

Feedback on Draft Sussex Shared Delivery Plan: West Sussex Health and Wellbeing Board 27th April 2023

Compiled by Chris Clark

Introduction

The West Sussex Health and Wellbeing board and the WSCC Cabinet briefing received and endorsed the Sussex Integrated Care Strategy in 2022 and gave their support for the Sussex Health and Care Assembly to approve the Strategy in December 2022.

Support for approval was given in West Sussex with the caveat that a delivery plan, including key milestones and improvement measures, was developed rapidly following this. Following the publishing of the Draft Shared Delivery Plan, this was presented to the West Sussex Health and Wellbeing Board on 27th April 2023. This report compiles the feedback that HWB members have provided, to be considered for including in the final version of the SDP.

A final version of the SDP will be presented to the WSCC Executive Leadership Team on 22nd May 2023, and to the WSCC Cabinet on 30th May 2023, where approval will be sought for the final plan to be put forward for sign off.

Responses from West Sussex HWB Members

Strongest themes and Summary of feedback given during the meeting:

- The delivery areas have a compelling logic to them, and members agreed that the plan gives a good balance between responding to immediate issues, which will draw public interest, with longer-term improvement priorities.
- The plan is highly ambitious, which is welcomed, but is the plan accurate enough about the risks and issues that will make delivery challenging. Can there be more specific about the timeline for the key deliverables in the form of a programme schedule – building on the chart in the appendix that begins to do this.
- The plan in isolation has a feel for being too NHS-centric, in the absence of additional information from the place-based plans. As this is a shared delivery plan, can there be a greater visibility of what Adult Social Care and the VCSE Sector are trying to achieve by working in partnership with the NHS.
- There is a national NHS Workforce plan, but not one for Adult Social Care. Can the SDP be more explicit that the workforce objectives set out apply to ASC and VCSE as much as they do to NHS.
- Very pleased to see on p54&55 the clearly aligned plans for children and young people's emotional wellbeing and mental health and the

commitment to expand support into schools. This aligns well with childrens services priorities.

- Members emphasised not to underestimate the important that the public hold in being able to access GPs and the variance that their residents experience with this. There is a request that the plan should be clearer how it expects to deliver the improvements in patient satisfaction and improvement set out to be delivered by the end of year 1 given the significant recruitment issues experienced in primary care. Can there be more detail in the content around virtual access, following in the path of virtual wards, and also a commitment that by managing demand through virtual appointments, the remaining physical appointments should improve in quality.
- Sussex has a relatively very high proportion of older people living within our population, and the plan does not give a strong enough recognition of this.
- Can the plan or associated documents provide the detail on where the partnership involvement work has taken place and where local partners can continue to be involved. This is in the context of the ICS programme structure at a system level, but also at a place level.
- Is there a single repository of where all the engagement and feedback is collated where partners can access and understand what has been done already – can this be highlighted in the final plan.
- On page 29, can there be a reference to the £1m shared prosperity funding that has been put forward to support these three wards – this would be an important example and recognition of genuine integrated working that is taking place.
- There is reference to health inequality but not really any detail about how this plan will tackle health inequality, the postcode lottery of life expectancy across Sussex, and the wider determinants of health.
- Can there be a reference to how the system works with communities who are on the periphery of other systems, eg. Crawley and Surrey.
- The mental health, learning disabilities and neurodiverse work is all described within one workstream. Can the SDP be more explicit that these are not all the same thing, and whilst they sit under a single workstream they will very much be treated as separate areas of priority.

More Detailed Feedback given in writing from HWB Members

- Just to recap in summary form what I said at the HWB. This concerned plurality of access to services and the importance of Development Area Two with its focus on immediacy – those areas obviously of greatest public interest or concern.
- I also referenced the possibility of the beginnings of the commercialisation of quantum computing and its potential relative power compared to the

digital world, and how, because of Sussex-based capabilities and initiatives, we should be conscious of opportunities to deploy this technology.

