



# Transforming health and social care in East Sussex

## East Sussex Better Together

Presentation to the Health Overview and Scrutiny Committee  
26<sup>th</sup> March 2015



# East Sussex Better Together

## What will we cover today?

- Background and overview of East Sussex
- East Sussex Better Together: Vision & Framework
- Whole system transformation in 150 weeks
- The ultimate aim
- The challenges we face
- Next Steps



# Background & Context



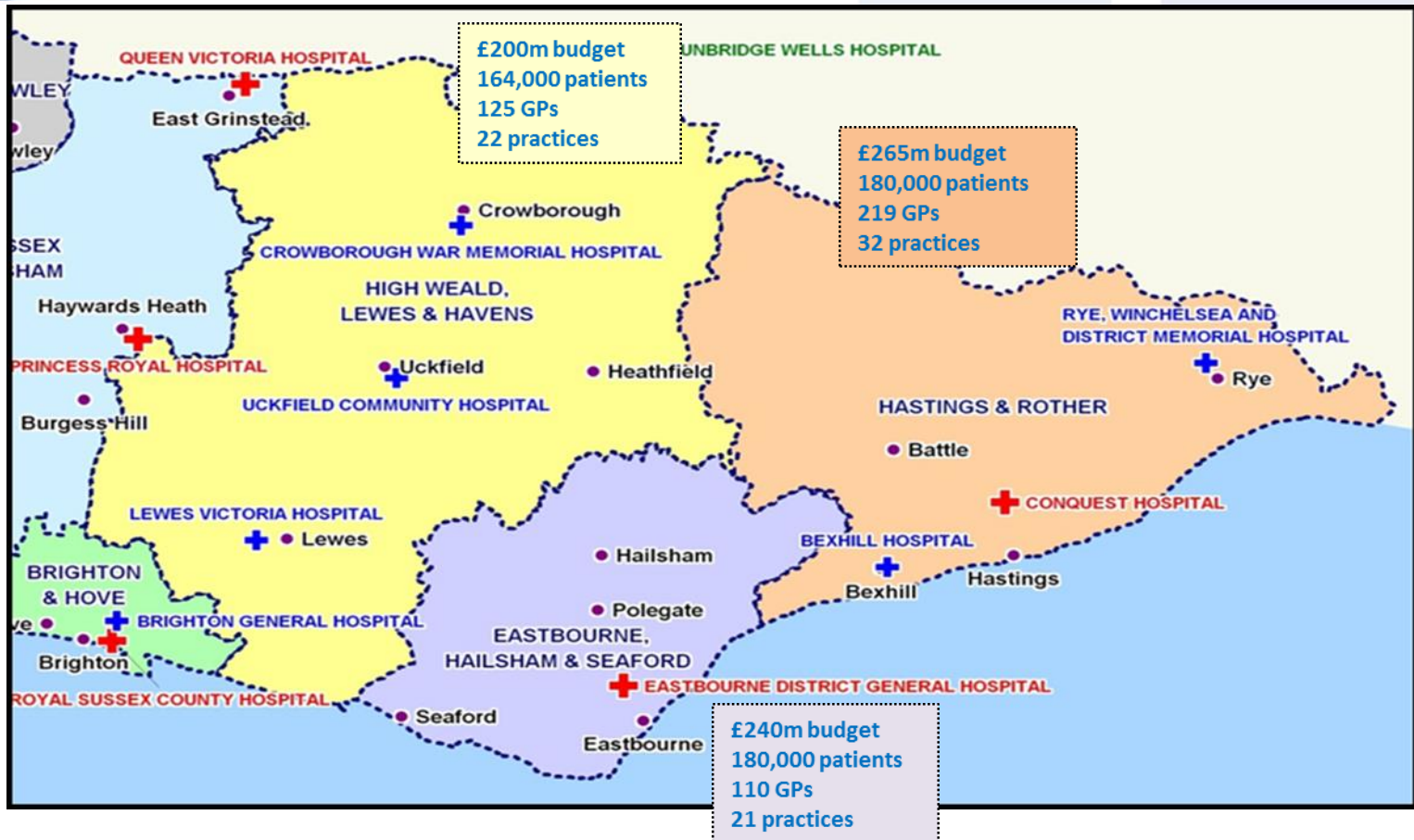


# Background to East Sussex

- Across the County Council and Clinical Commissioning Groups we spend around **£935 million** every year on commissioning health and social care (planning and buying the majority of local services)
- The services we provide at the moment, whilst often good, are not always the services that best meet the needs of how we live our lives today
- More than half the total spend is for people over 65 years (for health spend it is 54%). Patients over 85 years use on average health and social services equivalent to £8,180 per year as compared with £1,740 average for all other age groups in East Sussex
- **Our population is growing, people are living much longer and developing multiple long term conditions** – the demand for local health and care services is growing faster than our budget



