



OUR HEALTH & CARE **Our FUTURE**

ENGAGING WITH OUR PEOPLE
ACROSS SUSSEX AND EAST SURREY

OUR HEALTH & CARE

Our FUTURE

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 find better ways to use them.

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 more innovative and new 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 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, the 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 listen to 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:



Make sure you take the opportunity to give your views, experiences and suggestions to 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 want to get GP appointments more quickly and easily 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.

We now want to carry on the conversations to give our people a greater understanding of why services need to change



Facing up to our 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 needing constant treatment and care. This is not helped by people choosing to live in an unhealthy way, such as by smoking, drinking too much, eating unhealthy food and not exercising.

This all means that more people are using health and care services more often. The problem is we only have a limited number of beds, staff and 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.

HELPING LINDA OVERCOME HER CHALLENGES

Linda is 74 and has needed regular treatment and care for rheumatoid arthritis for 16 years. Thanks to the care she has been given, she is able to maintain an active life. She is a keen gardener and likes to spend time going for walks on the Sussex Downs with husband Robert.

Giving Linda the treatment she needs has involved a lot of appointments, has cost a lot of money and has required a lot of expertise from clinicians. Linda has also played her part by making sure she eats healthily, exercises regularly and drinks in moderation.

There is a growing number of people like Linda who need ongoing, long-term treatment for conditions and this increases the demand on services and resources. We want these people to be able to get the care they need, just like Linda, but to do this we need to change how we give patients treatment and care and how we use the limited resources available. How can we best do this in your area?



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 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 listening to local people.

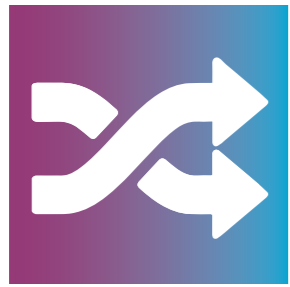
HELPING JANET GET THE CARE SHE NEEDS

After many years of marriage, Janet lost her husband Peter to a long illness last year. She began to isolate herself, and stopped doing some of the activities she had always enjoyed.

Janet visited her doctor in her rural Sussex village and he asked her if she would be willing to talk to the practice's Health and Wellbeing Coach. The coach's role is to 'prescribe' a range of non-medical community activities such as fitness classes, coffee mornings and walking groups. These activities have a positive effect on a person's wider health and wellbeing, helping to complement any medical treatment needed for long-term conditions such as stroke or cancer.

Through the coach she joined a local choir, which is both a good social activity and is a benefit for lung-related conditions. This has made her start to think about her health and she now "feels good". We want more people to feel like Janet – how can you help us make this happen in your community?





T 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, health and care organisations have worked closer together to give people the care they need and this has brought tangible benefits and improvements to how people are cared for and how our staff work.

This has included GPs, hospitals, mental health services, community services and social care services working together to prevent people becoming ill, making it easier for people who do get ill to get the care they need, and to make better use of resources.

We want to work like this more often and in other areas of health and care. To do this, we will need to change how services are planned and paid for, change how services are provided and use resources and technology differently.

GIVING GERALD THE RIGHT CARE, IN THE RIGHT PLACE, AT THE RIGHT TIME

Gerald suffers from Parkinson's Disease, which has a serious impact on his mobility, meaning he suffers from regular falls. After a recent fall, paramedics attended his house and advised that Gerald should be taken into hospital. Neither Gerald nor his wife wanted this to happen, so the Crisis Response Service was called. This service involves an integrated team of nurse practitioners, healthcare assistants, occupational therapists, physiotherapists and night sitters. It aims to help people who are unwell and who may have previously been admitted to hospital to stay at home. This allows them to be cared for in a familiar environment without the added stress and anxiety of being admitted to hospital.

The team put together a care plan that gave immediate support to Gerald and his wife and then did a further assessment so that the right support was arranged to enable him to remain safely in his own home afterwards. We want more people to receive the care they need closer to home – how can we do this better in your area?



U 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, and treatments across our local area. This means people are receiving different care, not because it 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 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.

STANDARDISING CARE TO GIVE MORE PEOPLE THE SAME EXPERIENCE AS MAUREEN

Maureen is 76 and after falling and breaking her hip she underwent a hip replacement. The operation went well and she was able to return home within a week, just in time to spend Christmas with her family.

In another part of Sussex it was a different story for Barbara. She fell and broke her hip at around the same time as Maureen. She was treated in a different hospital and spent four weeks longer in there than Maureen before she could return home because of differences in the rehabilitation process and delays in ensuring she had the necessary support in place to help her recover at home.

We do not think it is right that Maureen and Barbara experienced different care and outcomes for the same condition just because they lived in different areas of Sussex. We want to change this by standardising care for everyone across our area. Do you think this is the right thing to do and what should be considered to help us do this in the best possible way?





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. 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 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.

USING THE BEST RESOURCE TO HELP MARTIN GET THE CARE HE NEEDS

Martin, 23, called his doctor's surgery to ask for an appointment because he had been suffering from anxiety. The receptionist he spoke to had been specially trained to signpost Martin to the most appropriate service for his need. She asked him if he had heard about an NHS service providing courses and other types of therapies that help with stress, anxiety and low mood. She explained that by completing an online form he could refer himself to the service, without the need for a GP appointment. After he submitted his form, Martin was contacted by a member of the service team for an initial appointment and then took part in a free course near to where he lives in Sussex, which has helped him cope with his anxiety.

We want to invest more of our time, expertise and money to help people like Martin get the right care, the first time. To do this we need to change how we use the limited resources available and make decisions that will help us get more out of the money we spend. How can we best do this in your area?



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 because of physical, sensory and mental health issues, the language they speak, the attitudes of others 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 to look at new ways in which everyone can have equal access to appropriate services.

GIVING JOE EQUAL ACCESS TO THE SERVICES HE NEEDS

Joe has been homeless for three years. Life on the streets has taken its toll on his physical and mental health but accessing health and care services can be difficult for vulnerable and disadvantaged people like him.

Luckily for Joe, a weekly multi-agency hub was launched in his part of Sussex to improve access to services and support for rough sleepers and the street community. Different agencies are available to give advice and sign-post him to services and information on issues including housing, mental health and drug and alcohol treatment. He is also able to take a shower and wash his clothes while he is there.

Through visiting the hub, Joe has been able to register with a local GP practice and has made links with adult social care and a local housing officer to look at his options for the future. We want everyone to be able to access health and care services no matter what their background or circumstances, so how could we build on services like this to help more people like Joe?



