

Narrative

The health and care needs of our populations are constantly changing. The way we all live our lives is constantly changing. So it is essential that local health and care services also constantly change to give our people the care they need in a way that best suits their busy lives.

There is also a need to change how we use the resources we have available for health and care services. We have limited money, staff and buildings and we have to make sure we are using them in the best possible way.

A lot of work has been done in recent years to make services work better, and to use resources better, for our local people. However, there is a lot more to do and we now have an opportunity to think of new and more innovative ways for services to work.

The NHS has published a 'long-term plan' that sets out the priorities and ambitions for the years ahead to make sure the NHS continues to provide high quality care across the country. Local organisations have been asked to work together as part of health and care systems to develop their own plans by autumn 2019 which will set out how the national long-term plan will work across local areas.

To help develop the local plan, doctors, specialists and clinicians have come together across Sussex and East Surrey to develop a '*Population Health Check*'. They have looked at clinical evidence, patient experience and local population information and given a diagnosis of what needs to change from their expert point of view.

We now want to hear the views, experience and ideas of patients, public, staff, volunteers and carers. We want the local plans to be co-produced as much as possible with as many different people as possible to make sure they truly reflect the needs of our population.

To do this, during 2019 we will be going out to speak and hear from people across the local area and encouraging many others to give their feedback.

We will be discussing six key areas of the **FUTURE** of health and care:

- F**acing up to our challenges
- U**nderstanding our needs
- T**ransforming our services
- U**njustified differences in our care
- R**esources for our services
- E**quity for our people

Make sure you take the opportunity to share your views, experiences and suggestions and help us shape the FUTURE of local health and care together.

Our engagement so far

A lot of engagement has taken place over the last few years with patients, the public, carers and staff about their views and experience of health and care services. We have heard a number of key themes:

- The large number of services and different organisations is confusing. This can lead to delays in people getting the care they need and mean some services are not used appropriately.
- Some services do not seem joined-up and people often have to tell their story a number of times to different people.
- Processes need to be made simpler and the communication around what services are available needs to be clearer and more accessible.
- People know there is support available in communities, but they are unclear on how to use or access it.
- People want to get GP appointments more easily and quickly and at times that are convenient for them.
- Many people are willing to use digital technology to get appointments and care if it is easy to use and effective.

The feedback and ideas from the engagement with our people have been used to help develop local plans to change and improve services.

We now want to carry on the conversations to give our people a greater understanding of **why** services need to change, a greater input in deciding **what** services need to change, and a greater voice in helping to determine **how** services need to change.

Facing up to our challenges

Throughout the years, health and care services have constantly risen to the challenges they face by changing how services are commissioned and provided, through innovation and the use of technology.

The population of England has soared by around 17 million people since the NHS was launched which means more patients now receive life-saving, life-changing care than ever before. Public satisfaction in the NHS is at an all-time high thanks largely to the hard work, dedication, compassion and expertise of staff.

However, in recent years, the challenges facing health and social care have become more pronounced and it has increasingly become difficult to give people the care we want them to have, at the right time for them and in the most appropriate place.

What are the challenges?

Thanks largely to the work of health and care services, people are now living longer. This is positive for us all, but many people are not in good health as they get older and spend years living with complex and long-term conditions that need regular treatment and care. This has not been helped by the number of people who have unhealthy behaviours, such as smoking, alcohol abuse, poor diet and a lack of physical activity.

This all means that more people are using health and care services more often. The problem is that we only have a limited number of beds, staff or resources available to meet this growing demand.

Additionally, some services work differently to one another, do not work in a joined-up way, and use outdated technology and buildings that are not fit for modern day health and care.

As a result, some people find it hard to get an appointment, some are waiting longer than we would like for treatment, and some are spending longer in hospital than they need to.

Across the local NHS, we are currently spending more money than we have available, we are not using our staff to the best of their abilities and we are not using our buildings in the best way.

Facts - nationally:

- Around 30% of the population has a long-term condition.
- Almost 50% of hospital beds are used to treat people with long-term conditions.
- People with long-term conditions use around 50% of GP appointments and 65% of outpatient appointments.

Understanding our needs

For us to be able to change services to better meet the needs of our people, we need to understand what those needs are. To help do this, our *'Population Health Check'* produced by local doctors, specialists and clinicians has given a diagnosis of what they think are the biggest needs of our people.