# County Council and CCG boundaries



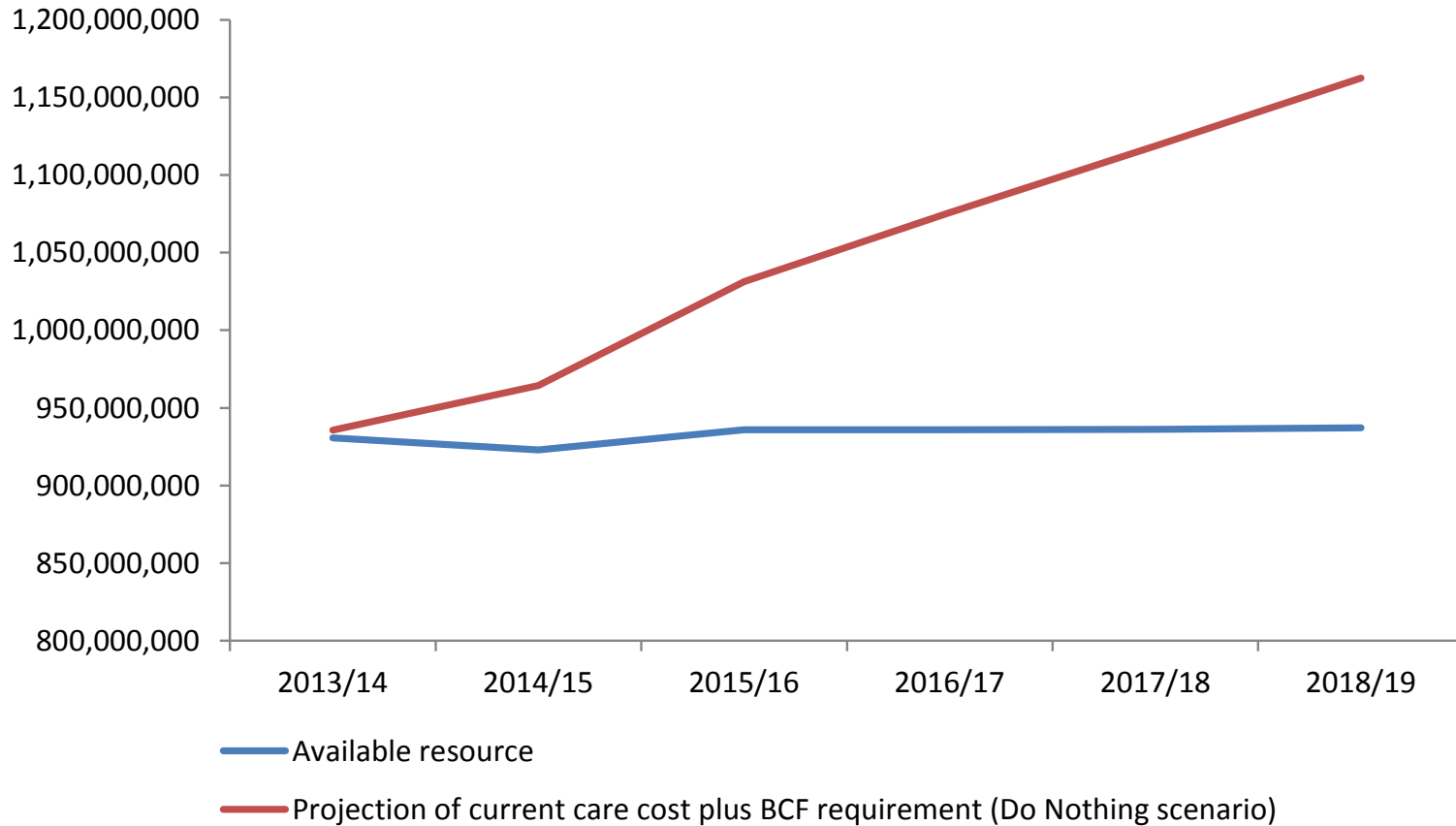
NHS Hastings and Rother Clinical Commissioning Group  
NHS Eastbourne, Hailsham and Seaford Clinical Commissioning Group  
NHS High Weald Lewes Havens Clinical Commissioning Group







# Projection of current resource use in a 'do nothing' scenario highlights challenge ahead for East Sussex





# East Sussex Better Together

## Vision, Framework & Engagement





# East Sussex Better Together Vision

Our vision is to create a **sustainable** health and social care system that promotes health and wellbeing whilst addressing quality and safety issues, in order to **prevent ill health** and deliver **improved patient experience and outcomes** for our population. This will be delivered through a focus on population needs, better prevention, self care, improved detection, early intervention, **proactive and joined up responses** to people that require care and support **across** traditional organisational and geographical boundaries.

