



West Sussex Health and Care Partnership Plan 2021/22 Summary

Our ambition

We want West Sussex to be a great place in which to grow up, achieve, raise a family and grow old, in strong, safe and sustainable communities. We want it to be a place where improved health and wellbeing is experienced by all our residents and the health and wellbeing gap between communities is reducing.

This ambition, set out by the Health and Wellbeing Board, will enable every individual living in West Sussex to have access to the best health and care from the moment they are born and throughout their lives. Our West Sussex Health and Care Plan supports and enables this to become a reality for our local population.

People living across West Sussex have told us they want to receive the care they need, in the way they want it that best supports them. They have told us they want to feel safe, valued and listened to and be able to take responsibility and be involved in decisions about their care. They have told us that, if they can't, their family, friends or carers' know of their wishes and choices and they have access to one unified health and social care service and team. They have told us they want to know their best interests are always put first. Our aim is to work towards removing organisational barriers to meet what is important to our residents and deliver a more sustainable and effective health and care service.

Our joint priorities as we work towards this vision are to:

- Address health inequalities
- Integrate models of care
- Transform the way we do things

Our West Sussex Health and Care Plan builds on more than two years of engagement and system partnership planning. It does not replace individual partner plans but builds on them and on specific service strategies. It represents an interim West Sussex place-based plan that brings partners across health and social care together to deliver our vision of health and care integration and better health and wellbeing outcomes for all residents. It sets out our longer-term ambitions, our medium-term transformation priorities for the next two years, and the NHS's immediate priorities for this year 2021/22 to restore services. This summary provides an overview of the full detailed plan.

Working together for our population

The West Sussex Health and Care Partnership was established in 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 is here to support the delivery of the West Sussex Health and Wellbeing Board vision and to achieve the goals of the Sussex-wide Integrated Care System.

By working together we can align organisational priorities and jointly address health inequalities, integrate models of care, and transform the way we do things. Our partnership allows us to share decision-making and responsibility, whilst sustaining the sovereignty and statutory accountability of each individual organisation. It brings together local leaders across primary care, acute providers, our community provider, our mental health provider, our County Council and our Clinical Commissioning Group.

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.

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.

Service issues

In addition to our performance challenges we have identified key service issues that will impact on health outcomes:

- **Mental health** - Existing capacity and processes are insufficient to meet the ambitions of the long term plan resulting in long waits for access to a number of common mental health and

more specialist pathways and unwarranted variation can be seen in access and outcomes. In addition, we have seen mental health significantly worsen through the pandemic.

- **Stroke provision** – A recent review highlighted local provision in the coastal area does not currently meet national requirements. Stroke services for the Crawley, Mid Sussex and Horsham population of West Sussex are in place.
- **Diabetes** – There is great variation in the provision of diabetes services and outcomes across Sussex. In West Sussex the community model does not meet best practice. The work across Sussex will ensure we deliver a single model of integrated diabetes care, to reduce unwarranted variation and improve access and outcomes.
- **Children with Neuro Developmental condition** - Nationally, it is estimated that 3-4% of the child population have a neuro-developmental condition, the most common being Autism and ADHD. In recent years, there has been a surge in demand for Neurodevelopmental Pathway (NDP) assessments for children. This, together with challenges around recruitment and the impact of COVID has led to long waiting lists across many areas of the country. This is mirrored in West Sussex, with latest data showing there are over 1,000 children currently on NDP waiting lists. Children routinely wait over two years for a diagnosis and this is often longer for ADHD assessment.

Our population

- West Sussex is a large and diverse county, covering over 750 square miles and home to over 864,000 people.
- The population has increased by around 8.5% over the last 10 years, with the largest increase (around 23%) in the 65+ age group.
- The overall population is projected to reach 920,000 by 2030, with the highest percentage increases in the older age groups, with an additional 25,000 people aged 65 years or over.
- Life expectancy for men is 80.9 years and 84.2 years for women (2017-19). However there is a considerable difference between people who live in the most deprived areas compared with those who live in the least deprived areas.
- As the population ages, more people will be living longer with a long term health condition or disability and many people will be living with multiple conditions. Almost two thirds of those aged 65-84 in West Sussex are estimated to live with two or more conditions, rising to four in five of those aged 85+.
- More than 72,500 people above the age of 65 are living alone. A survey in 2013 found that 1 in 4 of older people reported being moderately or severely lonely.
- 11% of the population were from non-white UK backgrounds, which was lower when compared with England (20%).
- Around 4% of West Sussex residents identify with a minority religion. The largest minority religion is Islam, with 1.6% identifying as Muslim, a figure much lower than regional and national averages.
- Many of the minority ethnic communities live within or near the areas of West Sussex which are the most deprived.

