Transforming health and social care in East Sussex

East Sussex Better Together

Presentation to the Health and Wellbeing Board
28th April 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 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
Projection of current resource use in a ‘do nothing’ scenario highlights challenge ahead for East Sussex
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.

1. Healthy living and wellbeing
2. Proactive care
3. Crisis intervention & admissions avoidance
4. Bedded care
5. Discharge to assess
6. Maintaining independence
7. Prescribing
8. Elective care
A snapshot of public engagement so far

We want to make sure local people help shape local services

**MAR 14**
East Sussex Better Together public engagement focus group

**APR-MAY 14**
NHS CCG Shaping Health Services public and stakeholder engagement event

**AUG 14**
Public and voluntary organisation representation at East Sussex Better Together care design group

**OCT 14**
NHS CCG Shaping Health Services public and stakeholder events with the County Council

**JAN 15**
Urgent care services event including over 60 representatives from organisations that currently deliver services across the county

**FEB 15**
- Formation of the Engagement and Communications Advisory Group incorporating a wide range of community and voluntary organisations from across the county
- Workshop for the community and voluntary organisation focusing on the future role of the sector

NHS High Weald Lewes Havens Clinical Commissioning Group
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
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
“Simple” version of current services in East Sussex

Access points

- Integrated Community Access Point
- Social Care Direct
- Community Assessment Team
- A&CM DUTY
- NHS community services direct access
- Emergency Duty Service
- INS
- 111

(Sussex Partnership Trust)

Multiple teams in each CCG

- Occupational Therapy Reablement Team
- Assessment & Care Management
- Joint Community Rehab
- District Nurse
- Advanced Community Nurse Practitioner
- Intermediate care beds
- Integrated Night Service
- Falls Service, OTAGO etc
- Stroke services
- Range of specialist nurses etc Respiratory service

Acute Trusts

Public

GPs

Professionals

Homecare

Res/nursing care

Other
Future access model Phase 1 - Adults

Access points

111

SINGLE POINT OF ACCESS FOR ADULT HEALTH AND SOCIAL CARE

EDS, PSL, CHILDREN AND MH INCLUSION IN END STATE MODEL TO BE DETERMINED. IF AGREED IMPLEMENTED AS PHASE 2

(SPT)

Homecare
Res/nursing care
Other

Multiple teams in each CCG

NST’s for any community nursing, social care worker or therapy/reablement input

Intermediate care beds x8
INS x3

Range of other community health and social care services e.g.
Respiratory service
Stroke rehab
Continence
Blue Badges
Carer’s services

Public
GPs
Professionals

Acute Trusts
Future Single Point of Access delivery model

**Level 1**
- General information, advice & signposting
- Resolution at point of contact
- Collect basic information and screen for onward assessment

**Level 2**
- Contact assessment
- Triage
- Coordinate response
- Arrange simple services
- Feedback to referrer

**Level 3**
- Professional support
  - nurse
  - therapy
  - social care worker

**Public**
- Receiving services
  - Voluntary/third sector
  - Non statutory services
  - Some statutory services e.g. Blue Car Badge, GP, Continence service

**GPs**

**Professionals**

**Receiving services**
- Neighbourhood Support Teams
- Other Health and Social Care services
- Voluntary/third sector
- Non statutory services
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
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

- Local Integrated Community Health and Social Care Team
  - GPs, Care Homes, Community Hospitals, Social Care, Community and Voluntary Sector...
  - SPOA
  - Streamlined Point of Access (SPOA)
    - 24/7 urgent professional advice and coordinated health and social care rapid response

- Patient / Client (Attending A&E)
  - GP
  - Specialist Nurses
  - Occupational Therapist
  - Social Care
  - Mental Health Nurse
  - Physio-Therapist

- Emergency Department Clinicians
- Acute Hospital

- A&E

- SPOA

- 999

- 111

- GP

- Minor Injury Units

- IC24 / Walk in Centre

- Pharmacist

- Community / Voluntary

- Mental Health Nurse

- Social Worker

NHS Hastings and Rother Clinical Commissioning Group
NHS Eastbourne, Hailsham and Seaford Clinical Commissioning Group
NHS High Weald Lewes Hassocks and Ditchling Clinical Commissioning Group
Maintaining the pace
Whole system transformation in 150 weeks

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Delivering the 6 Boxes
- **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
- **Medicines Optimisation**: New services agreed: Q2
- **Planned Care**: Programme Plan agreed: Q2
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

• 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

• Developing 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