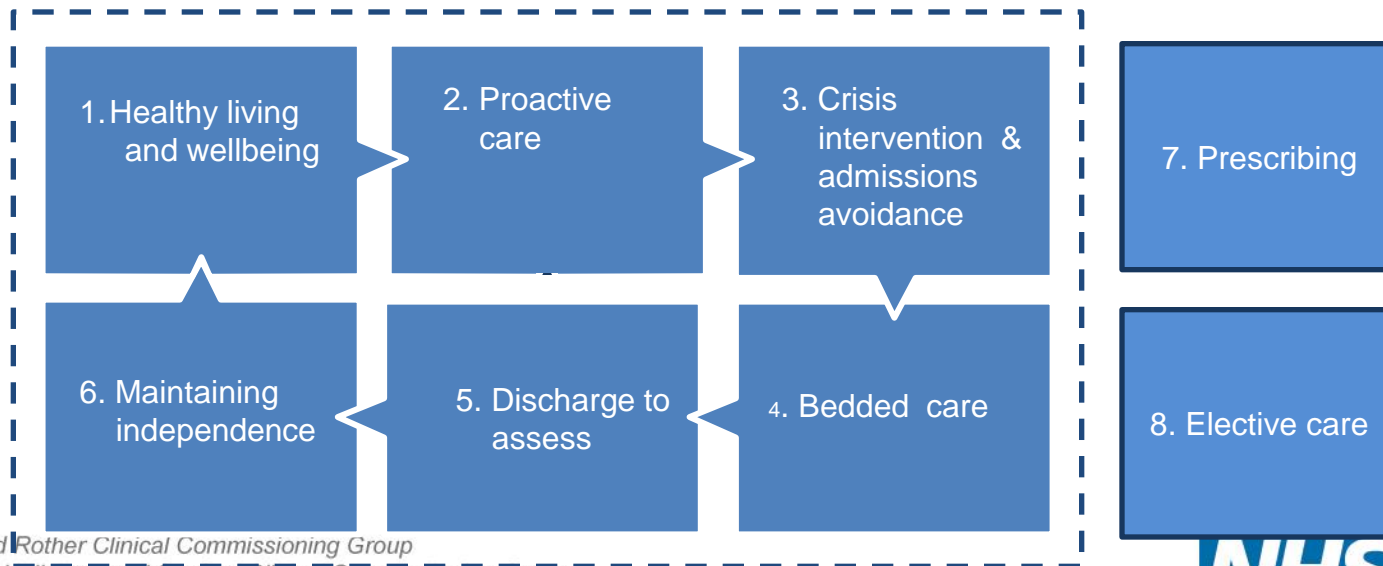




# East Sussex Better Together Framework

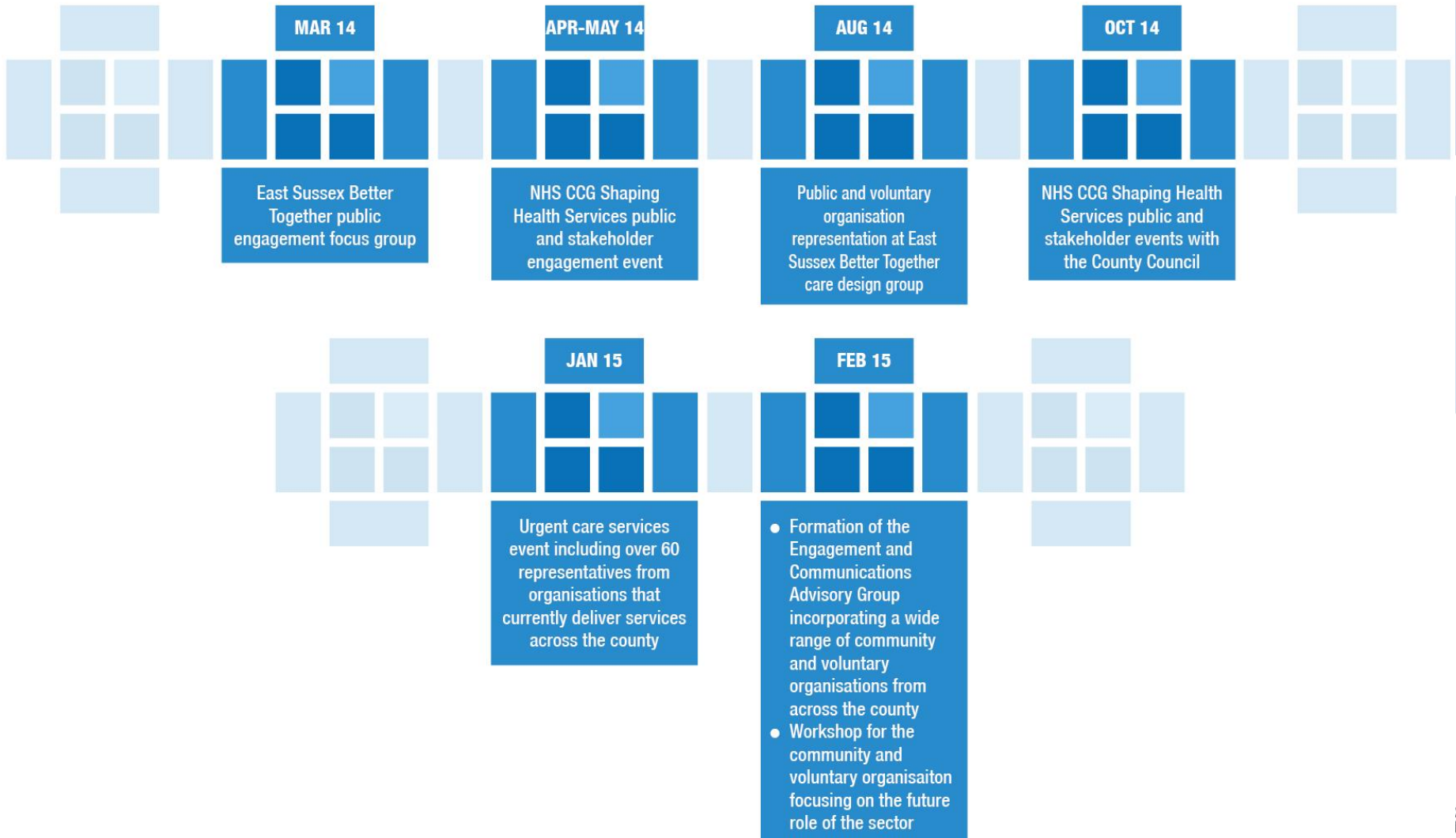
**A single framework to cover 100% of what we do, bringing together the entire spectrum of services people need to be fully supported at every stage of their health and social care needs**

- The first six boxes bring together our aspirations to focus on proactive care in order to meet people's needs, make sure services are joined-up and prioritise services that help people be more independent.
- The second two focus on the very important aspects of 'prescribing' and 'elective care' (e.g. surgery and other planned care) where we believe we can make big improvements in value and service quality



# A snapshot of public engagement so far

We want to make sure local people help shape local services





# Partnership Working

- Shaping Health and Social Care and service design groups
- Patient participation group forums,
- Critical Friends Partnership,
- Partnership Boards,
- Client and carer forums,
- East Sussex Seniors Association Health and Community Care Theme Group
- Individual working group forums



