of national and system-wide priorities and pieces of work that we are delivering locally across Brighton and Hove. A summary of our delivery plans are below, which are aligned to the delivery of the Health and Wellbeing Strategy.

- **Population Health Management**

At Place we are committed to delivering change through a whole-area approach with a clear focus on outcomes to improving population health and ensure partners sign up to common goals. We will use data drawn from across partners to identify people with deteriorating health to influence behaviours and lifestyles which lead to poor health.

- **Addressing Health Inequalities**

In spite of overall increases in life expectancy, the variations in health outcomes between the most and least deprived communities is still growing. We will aim to address this by providing care closer to home, providing support to people to manage their own health and care, providing more joined-up care, encouraging the voluntary sector to support our populations, providing integrated physical and mental health care, and conducing robust Equality Impact Assessments.

The areas we will be looking at include:

  - Primary care developments and Primary Care Network delivery, for example supporting the growth of Population Health Management capability, anticipatory care, multi-disciplinary team working and care coordination. This will include engagement of personalised care roles within PCNs - social prescribing link workers, health and wellbeing coaches, and care coordinators - to ensure that personalised, quality, care approaches are taken forward.
  - Further developing the Brighton and Hove social prescribing model.
  - Implementing the recommendations and outcomes of the Needs Assessment
  - All local plans having a focus of health inequalities and will have specific health inequalities priorities developed as part of this that are integral to our objectives.

- **Multiple Complex Needs**

We have an increasing number of people with Multiple Complex Needs (MCN). One in every 50 working aged adult is estimated to have one or more needs around homelessness, substance misuse or offending; of these 40% will have two or more of these needs with 52% estimated to having a mental health problem.

The key priority for 2021-22 for multiple complex needs is to work collaboratively with partners and the wider voluntary and community sector and experts by experience to develop an agreed shared outcomes framework and integrated delivery model for service delivery.

We approved the following recommendations from our April 2021 needs assessment for adults with multiple complex needs;

  - Information sharing, across all organisations.
  - Ensure that people with lived experience are engaged in a broad range of roles related to service design and delivery.
  - Identified lead professional/practitioner (care-coordinator or keyworker equivalent) coordinates the multicomponent interventions being provided.
  - A more inclusive approach to supporting people with multiple complex needs with all levels of combined mental illness and substance misuse.
  - Services practice a trauma informed approach.
  - Services are gender informed and culturally sensitive.
  - The physical health needs addressed alongside their mental health and substance misuse needs.

- **Integrated Homelessness**

Brighton and Hove has the fifth highest level of homeless in the country, with 876 people found rough sleeping in the city in the last two years and of these 43% have been found once. However, rough sleeping represents only a fraction of the people who are without secure accommodation,

there are approximately 400 in hostels and as many as 4000 in emergency and temporary housing.

The key priority for 2021-22 for Integrated Homelessness is to design a new model of delivery to increase access to and engagement with health and care at a primary and community level and to deliver quick and responsive interventions to manage health and care needs.

- **Out of Hospital Transformation**

The current out of hospital model for Brighton and Hove is too complex and requires transformation at all levels to ensure that there is greater emphasis on prevention and early intervention, targeted care and support that prevents unplanned hospital admission or A&E attendance, facilitates early supported discharge and enables people to live and stay well so that fewer people need to access hospital care.

The aims of the Out of Hospital transformation includes enabling enable people to take responsibility for managing their own health and wellbeing in the most appropriate setting for them; delivering a model of care that ensures people are at the centre of their care, enabling them to achieve the outcomes that are important to them and promotes a shift in focus from dependency and ill health to independence and wellbeing; and reducing health inequalities.

The key priority for 2021-22 for the Out of Hospital Strategy is to deliver a consolidated Out of Hospital Community Healthcare Bedded Model for Brighton and Hove patients to provide resilience; and to commence the development of a longer term strategy for community health beds.

- **Primary and Community Care**

Primary and Community care sit at the heart of our ambition to deliver integrated care, personalised care, reduce health inequalities and improve outcomes for those with long term conditions. We are taking a number of short and long term actions to ensure the population is fully vaccinated against Covid-19, have access to high quality services, primary care remains supported and resilient, and we are able to continue the development of Primary Care Networks. We are working together to improve timely access to services closer to home, increased proactive care and ensuring unnecessary hospital admissions are avoided.

- **Long Term Conditions**

During 2020/21, the Primary Care and Community Collaborative Network agreed to establish a Long Term Conditions programme which includes supporting those with multiple long term conditions and specific programmes relating to diabetes, respiratory, stroke, cardiac and CVD prevention.

The key priorities for 2021-22 for each of these areas are:

Cardiovascular Disease (CVD): As part of the Population Health Management Development Programme, shape a system-wide CVD Prevention strategy: from intelligence, to insight, to action, to measurement.

Stroke: Deliver the Sussex Health and Care Partnership Integrated Stroke Delivery Network Place work programme for 2021-22.

Respiratory: Deliver the SHCP respiratory network 2021-22 plans in partnership with local places.

Cardiac: Deliver the cardiac specific ambitions within the NHS Long Term Plan, in addition to those covered through the CVD prevention programme.

Diabetes: Reinstate a number of significant transformational diabetes projects that were paused during the pandemic and these are now priorities for 2021-22.