What our residents have told us

Understanding the views and experiences of our populations is essential for us to shape and improve services and support to best meet the needs of the people we serve. We are committed to reaching out to local communities and supporting residents to have their say in the future of local services and a significant amount of public involvement has taken place to gain feedback, insight and involvement in our work.

The key themes we have been told are:

- “We want care close to home”
- “We want easy access to urgent and primary care”
- “I don’t want to keep telling my story”
- “I want to know where to get community based support”

What we have done so far:

- We have improved GP access
- We have developed Urgent Treatment Centres an integrated model of urgent care and primary care clinicians
- We have started sharing information on My Health and Care Record
- We have developed and extended our West Sussex Social Prescribing offer and services

What more we need to do:

- We will continue to work with our population at place, locality and neighbourhood levels to:
 - Ensure equality of outcomes and access of services
 - Develop further models of care closer to home

Our priorities and delivery plans

We have three long term priorities were we are collectively working together to improve and transform services. These are based on the needs of the West Sussex population, as well as the agreed Sussex-wide priorities that will be delivered locally to meet the national commitments of the NHS.

- Addressing Health Inequalities
- Integrating Models of Care
- Transforming and Restoring Services

Addressing Health Inequalities

We are committed addressing the health inequalities that exist across West Sussex to help increase quality of life, improve health outcomes, increase the life of residents, and detect health conditions earlier that can then be managed more effectively.

We will prioritise the improvement of healthy life expectancy through tackling the key health inequality related conditions and ill health relating to CVD, respiratory and cancer. We will utilise approaches such as smoking, cancer screening and health checks and work together with key stakeholders across the area to target our activity and resources where it is needed most based on local epidemiology and evidence of what works.

Our shared long-term priorities are:

- **Smoking in targeted areas** – We will build on the work of the Smoking Cessation programme to understand how to best focus on the areas which higher rates developing the targeted approach further.
- **Cancer access** – We will develop a tailored plan to tackle late presentation by understanding the reasons and barriers to accessing early diagnosis.
- **Physical health checks and for people living with serious mental illness or learning disabilities** - We will develop further our primary care communications, voluntary and community sector support, our local commissioned services and a clinically led training and education programme in primary care.

The actions we are taking during 2021/22 are:

- Establishing a [Health Inequalities Steering Group](#), which will work within the ICS Health Inequalities Programme to oversee delivery of the BAME recommendations as part of wider health inequality objectives.
- Ensuring any [unwarranted variation](#) that currently exists across West Sussex is addressed and known areas of inequalities is a key area of focus for these contracts.
- Further developing [population health management activity in Crawley](#).
- Finalising information, learning, engagement, reporting and governance [structures](#) and producing a locally sensitive but countywide approach to tackle health inequalities.
- Expanding the work addressing inequalities amongst [BAME communities](#).
- Spreading and scaling up the core components of [personalised care](#), namely Shared Decision Making, choice, Personalised Care and Support Planning, Supported Self-Management, Personalised Care and Community-Based Support and Personal Health Budgets.
- Further developing [Social Prescribing](#).
- Continuing to [engage with key communities](#) and work to tackle known inequality in Covid-19 vaccine uptake.

Integrating Models of Care

Our aim is to treat and manage conditions largely in the community, providing a more personalised approach for patients, proactively addressing issues as they arise, reducing the need for extended hospital stays and freeing up capacity within secondary care. This will require a shift in focus where the person is treated and not the condition, where care is joined-up and seamless and involves less 'handoffs', where there is better anticipatory and preventative care, and where services are tailored to meet the need of the community.

Our shared long-term priority is:

- [Primary and Community Care Integration: Crawley](#) - We will further develop the primary and community care integration model that will enable the flexibility for services to meet the needs of its local community.

