

DRAFT Sussex Strategic Delivery Plan (SDP) – East Sussex Place High Level Milestone Plan

1) Our shared vision

Our East Sussex Health and Wellbeing Board's vision is to protect and improve health and wellbeing and reduce health inequalities in East Sussex, so that everyone has the opportunity to have a life that is as safe, healthy, happy and fulfilling as possible. Through our work together we want to promote health and wellbeing for everyone, make sure those who need it benefit from care and support that intervenes early, works with their strengths and supports their resilience as much as possible.

Our Sussex Integrated Care Strategy and East Sussex Health and Wellbeing Board Strategy align around a shared vision where in the future, health and care organisations will work in a more joined-up way with and within communities to better understand and respond to their specific needs. Support and services will be shaped around local people, rather than expect them to fit into the 'system'. When we say communities, we mean both the local area people live in and also communities that we know people identify with, such as those with the same interest, beliefs, or way of life.

2) Delivering our vision

Delivering this involves a collaborative approach across all of our organisations that deliver services to improve health, reduce health inequalities and deliver integrated care for our population. In East Sussex we have committed to some shared priorities and work based on the needs and assets in our population and the factors that influence people's overall health and ability to stay healthy, in addition to improving outcomes through integrated health and care. The focus of our shared work is aimed at increasing prevention and early intervention and delivering personalised, integrated care.

The next steps for our East Sussex Health and Care Partnership will be to build on our existing work to enhance the integrated community model for our population that will better enable health, care and wellbeing for people and families across the whole of life. This will mean designing a model that best enables:

- Working together in our communities across primary care, community healthcare, education, social care, mental health, and the full range of local voluntary and community and housing organisations, and using our collective resources driven by a deeper shared understanding of local needs
- Strengthening our offer of integrated care. For children and young people this is about working with whole families (including through the Family Safeguarding model), and linking ever more closely with early years settings, schools and colleges. For adults this includes further developing Trusted Assessor roles, rapid crisis response and support with discharges from hospital, as well as exploring ways to build more integrated leadership and roles to deliver better coordinated care
- A clear focus on improving population health overall and the years of life people spend in good health. Our model needs to link strongly with the wider services in local areas that impact on social and economic wellbeing. This includes leisure, housing and environment services provided by borough and district councils and others

Our partnership plans to embed networks and hubs in communities to help coordinate access to local sources of practical support and activities will be a key part of this model, for example through boosting emotional wellbeing and helping with loneliness and isolation. We also want to develop our plans for using our power as employers and buyers of services to stimulate economic and social wellbeing in our communities. Overall this model will bring:

- Greater capacity in our communities to promote mutual support, and deeper levels of joined up and personalised care, building on the strengths and assets of individuals, families and communities
- Greater levels of prevention, early intervention and ways to proactively respond to prevent situations getting worse

- New ways to remove the barriers that prevent staff and volunteers working in different teams from working together on the ground, better supporting people with long-term complex care needs and their carers in their own homes, care homes and other community settings including when people are at the end of their lives

Our strong focus in 2023/24 will be to mobilise our collective resources and work more closely in our communities and neighbourhoods across all of our teams and services, aligning with and contributing to the ambition and key success factors set out in the Sussex Integrated Care Strategy. Through developing our plans to underpin delivery of these shared priorities in 2023/24 we will support our wider Sussex Integrated Care System to deliver improvement plans for NHS urgent and emergency care services, the ongoing recovery of planned and elective care and better access to services.

2023/24 High level milestone plan				
Aim: Improve health outcomes in the following areas: CVD, respiratory disease, mental health and frailty/aging well				
Actions	Quarterly milestones	Current position	Measure of success Y1	Measure of success Y5
1) Co-design and deliver whole system and pathway action plans for CVD, respiratory disease, mental health and frailty/ageing well	<p>Q1: Design and hold four stakeholder workshops to map and understand the opportunities and key areas of focus</p> <p>Q2: Agree whole system 'plan on a page' for each area, and implement identified immediate improvements to support Winter planning and approaches to capturing and measuring impacts</p> <p>Q3: Mobilise implementation of PDSA activity</p> <p>Q4: Evaluate and review progress and impacts to inform plans for 2024/25</p>	<ul style="list-style-type: none"> • Initial analysis undertaken for the four proposed areas • Proposed approach developed and work underway to evolve our partnership and programme governance to support delivery 	<ul style="list-style-type: none"> • Early measurable improvements to pathways ahead of Winter • Proactive care leading to shifts away from acute hospital activity towards prevention and early intervention 	<p>Health and Wellbeing Board Strategy Shared Outcomes Framework:</p> <ul style="list-style-type: none"> • Improved population health and reduced inequalities • Improved experience of care • Improved quality of care • Transformed services for sustainability
Aim: Enhance our offer of joined up health, care and wellbeing in communities and neighbourhoods				
Actions	Quarterly milestones	Current position	Measure of success Y1	Measure of success Y5
1) Co-design and deliver a 'proof of concept' exercise for delivering joined up health, care and wellbeing initially focussed on the Hastings area,	<p>Q1: Map the existing projects and funding streams focussed on Hastings. Convene a meeting with a range of local frontline teams to explore what is working well currently, and agree the areas of focus for a strengthened joined up offer that can adapt where appropriate to specific local population challenges</p>	<ul style="list-style-type: none"> • Initial proposed approach explored for wider review and discussion with system partners. • Agreed approach to be evolved further as a key programme of work to be taken forward through the 	<ul style="list-style-type: none"> • Proof of concept: joined up approach to planning and delivering health, care and wellbeing modelled and delivered in Hastings, phased plan in place and underway to roll out the approach across the county 	<p>Health and Wellbeing Board Strategy Shared Outcomes Framework:</p> <ul style="list-style-type: none"> • Improved population health and reduced inequalities • Improved experience of care

<p>building on existing partnership projects and activity there</p> <p>2) Identify early quick wins and develop a phased plan to support wider roll out for the whole County</p>	<p>Q2: Plan and deliver small-scale PDSA exercises to test different ways of working and further inform what is needed to enable teams to better work together</p> <p>Q3: Use PDSA outcomes to begin to model functional and resource requirements to support a locality-based framework for planning and delivering services as BAU delivery</p> <p>Q4: Evaluate and review progress and impacts to support further phases of implementation in 2024/25</p>	<p>East Sussex Community Oversight Board</p>		<ul style="list-style-type: none"> • Improved quality of care • Transformed services for sustainability
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