# Outcome of Care Design Group meetings

## Priorities for Whole System Transformation





# Words into action

## Care Design Groups

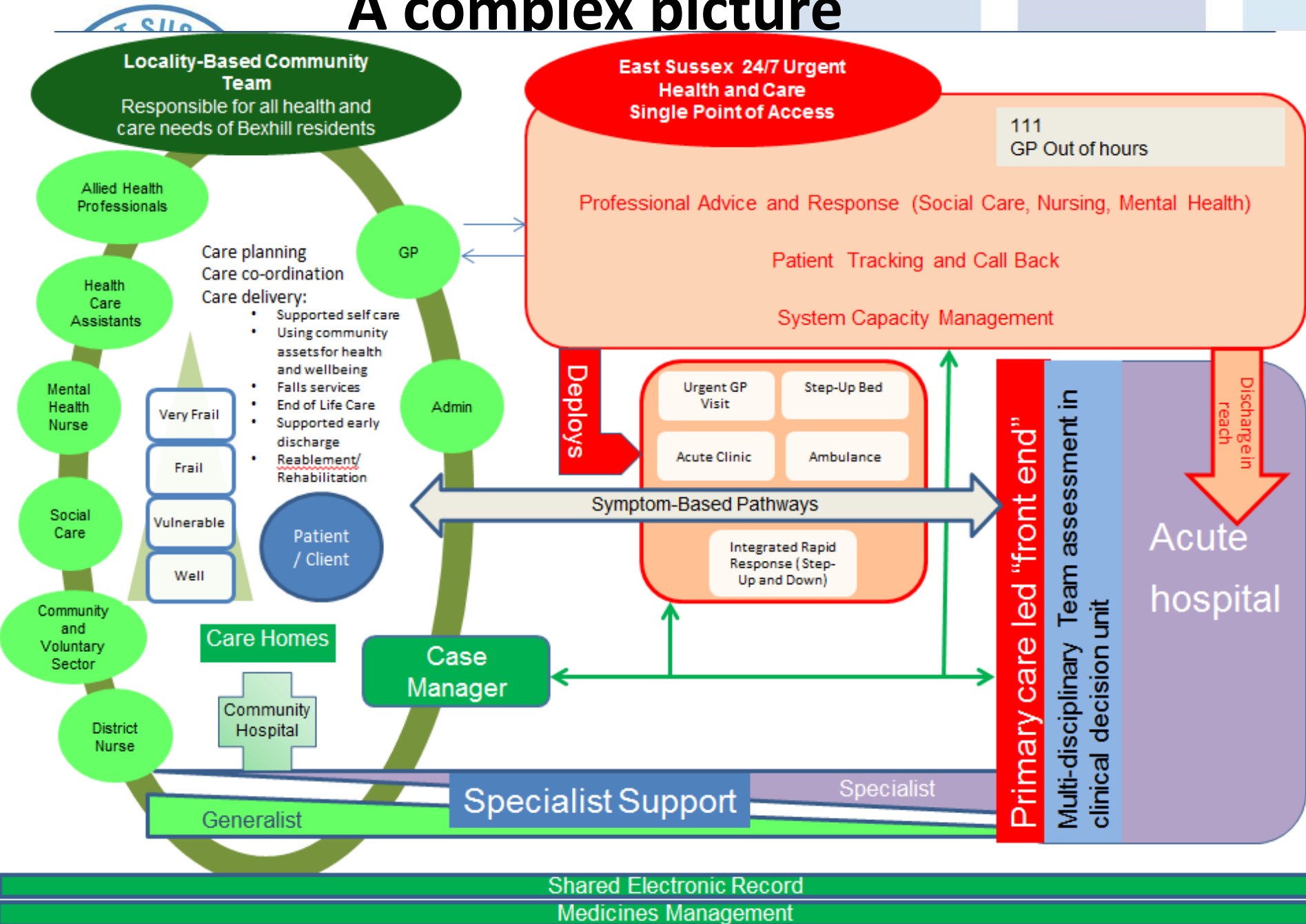
The way we are bringing the 6+2 box model to life for local communities is through a Care Design Group (CDG) approach.

- Over 40 health and social care professionals, voluntary sector and patient and public representatives have come together in a care design group
- This is a process that helps us to review peoples health and care needs and look at services we need to commission to meet these needs

### Priorities for development:

- How to make access to services easier
- How to better design services for people around a community
- How to access services on an urgent basis or in an emergency

