

Feedback theme: Joining up health and care services, partnership working and collaboration

We are committed to continuing to work as an integrated system in East Sussex, and know that partnership working is essential to improve people’s experiences, and the quality of health and social care. Closer working between partners and integrating (‘joining up’) health and social care is at the heart of our draft East Sussex Health and Social Care Plan.

The plan sets out a range of ways we aim to take forward our integrated health and care system. Sections 1.1 - 1.8 (pages 4 -22) set out our local context, our population health and social care needs, where we are now, and where we want to get to and what we want to deliver over the next 3-5 years. Section 1.8 (page 16) summarises our priorities for our integrated working and sets out the immediate next steps for the coming year in six key areas:

- Prevention, personalisation and reducing health inequalities
- Children and young people
- Community
- Urgent care
- Planned care
- Mental health

More detail about the approach in each of these areas and next steps can be found in appendices 1-6.

Feedback theme: Communication, access to information, and information sharing

Feedback theme: Digital

People talked to us about communication, information sharing and how we use digital resources. These are closely linked. We recognise that good communication is essential, and this is underpinned by effective information sharing and the development of integrated digital approaches.

In East Sussex we have a digital strategy to help our staff more easily access the information they need to deliver integrated care, as well as support people to be more in control of their long term conditions and care. You can read more about this in section 5.2 (page 32).

You can find more detail on how we plan to use digital technology and innovation to support planned care, like outpatient appointments, in appendix 5 (from page 68).

Feedback theme: Staffing, resources and funding

We know that a joint approach to staffing, resources and funding can achieve better outcomes. You can read about our plans for our shared workforce in section 5 (page 29). As an example, this includes our approach to supporting our staff to deliver the best integrated health and care for local people, and our locality training hubs to help address workforce issues in primary care, including; GP retention schemes, GP education, support for Primary Care Networks, taking forward blended roles and support for social prescribing.

Section 4.2 (page 26) signals our plans to start developing an Integrated Care Partnership (ICP) in 2020/21 to strengthen the way we work together to make best use of our collective resources. Section 4.4 (page 28) sets out how we will further develop our 3-5 year system financial model that will need to underpin our plans for change.

Feedback theme: The role of the voluntary and community sector, and social prescribing

The voluntary and community sector (VCS) are key partners in our plans, as providers of services and community support that is fundamental to helping people stay independent, and that impacts more widely on people’s health.

We’ve recently entered into a new arrangement to strengthen the involvement of voluntary and community partners. The new East Sussex ‘Partnership Plus’ forum brings partners together to take a different approach to how we work together and more effectively use our combined resources. For example, by building on existing skills and knowledge and developing much better ways of working for the benefit of people in East Sussex. You can read more about this in section 3.4 (page 25).

Section 4.1 (page 25) also describes our new East Sussex Health and Social Care System Partnership Board, a body that will support leadership and strategic planning across our health and social care system, and whose membership includes voluntary sector representatives, alongside District and Borough Councils, and NHS and social care partners.

Social Prescribing and community based support is included as a priority next step in section 1.8.1 (page 16) and you can read about the Social Prescribing Framework development in section 3.3 of appendix 1 (page 45).

Feedback theme: Prevention and supporting healthier choices

Feedback theme: Holistic and personalised care

Feedback theme: Health inequalities

We want to build on the comprehensive approach to prevention that we developed through our previous integration programmes East Sussex Better Together and Connecting 4 You, through an approach that cuts across our key clinical and care pathways.

Section 1.8.1 (page 16) provides a summary of our priorities and next steps for the coming year for these themes. For a more detailed description of our approach to date, and how we anticipate taking things forward please see appendix 1 (page 38).

Feedback theme: Mental health

Mental health for all ages remains a priority area in East Sussex and across Sussex as a whole, where there is a Sussex-wide programme for mental health services. For a more detailed description of our plans for local integration work on mental health, and the links with the Sussex-wide programme, see appendix 6 (page 77).

You can find a summary of our local mental health integration priorities and planned next steps for the coming year in section 1.8.6 (page 21). You can also read about our priorities for children and young people’s mental health and emotional wellbeing in section 1.8.2 (page 17), with further detail in appendix 2 (page 50).

Our summary of prevention priorities and next steps also includes mental health and wellbeing in section 1.8.1 (page 17). Appendix 1 section 3.6 (page 47) describes this in more detail, with children and young people’s mental health and wellbeing as a specific area of focus.

Feedback theme: Access to services and experience of services

We’ve received a range of feedback on access to and experience of services, for example accessing mental health services, availability of GP and other appointments.

The draft East Sussex plan covers a range of action that we expect to further improve access to and experience of different services. How we think we will build on our progress to date, and where

we think we need to be in 3-5 years, is set out in sections 1.4, 1.5 and 1.6 (pages 11 – 14).

The summaries in sections 1.8.2, 1.8.3, 1.8.4, 1.8.5 and 1.8.6, (pages 18 – 21) set out how we anticipate taking action forward in children and young people’s services, community services, urgent care, planned care and mental health services, working with primary care teams and other partners to increase capacity in community and primary care settings to help deliver this overall aim. More detail can also be found in appendices 2, 3, 4, 5 and 6.

We also set out our priorities for supporting and developing our workforce in section 5 (from page 29).

Feedback theme: End of life care

Strategies are in place across East Sussex with the aim of ensuring that high quality, individualised end of life care is effectively provided to all those who need it, regardless of diagnosis or age.

You can find a summary of our priorities and next steps for better supporting people at the end of life in section 1.8.3 (page 18). You can also read more detail about the work to improve about end of life care in East Sussex in Appendix 3, our community programme summary (page 60).

Feedback theme: Multiple and complex needs

More and more people in East Sussex are living longer, often with increasingly complex health and social care needs that can benefit from coordinated management in community settings.

Our overall aim is to progress integration of community health and social care services, so that we can better support people’s independence and long-term care closer to home. Read more in section 1.8.3 (page 16). A key part of this will be our plans to implement a common operating model for integrated community health and social care services across East Sussex. More detail can be found in Appendix 3, the community programme summary (page 57).

Section 1.8.1 of the plan highlights how we anticipate building on our approach to prevention and early intervention to support people with complex and multiple long term conditions and frailty. More detail is set out in appendix 1 (from page 38).

Our plans for urgent care also cover how we want to respond and provide a more coordinated response in a crisis when this is needed; see section 1.8.4 for a summary (from page 18), with more detail in appendix 4 (from page 62).