The actions we are taking during 2021/22 are:

- Building on our [Health in Housing](#) Memorandum of Understanding (MOU) for organisations in West Sussex to co-develop and make a collective commitment towards the use of housing to improve the long-term health and wellbeing of our communities.
- [Developing our integration ambition](#) to set out how our current integrated models come together and to develop a single vision.

Transforming and Restoring Services

We are working together to continue to improve our services where it will have the greatest impact, taking the opportunity to address health inequalities and strengthen our integrated approach. We aim to address the issues, challenges and impacts of the Covid-19 pandemic, to restore and recover services, and we have joint transformation priorities to tackle the challenges in West Sussex that need us to go beyond traditional ways of working. We are focusing on a number of different areas, which are outlined as follows:

Our shared long-term priorities are:

- To transform the models of admission avoidance and hospital discharge, integrating services across health and social care, to provide the most effective preventative and reabling support
- To develop a community beds model to meet changing needs and to ensure appropriate access and quality of environment
 - To improve the stroke services in the coastal area of West Sussex focusing on whole pathway from prevention of strokes to optimising the care for those who have survived a stroke
- To improve the West Sussex diabetes offer through the development of a single, integrated model of primary and community diabetes care across Sussex, better supporting prevention and self-management of diabetes

The actions we are taking during 2021/22 are to [restore and recover services](#), meet new care demands and reduce the care back logs that are a direct consequence of the pandemic:

- [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.
- [Personalised Care](#) - Personalised care requires joined up approaches where people work across boundaries, integrate resources from different places and share information appropriately, to ensure that people who use health services receive a seamless experience whilst under NHS care and beyond. This will allow patients to have greater information and responsibility for their own care decisions. We are taking action to address inequalities, develop a population health management approach, and further developing social prescribing.
- [Long Term Conditions](#) - We have a number of work programmes that aim to improve the outcomes of those with long term conditions and reduce the health inequalities that currently existing. These focus on: Cardiovascular Disease (CVD) prevention; Stroke; Respiratory; Cardiac; and Diabetes.
- [Urgent Care](#) - We have a model for integrated urgent care that aims to provide the right care at the right time, and in a timeframe that is appropriate to clinical need. 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; Place-based models of Integrated Care - Locality care hubs
- [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. In the long term we will continue to develop Community Diagnostic Hubs, which will allow additional, digitally connected, diagnostic capacity, in the community to meet the needs of local communities. We will be taking a number of short-term actions, including maximising elective capacity and prioritising the most clinically urgent and those waiting over 52 weeks.
- [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** - Responding to CQC and OFSTED reports, we recognise a requirement to reduce health inequalities and variation in delivery of services supporting our children and achieve compliance with statutory performance targets. Our agreed priorities include supporting the development of a Sussex Children and Young People (CYP) physical health strategy that sits alongside and aligns to our Sussex CYP Mental Health and Emotional Well-being strategy and the Sussex CCGs Learning Disabilities and Autism strategy, to ensure the needs of West Sussex children are addressed.
- **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. We are implementing the priorities from the Ockenden Report and are developing a midwifery led unit for West Sussex.

Our workforce

We recognise there are opportunities to look at how the collective workforce for health and care across West Sussex is deployed and developed in support of our integration and transformation plans. We currently have high vacancy rates, high turnover, and an insufficient supply of future staff so we need to take collective action to ensure we have the workforce to continue to deliver high quality care and services. We will be developing a local workforce plan which will help meet the needs of our populations. We will be working together to ensure our staff are better supporting, inclusion and equality of opportunity is embedded; we have a joined-up approach to recruitment, developing and retaining our people; and there is strong leadership and management of the workforce.

Our estate

To support the successful delivery of our plan, it is critical that our buildings and facilities can respond to the service development needs as well as. The West Sussex estates programme is working to develop a health and care estates plan that will:

- Consolidate our current estates plans across West Sussex.
- Understand the emerging estate needs from our strategic programmes.
- Develop further our joint estate planning ability and respond.

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 West Sussex 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 in West Sussex.

We will be developing place-based sound financial management, including the role of our Place finance leadership group in line with national policy. The local financial governance arrangements, systems and process will be informed by decisions taken around issues including how much financial decision making happens at place level and which resources are delegated to place level.