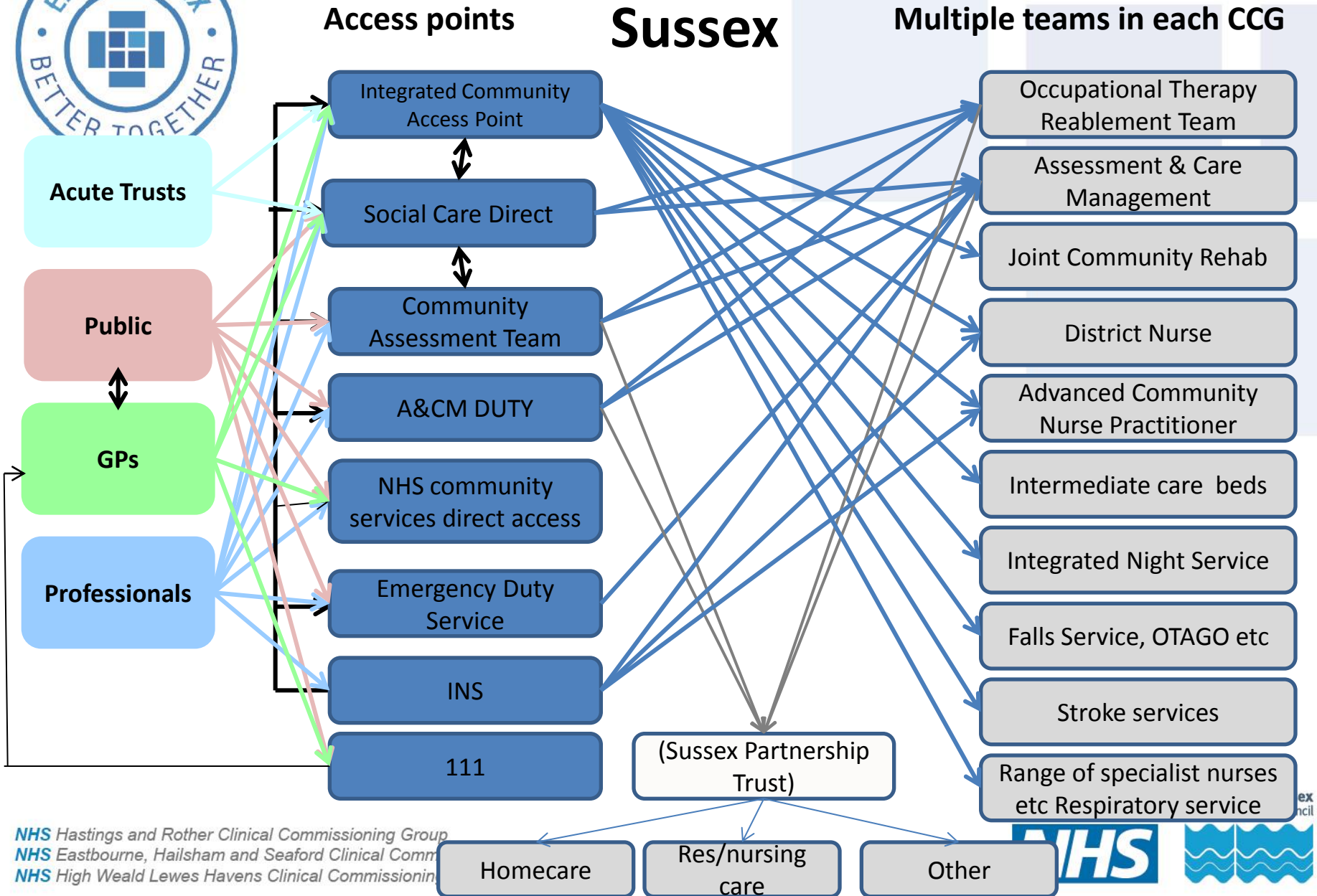
# A complex picture







# "Simple" version of current services in East

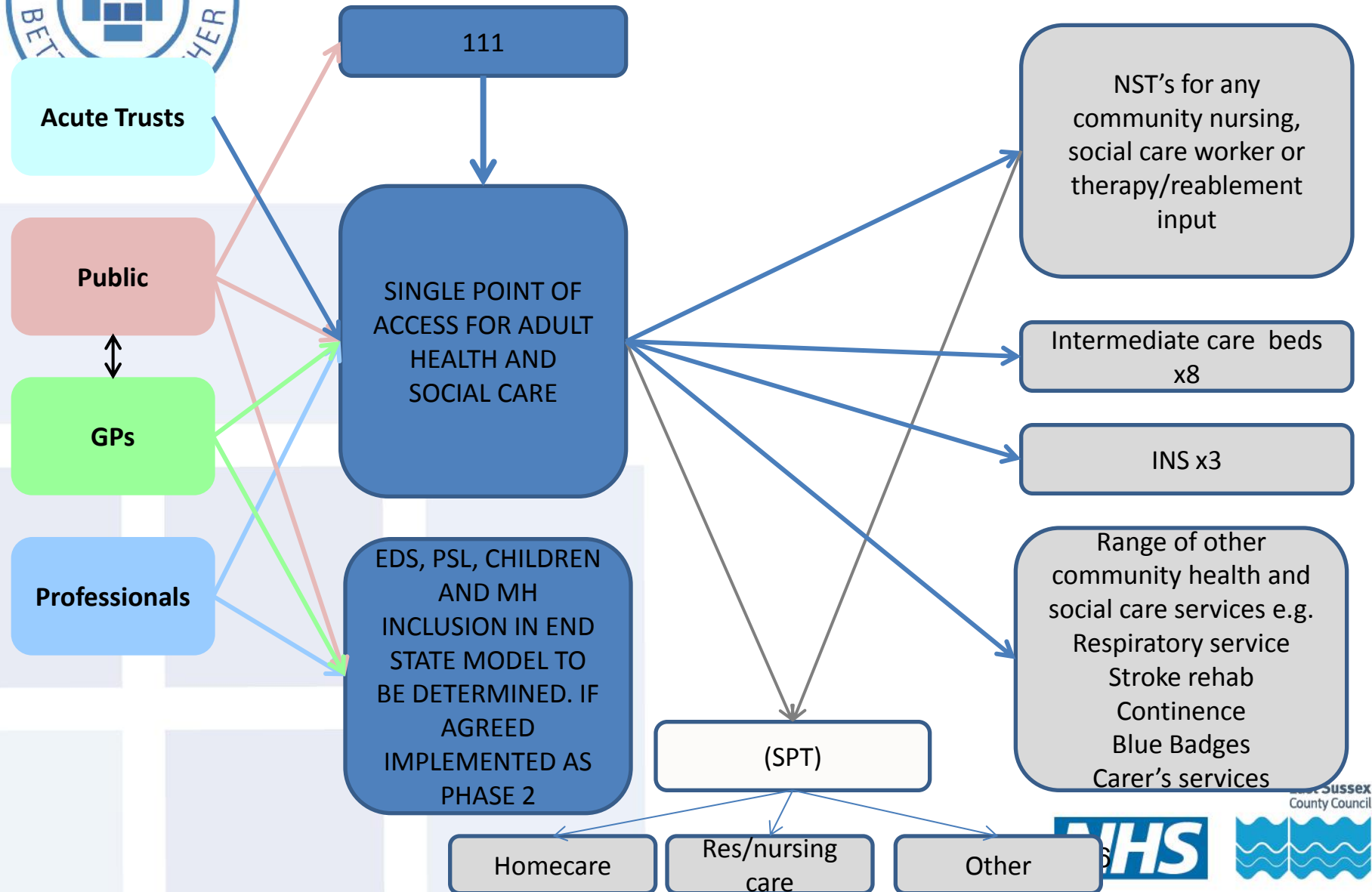


# Future access model Phase 1 - Adults



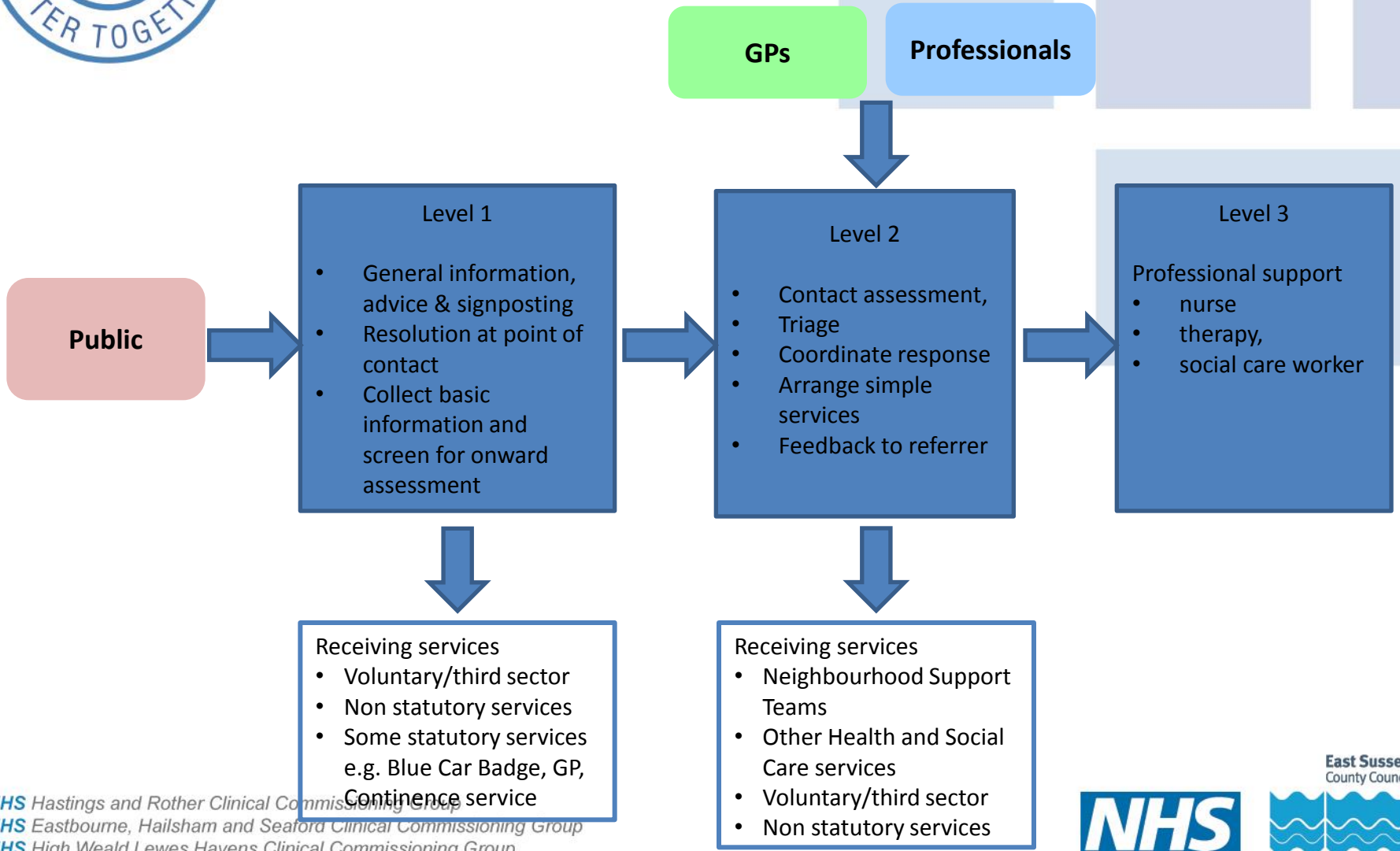
Access points

Multiple teams in each CCG





# Future Single Point of Access delivery model



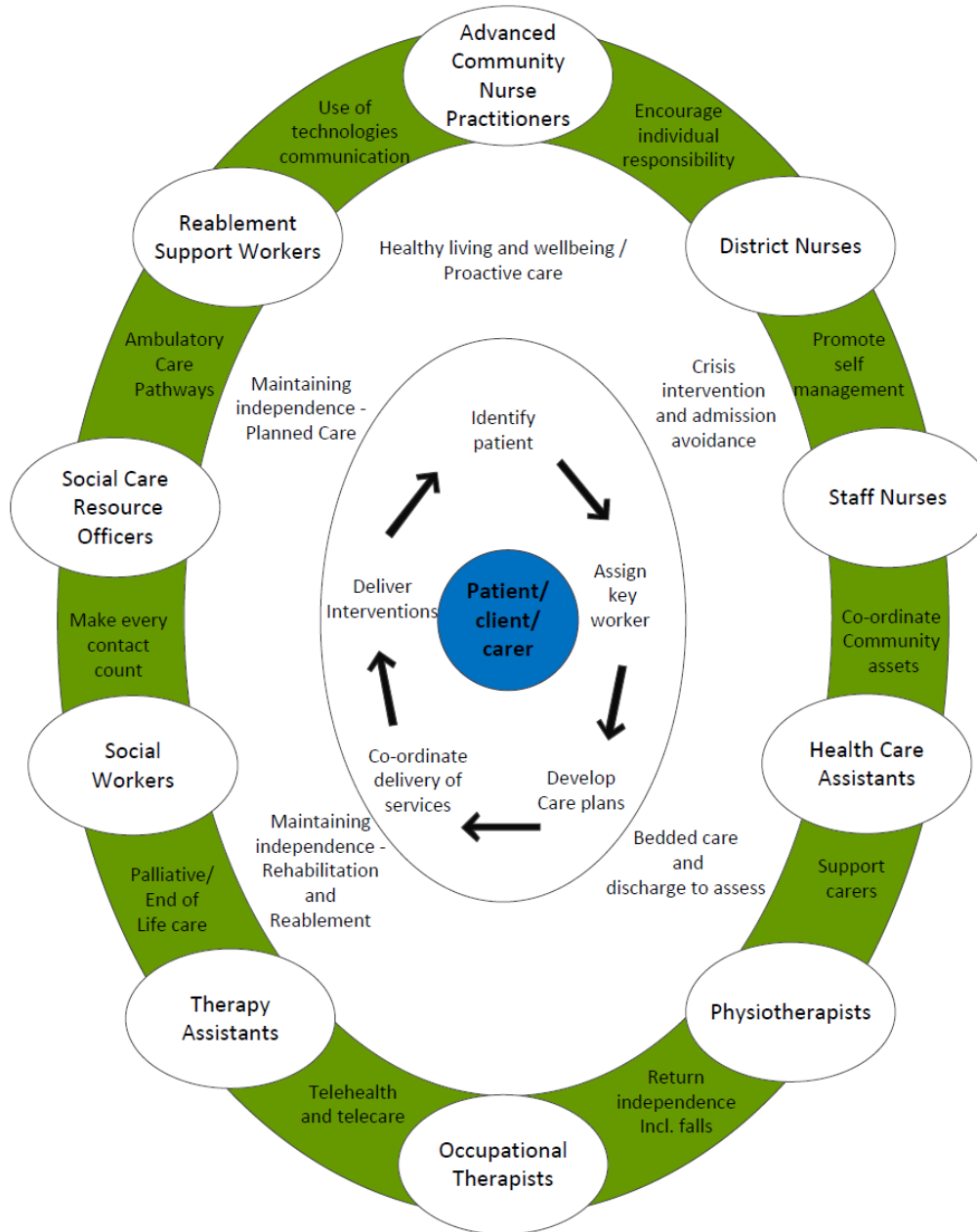