They have found that 75% of deaths and disabilities across our local area are caused by five conditions – cancer, circulation and respiratory disease, diabetes, bone and joint conditions, and mental health conditions – and these cause the biggest impact on services.

The *Population Health Check* sets out priority areas that we need to focus on to allow services to better meet the needs of our population:

- Looking at new ways to treat and care for more people
- Looking at how our staff can work more effectively
- Supporting people to manage their own health and care better
- Supporting people to make the right lifestyle choices
- Reducing unjustified differences in treatment and care
- Providing services closer to home with good communication and co-ordination

We want a better understanding of the needs of our population and will be doing this by speaking and hearing from local people over the months ahead.

Facts - local

Children and young people

- We have more children and young people smoking at the age of 15 than the national average – Brighton and Hove is double the national average with 15%.
- 15% of our year six pupils are obese and there are higher rates in deprived areas.
- We have higher rates of hospital admissions for self-harm of children and young people aged 10-24 compared with rest of England, particularly in Brighton and Hove and Hastings.

Adults

- We have 250,000 smokers on GP registers, with high rates in Brighton and Hove and Hastings.
- We have over 155,000 adults with depression on GP registers, which is 10% of patients.
- Physical activity rates vary across the area, with 78% in Brighton and Hove and 27% in Eastbourne.

Older people

- We have over 18,000 people on the dementia register and many more are not diagnosed.
- We have over 183,000 carers, with 15,000 carers aged 65 and over.
- We have over 110,000 older people who live alone.

Mental health

- Severe mental health is 5% higher than the national average, which is around 25,000 people, and we have 25% higher rates than the national average for people with dementia.

Transforming our services

There are many areas of excellence across local health and care services, thanks largely to the commitment, dedication and expertise of staff. However, we know from speaking to local people that sometimes their experience of services is not as good as we want it to be. People have said they are confused by the number of different services and organisations involved in their care, that the treatment they get is sometimes not as seamless as it could be, and that they often have to tell their story a number of times to a number of different people.

Over recent years, different health and care organisations and teams from GP surgeries, hospitals, mental health services, community services and social care services have worked

closer together to give people the care they need. This has brought tangible benefits and improvements to how people are cared for and how our staff work.

We now want to do this more often across health and care to:

- **Prevent people becoming ill** – We want to find ways to keep people healthier for longer and to help people who do become ill to manage their own condition better. This includes making sure children and young people get the best services possible and helping people with challenging social situations to maintain and improve their health.
- **Improve access to services** – We want to make it easier to see a GP and other non-hospital services when needed. We want to make sure people do not always end up in A&E when they need to be seen urgently. We want to help those with mental health needs to get the care they need more quickly.
- **Make best use of resources** – we want to work across organisations to get the most from our workforce and better meet the needs of our patients. We need to look at how the limited money we have available is spent across our local NHS and prioritise those services that we need to continue to pay for and to identify those that are not cost effective.

We can only achieve this, if we change the way the health and care ‘system’ works for our people. This will involve:

- **Changing how NHS services are planned and paid for** (“commissioned”). We want to be able to plan and buy services more effectively and efficiently on a larger scale to ensure we are getting the best use of resources for our patients. This will help reduce the ‘postcode lottery’ that currently exists and allow our people to get the same high standard of care, regardless of where they live.
- **Changing how NHS services are provided.** We want services to be delivered in a more joined-up way, where processes and care are streamlined to better suit the patient.
- **Using resources and technology differently.** We want to make sure we get the most out of our workforce and facilities. We want to get the most value from the money we spend by prioritising the services we need to maintain and improve. We also want to use technology better so people can get the care they need more quickly and spend less time travelling for face-to-face care.

Unjustified differences in our care

There are currently large differences in the way people are cared for and treated across our local NHS. Some of this is necessary because each patient is different and needs to be cared for as an individual with specific needs. However, some differences are difficult to justify, can sometimes be harmful for patients, and put unnecessary strain and cost on the NHS.

For example, we currently have large numbers of different clinical policies, guidelines, treatments across our local area. This means people are receiving different care, not because this is needed, but because of where they live or the service they are using. This creates a ‘postcode lottery’, and some people are undergoing NHS-funded procedures that offer little or no clinical benefit to them.

Additionally, we often spend more on procedures and treatments than other similar areas across the country, despite treating the same number of patients.