- **Urgent Care**

We have been working collaboratively across Sussex and with patient groups for a number of years to develop strategic solutions that deliver the nationally mandated outcomes required of an Integrated Urgent Care (IUC) system. We are focusing on four areas: NHS111-Clinical Assessment Service (CAS) including NHS 111 First; Sussex Home Visiting Service; Urgent Treatment Centres (UTCs) - co-located and stand-alone; and Place-based models of Integrated Care.

These four components work together alongside primary care, community pharmacy, ambulance and other community-based services, to provide locally accessible and convenient alternatives to A&E for patients who do not need to attend hospital. This also supports primary care and keeps people closer to home.

Our key priority for 2021-22 for Urgent Care is to provide urgent and emergency care close to home, and reducing risk of nosocomial infection; and ensuring that wherever a patient accesses care that the triage and streaming systems are consistent “Right Place, Right Service, First Time”.

- **Planned Care**

We are working in an integrated way to ensure backlogs of patients waiting for planned care are reduced, variation in services are reduced, outcomes are improved and patients are treated equitably and in the right order across the system.

Our key priority for 2021-22 for planned care is to deliver the planned care restoration and recovery programme for this year. This will need to be done in a radically different way to respond to the challenges we face and ensure we have sustainable services in the future. Our plan builds on the learning and transformation born out of necessity during 2020-21 such as the use of digital, learning from the Pandemic, but also the following specific requirements set out in national guidance.

- **Cancer**

We will continue to work within the wider cancer programme to transform and restore our services across the county to improve patient experience and outcomes. In the long term, we are developing approaches to increase uptake and access to services that will reduce emergency presentations and ensuring better outcomes. We are taking short-term actions, including focusing on health inequalities and personalisation of cancer; restoring services to ‘near normal’ levels; supporting community diagnostic hubs; and maximising capacity.

- **Mental Health**

We will continue to work towards our system-wide mental health plan, which is backed by significant new investment. This aims to transform mental health provision, improve patient outcomes, experience and quality of care, and reduce variation across Sussex. Our long-term

transformation priorities are to increase physical health checks for people living with serious mental illness, and develop community integrated services. Our short-term actions for 2021-22 focus on the following areas: Perinatal mental health services; children and young people mental health; children and young people eating disorders; improving Access to Psychological Therapies (IAPT); adult urgent care; adult community; PCN mental health roles; acute mental health care; dementia; suicide reduction and bereavement support; the staff wellbeing hub; housing; and personalised care.

- **Learning disabilities and autism**

We will continue to implement the ambition set out in the Sussex Learning Disability and Autism Programme with the aim of reducing health inequalities for individuals with a learning disability, autism or both, reducing reliance on inpatient care, and improving the quality of services through reduced waiting times, reduced admissions, and reduced 'hand offs between services.

We will be delivering new community based services to enable people to be discharged following long stays in hospital, remodelling an integrated forensic service including for people with a learning disability or autism, and implementing and active monitoring the dynamic support register for children and young people and associated network meetings to support children to remain in the community. We will be improving physical health checks for people living with learning disabilities and designing a series of projects that will reduce waiting times and improve outcomes for children and families needing an assessment via the Neuro Developmental Pathway.

- **Children and Young People**

We are taking a collaborative and inclusive approach to ensure children, young people and their families are at the heart of all that we do. The key priority for 2021-22 is to include a stage process to develop a Sussex Children and Young People (CYP) physical health strategy that sits alongside and aligns to a Sussex CYP Mental Health and Emotional Well-being strategy and the Sussex CCGs Learning Disabilities and Autism strategy, as well as the continuation of the work programmes which underpin the delivery of NHS Long Term Plan and against statutory responsibilities for children.

- **Maternity**

We are working together to improve the support and experience of women, with improved capacity and choice, reduced interventions, reduced pre-term births and reduced risks of maternal and neonatal harm. Our key priority for 2021-22 is to deliver a revised maternity and neonatal transformation programme.

Our workforce

We will continue to work with the Sussex Health and Care Partnership Workforce Programme which drives longer-term workforce planning, recruitment and training across Sussex. We also recognise there are opportunities to look at how the collective workforce for health and care across Brighton and Hove is deployed and developed in support of our integration and transformation plans. Opportunities at Brighton and Hove might include flexible deployment of staff across organisations and integration of teams and training to support multi-agency working. There will also be opportunities to help frontline staff to understand and connect with local communities, generating new ways of working that recognise and support the role people and communities can play in improving their own health.

Our finances

It is essential that we deliver our health and care priorities in a way that gets best value from the collective resources available to us. This requires effective partnership working, with a collective approach to risk management to deliver our health and care priorities. It is therefore important that the system as a whole continues to work together to develop sustainable underpinning financial plans, which are also linked to our priorities for transformation, to enable service change and address any increases in activity in urgent and emergency care and recovery activity to sustain performance and quality overall.

To deliver our healthcare priorities, all partners across our ICS have agreed to work to the following principles:

- The ICS will deliver overall balance, with each organisation also in balance at the end of the period.
- As many resources as possible are distributed to providers within the ICS.
- There is a collective approach to risk management.
- All investments and any additional funding agreed as an ICS.
- Any contingency is held at an ICS (system) level.
- Budget setting should be a completely transparent process.
- The financial plan will deliver the baseline activity and any additional costs for any additional activity above the baseline will be funded from the Elective Recovery Fund.

Our Brighton and Hove Place finance leaders work together through our monthly Finance Leadership Group, to discuss how to monitor the financial performance locally, manage local financial risks, identify opportunities for productivity and efficiency gains and to identify how the local finance leadership can support the delivery of health and care.