- I would add data sharing capabilities as a priority, subject to the constraints of GDPR, but not excessively compromised by them. Based on recent experience with having to wrongly submit an FOI to NHS Sussex, we need an initiative which should be aimed at securing a “common understanding” of GDPR within the ICS, one which maximises our potential for data-sharing, avoids unnecessary FOIs and prioritises serving the customer.
- We also need to keep pushing the prevention agenda and how returns (and reduced NHS demand) benefits are very great compared to the resources deployed. There will soon be a one-hour LGA webinar, “Why isn’t central government policy more preventative”, or words to that effect. We really need to be making the system case for prevention, and it not be an afterthought. Prevention should be seen as the beginning of a pathway to prevent and/or defer the onset of demand for NHS primary and secondary care services.
- Finally, I would highlight that the workforce challenge priority should really recognise the existence of a system-wide workforce contributing to the Integrated Care Strategy and the Shared Delivery Plan. Absence of this recognition seemed all too apparent at the recent Health and Care People Summit. Local Government, the VSCE, the NHS and others could assist by highlighting the role that different people/positions in their organisations contribute to the ICS. Referring to my previous paragraph, a failure to recognise a system-wide workforce effectively ignores the local government public health role.
- There is recognition within the plan that immediate improvements need to be made to health and care services and that work is already taking place to improve these services. However, one of the priorities has to be improving access to Primary Care, ie appointments at GPs surgeries.
 - I have recently had personal experience of this – having fallen ill on Good Friday, I contacted 111, but due to deterioration in my condition, visited A&E on Easter Monday. The system worked well, it took 3.5 hours, but I saw a doctor who prescribed steroids and antibiotics. I was told to follow up the following Monday with my GP; when I contacted them by telephone, I was told there were no appointments that week whether it was urgent or not. I managed to get an appointment the following week, 2 weeks after my consultation in A&E. I have now been referred on for further tests.

- How do we resolve this shortfall in GP appointments? In my opinion there are not enough GPs working full time; surgeries being run as independent practices is surely outdated particularly when new doctors are required to “buy” into the practice. Would it not be more practicable for the NHS to take on the cost of running these practices, doctors being paid according to NHS pay levels with more flexibility as to where GPs are based?
 - Does the NHS workforce policy include GPs and practice nurses? Should GPs revert to being on-call out of hours?
- There is no doubt that Covid-19 has had a devastating effect on the health of the population, particularly those more vulnerable residents, as well as a knock-on effect on the workforce with early retirement in some cases.
 - There are more older people with co-morbidities and although some people are living longer, their quality of life has decreased. How do we address this?
- “Starting Well, Living and Working Well, Aging Well” are excellent aims, but the pandemic will no doubt have affected this and how do we really make it happen at place? We need to make this more visible and promote it particularly during early years.
- With regard to page 25 of the report, “Making our ambition a reality” – it is difficult to understand how these four delivery areas will fit into the five-year plan. Along with the ambitions of the plan, there needs to be a timeline that explains how it all fits – perhaps it could be colour coded to show priorities, immediate outcomes, etc.
- I fully support integration of all services and particularly integrated community teams. There are many good services already in existence in local areas. These services differ according to locality and the key will be buying into those good services that are already delivering good outcomes without throwing out the baby with the bath water. During the pandemic WSCC Community Services were in contact with a number of local organisations who were able to get things done. This data and information needs to be shared so it is not overlooked.
- Whilst supporting the initiative of improving Crawley Lives Together, it should not be forgotten that there are other areas of deprivation, particularly along the south coast and these should be included in order to tackle health inequalities.
- Growing and developing our workforce: This cannot be achieved without a workforce strategy for both the NHS, ASC, providers and the third sector. There should be parity of pay, travel allowances, pension

contribution, etc, offered to all those who work in the health and social care sector. It is not only about further education, but it should also allow those who don't follow this path, to have the opportunity to train and develop to improve their skills and employability.

If we are going to develop a "one team" approach across health and care, it is imperative that data can be shared digitally without delays.

How will we support staff to develop new skills or expand them? We need to engage with schools to encourage younger people to be interested in a career in health and care, perhaps offering job experience during the holidays in different settings so they can build up a dossier of experience?

- What is a People Plan with a three-year delivery roadmap?
- Which communities will be identified and will they include rural areas as well as urban?
- How will a single system recruitment framework be implemented?
- What is the compelling offer for multi-skilled professionals?
- Improving digital technology and information needs to be kept simple and consistent and shared across all partners - are you confident that this can be delivered?
- Will there be provision for those who are not digitalised?
- Who will be responsible for setting up this new technology and how will it be funded?
- Should there be community and third sector representation based in GP practices or medical centres?
- Encouraging referrals to Pharmacists is excellent but are pharmacists happy with this or do they expect closer working with primary care?
- In my opinion, the patient satisfaction scores regarding easier access for residents contacting their GPs included in this report are unrealistic.
- Should there be more investment in emergency services, such as more immediate response paramedics who can triage patients to avoid them going to hospital?
- How will waiting times be reduced if hospitals are experiencing staff vacancies, sickness, absences, etc? Workforce is key to this.
- Should there be more wellbeing clinics for older people so they can have regular check-ups? (What happened to the Well Man and Well Woman clinics?)