# Integrated Community Health & Social Care teams - Adults

Overarching proposal to change the way services are provided to deliver proactive joined up care; promote independence and improve outcomes for adults in locally defined communities

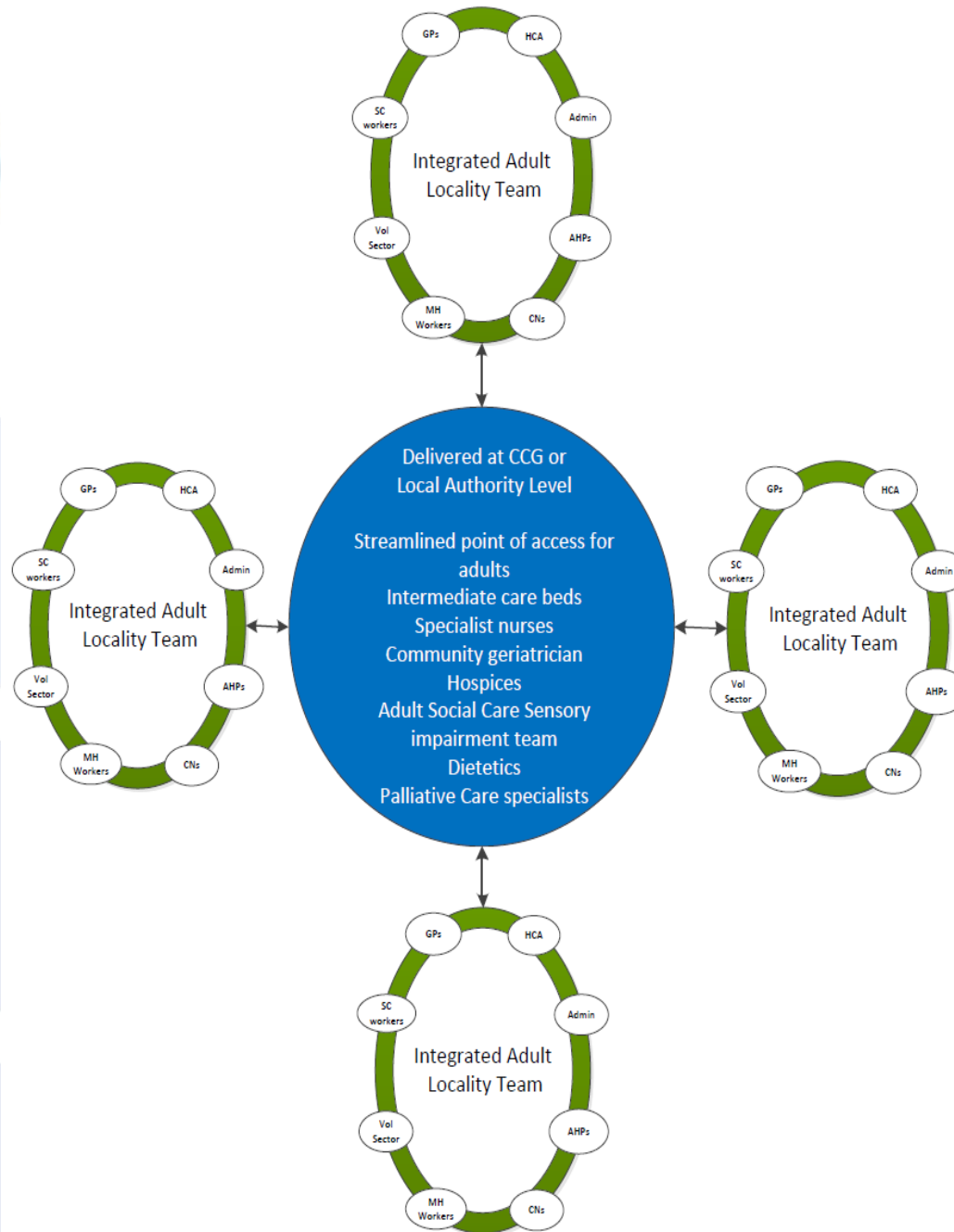
- Proactive care to actively identify people with complex needs and help people to manage their long term conditions more effectively
- Crisis intervention and admission avoidance
- In-reach into bedded care and supporting discharge to reduce length of stay in hospital
- Maintaining independence – rehabilitation and reablement integrated across health and social care
- Maintaining independence – planned and routine care by nurses and social care

# The core integrated locality adult team



Overview of locality team made up of nursing, therapy and social care delivering full range of functions for that locality