To help reduce these unjustified differences in care, GPs, hospital doctors and other specialists are working together to look at how non-emergency treatments and procedures can be standardised and improved based on national guidelines and best practice.

Facts - local

- For some people living in Sussex, it is four times more likely that they will have their tonsils removed than people living in other areas. There is no clinical justification for this, it is simply due to differences in policies.
- We currently have variation in the length of time patients spend in hospital and the infection rates following a total hip or knee replacement. We spend more on total hip and knee replacements than other similar areas in the country, despite seeing the same number of patients.
- We currently have variation in how national best practice guidelines are implemented for patients with heart conditions and we have a higher death rate from heart disease in parts of our area compared to others areas of the country. We also spend more money on invasive heart procedures compared to other similar areas in the country.
- We currently have variation in the number of over 65s at risk of falls and the way in which we try to prevent falls taking place. There is also variation in the amount of time patients spend in hospital following a fall and we spend more on the consequences of falls than other similar areas in the country.

Resources for our services

The NHS nationally will be receiving more money from the Government over the next five years to help ensure the country's population continues to get high quality care in the future.

However, even with the welcomed extra funding, we still have a limited amount of resources available to run local health and care services. This includes the amount of money we are given by the Government to pay for them, the number of trained and qualified staff available to provide services, and the number and quality of buildings and facilities available to provide care.

As more people continue to use services more often, the resources available get increasingly stretched and it is difficult to continue providing services in a way that is affordable and sustainable for the future. We are currently spending more money than is available to run services, there is a shortage of staff for services to run efficiently and safely,

and many buildings and facilities we use are outdated and do not meet the needs of modern health and care.

We want to be able to invest money in new and improved services, provided in well-staffed and good facilities. However, we have to be realistic about how much our health and care services can do with the funding available - we can do anything but we cannot do everything.

We need to look at different ways to use our funding, staffing and facilities that allow us to give our people the care and treatment they need. This means we will have to increasingly prioritise where we spend our money and consider redirecting funding from services that are not cost-effective or a clinical priority to other essential services that need investment.

Facts

Money

- All NHS organisations are allocated an agreed amount of funding which needs to pay for all the services provided across the local area. Currently, our local NHS services cost more money than is available which has created a gap between what we can afford and the amount we have to spend.
- The cost of treating and caring for the growing number of people with long-term conditions accounts for almost **70%** of the NHS budget for services.

Staff

- Nationally and locally there is a shortage of workforce to continue providing the current services available. This is particularly being felt within GP services, mental health and social care.
- We have a shortfall of around **190** GPs across Sussex and East Surrey.
- The turnover rates for registered nurses, midwives and health visitors is between **13-20%**. The average retirement age is **59** across our local area and we have **15%** of staff aged **55** and over.

Buildings and facilities

- We have many buildings and facilities across our local area that are outdated and inadequate to meet the needs of modern healthcare. This means some patients are being treated in environments that are not fit for purpose.
- Some of the outdated facilities have very high running costs which means the NHS is having to pay more money than it should for buildings that do not meet the standards that we would want for our patients.

Equity for our people

We want all our populations to have the same opportunities to lead a healthy life, no matter where they live or who they are. However, we currently have groups of people, communities and individuals living across Sussex and East Surrey who experience worse health than other people.

These inequalities are caused by a number of factors, including a person's income, their housing and their education. Additionally, some people find it hard to get the care they need due to physical, sensory and mental health issues, the language they speak, the attitudes of other people and difficulties in getting and understanding information.

We want to reduce health inequalities for our populations and, to do this, we need to look at how resources are used, we need to assess the impact of the decisions we make and look at new ways in which everyone can have equal access to appropriate services.

Facts

- In Newhaven and Peacehaven, life expectancy is on average up to ten years less than 25 miles away in Crowborough.
- Homeless men and women are dying young – an average age of 47 for men and 43 for women – compared to 79.5 for males and 83 for females in the general population.

Example of improvement

- In Hastings a benefits and debt advice project funded by the NHS has brought tangible benefits to local residents. Over six months over 5,000 people received advice and 74% of those asked said their mental wellbeing had improved following the support.
- In Brighton and Hove, it was identified that carers did not have information about NHS Health Checks and said they would have difficulty in accessing them due to the pressures of the caring role. The NHS worked with the local Carers Centre to provide information to carers and facilitated the offer of Health Checks at a range of times and in community locations, including at the Carers' Centre.