- Would waiting lists be reduced if hospitals operated 7 days a week, 24 hours a day?
- Can outpatient care be delivered outside of hospitals?
- To establish a better flow for patients ready for discharge, should there not be more reablement facilities, extra care facilities, etc.? More investment in Home First?
- How are you going to work more closely with providers?
- Co-production is key, people do not like being done to.
- More people are suffering from mental health issues since the pandemic, particularly among younger people. As this is such a big subject, I feel it should have its own heading rather than be put together with Learning Disabilities and Autism. People with LD and Autism do not want to be labelled as necessarily having mental health issues, they wish to be treated in the same way as other residents, not differently. It is not just about their health checks, it is about living an independent life with choice and control.
- Clinical leadership should be strong, clear and not "risk adverse", the aim should be to provide the right outcomes for individuals with best value for money.
- Health and Wellbeing strategies should determine the way forward and be the template for delivering the best outcomes in West Sussex.
- Prevention is key to stopping residents developing complex needs, thus avoiding hospitalisation and residential care.
- What is the expectation for this plan to be scrutinised on a regular basis? Will there be an independent panel set up for this?
- Its good to see that the ICB are developing a 5-year plan and I agree that the focus is on realising that not everything can be achieved at once. Some things do need to be achieved pretty immediately though and that is around Delivery Area 2 'Immediate Priorities and Primary Care' particularly with respect to access to primary care.
- The paragraph regarding variability in access does not really outline just how dire the situation is in some parts of the county As I eluded to in the meeting, in my area we are in a partnership arrangement and whilst I appreciate that this is being dealt with separately and I am part of that mechanism also, there is a very stark contrast between the GP service you receive within a partnership and the service you receive from a surgery that is not within a partnership. There is no mention of any review of the currently partnership mechanism or even recognition that it

exists within this shared delivery plan which suggests to me that the NHS consider that partnership working in the way it is constructed in the north of the county is the way forward and is working – it isn't. The whole first paragraph depicts a picture of challenges around giving appointments when and where people are like – it is far far more serious than that and this report falls way short of acknowledging this.

- The ambition within a year to have increased access as outlined ie same day access is just not believable when you are faced with a surgery that doesn't even answer the phone let alone have an appointment for you. This whole piece about the ambitions for increased access is I am afraid incredibly out of touch with what is going on on the ground and actually an insult to those desperately trying to seek the services of a GP and being forced to pay for a private consultation. This is not a rant at you or anybody so please don't think that but the wording in the report depicts the ICB as being very out of touch or in denial at the real picture.
- I don't think a 2% increase in appointments on the previous year is going to impress anybody either in areas where they cannot get appointments at all. It needs a root and branch review of the way GP access is delivered across the county/country and acknowledge there is a two tier system in place (which as I said before is not mentioned anywhere) one of which is starting to reduce services to patients overall which feels like a narrowing down of the services provided by the NHS making it free at the point of use for the very few.
- I am very pleased that there is a recognition that we must join forces with respect to young people's mental health and wellbeing but there appears to be no mention of a review of and any ambitions to improve the CAMHS service specifically which I would have wanted to see. CAMHS is woeful at service delivery at the moment with very very long wait times. I am pleased to see an acknowledgement with respect to Young Carers and the importance of being able to identify them early so that they can get the right support.
- While we appreciate the commitment to establishing integrated community teams as a long-term priority, could the wide range of partners be specified in some way to ensure all aspects of care and wellbeing are covered? These teams are obviously not just NHS teams. So a wider appreciation of providers in this setting would be great.
- Digital exclusion is a great issue faced by older population, and this should be addressed within the long-term priority to improve the use of digital technology and information (p.12). How will they have access to the digital services promised?
- Improving health outcomes and prevention care for older people is not listed within the Long-term Improvement Priorities or Immediate Improvement Priorities, even though older people take up more than 50% of NHS budgets. We therefore believe that the health outcomes and prevention care for older

people should be listed as both long-term and immediate improvement priorities, linked to action plans with greater detail on how this will be achieved.

- Following the above point, since 'Accelerating patient flow through, and discharge from, hospitals' is listed as one of the four areas in need of the most improvement (p. 3), and since we know that older people take up large proportions of hospital beds, than the improvement of health care for older people specifically needs to be given greater attention to detail throughout the Delivery Plan.
- We believe that falls prevention needs to be explicitly listed as a priority within the Continuous Improvement Areas and given greater attention within the Delivery Plan (inclusive of a detailed action plan on how falls prevention will be delivered) as it is such a huge contributor to NHS admissions.
- Older people often fall through the gaps missed by safeguarding, and how the NHS' strategic approach will address this should be laid out in greater detail (p.38).
 - Given the ambitions around community care and integrated delivery,
 - the lack of reference to social prescribing seems a gap as this is a service which has shown how it can help people bridge between pathways and support people in the preventative space. Is there a reason it's not visible here?
 - Given our recent discussions an explicit link to housing seems like
 - another gap - if it is there I missed it and I was looking for it! Again - can you clarify on this one
 - Finally - I note with interest the references to data and tech -
 - speaking more with my technologist hat on - I think the important point here is naming where we see better and more integrated data can clearly drive better outcomes - this is what helps cut through data sharing and technology issues. I realise that the strategy
 - is to come but I would have thought we could name the ambition for this here

END