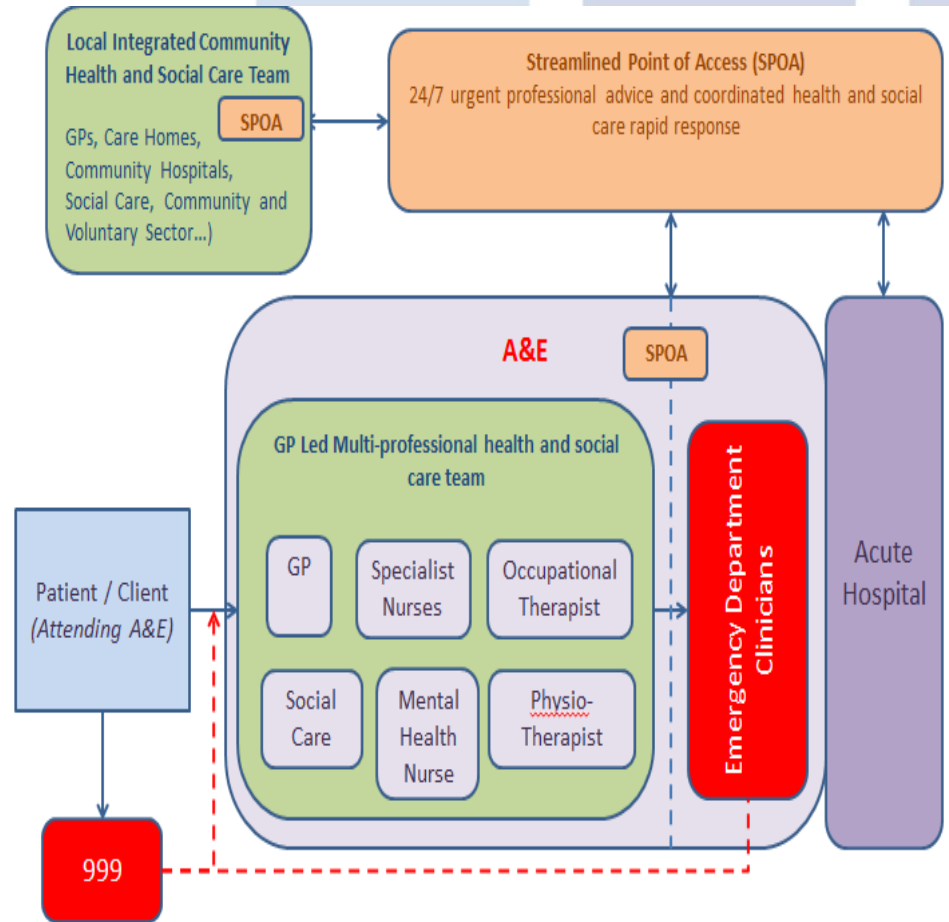
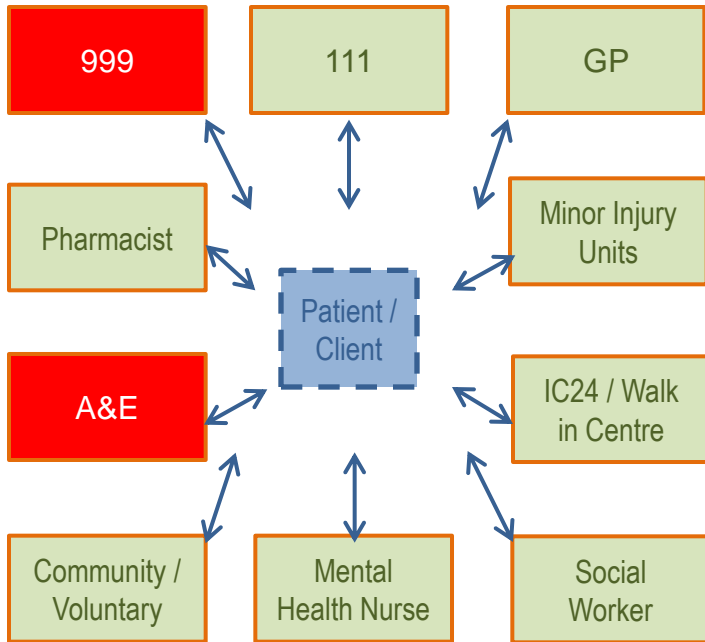
**Locality teams fit into the broader adults community services and pull on services delivered at a CCG or county level**







# Current and proposed urgent care landscape





# Maintaining the pace

## Whole system transformation in 150 weeks

Delivering the 6 Boxes		2015/16
Streamlined Points of Access	Phase 1 (Adults) Go-live:	Q1
Integrated Locality Teams	Phase 1 (Adults) Go-live	Q3
Whole System Urgent Care	Options Appraisal	Q1
Self-care and Prevention	Scoping of existing services, apps & technology	Q1

Delivering the 'Plus 2' Boxes		2015/16
Medicines Optimisation	New services agreed	Q2
Planned Care	Programme Plan agreed	Q2

Nine Enablers		
Patient Public Engagement	Governance and Decision Making	Strategic Planning
Innovation and Research	Financial Planning	Workforce Planning
Primary Care Strategy	Provider Landscape	IM&T



# East Sussex Better Together

## The ultimate aim of the programme

A fully integrated health and social care economy in East Sussex that makes sure people receive proactive, joined up care, supporting them to live as independently as possible

### What will this look like?

- Improved health and well being with reduced health inequalities
- a sustainable approach to community resilience and primary and secondary prevention
- Our experiences of using services will be better
- Our staff will be working in a way that really makes the most of their dedication, skills and professionalism
- The cost of care will have been made affordable and sustainable

***We will have secured the future of our NHS and social care for the next generation***



# CHALLENGES AND NEXT STEPS



# Challenges

- Sustaining and improving current services during a period of transformation
- Meeting the immediate requirements of the Better Care Fund to reduce demand on hospitals whilst ensuring any service developments support the delivery of our strategic goals
- National organisational changes to the NHS and social care
- Significant budget reductions to social care
- Sustaining a focus on health and wellbeing and prevention
- Delivering significant cultural, behaviour and organisational change

**Maintaining a locally led programme of transformation which delivers the best possible outcomes within available resources**



# Next Steps - Engagement

- Strong communication and engagement group to ensure appropriate input as we continue to co-design services
- Working with Healthwatch to develop a Public Reference Group to ensure we engage as many people of East Sussex as possible
- Working with all stakeholders to develop and refine the proposed new service models
- Building local partnerships with community based teams