



Commissioning Alliance

Brighton and Hove CCG

Crawley CCG

East Surrey CCG

High Weald Lewes Havens CCG

Horsham and Mid Sussex CCG



Brighton and Hove
Clinical Commissioning Group
Part of the Central Sussex Commissioning Alliance



Brighton & Hove
City Council

Brighton and Hove Health and Wellbeing Board 13th November 2018

Moving Towards Health and Care Integration: Integrated Care Partnership, Primary Care Strategy and Integrated Urgent Care

Chris Clark, Director of System Transformation, NHS Brighton and Hove Clinical Commissioning Group



Moving Towards Integration Update



- Recap on why integration of health and care is important and the right thing for Brighton and Hove
- Begin growing our understanding of an Integrated Health and Care Partnership model for our city
- Update on our Primary Care Strategy and introduce the concept of primary care Health and Wellbeing Hubs for our city, and improving access to primary care appointments
- Our developing model for Integrated Urgent Care

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Our Strategic Context for Integration



Today the Health and Wellbeing Board is asked to:

- **Note** the national and local strategic case for change to integrated health and social care services
- **Note** developments and progress that has been made so far with developing our services towards integration
- **Support** the proposed approach to deliver integrated health and care through a Partnership Approach, as an alternative to options such as forming new organisations or only integrating healthcare. **Formal approval will be sought at the January Health and Wellbeing Board**
- **Support** the proposals to develop local primary care models including the development of Health and Wellbeing hubs in the city
- **Support** the approach to deliver integrated urgent care services in the city



Recap on Our Journey

- Integration of Health and Social Care has the potential to be one of the most important and exciting turning points in the history of our city
- Together we will face many complex challenges in a dynamic and changing landscape. This includes the need to respond to increasing demand and difficult financial challenges
- For us to be successful we will need to bring the best version of ourselves on this journey and collaborate to overcome organisational boundaries and cultural differences
- Most importantly, throughout this journey we must remember at every step of the way why we are doing this: for the people we are here to serve.

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Dennis' Story

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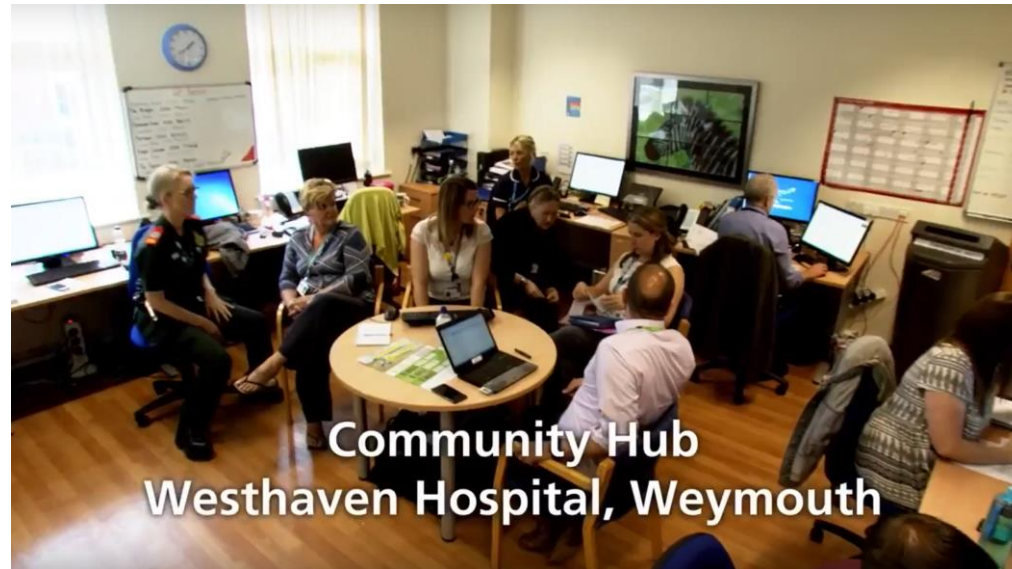
<https://www.youtube.com/watch?v=sooNsmT0NjM&feature=youtu.be>



Enabling Integrated Working for Brighton and Hove



- Doctors
- Nurses
- Pharmacists
- Dieticians
- Social Workers
- Psychotherapists



- Carers
- Housing Support
- Employment Support
- Third Sector Organisations
- Care Navigators
- ...and more

- An Integrated Care Partnership brings organisations working closely together around individual patients
- Multi-disciplinary teams come together to develop care plans with individuals and their families to support them to live with their conditions and improve their lives from birth to death
- Care *feels* joined up and in the interests of the person involved and their family

Our Strategic Context for Integration



- **National** directive from the Department of Health and Social Care for regions and local systems to deliver integrated Health and Social Care. Early examples of success in areas such as Manchester and Glasgow
- **Our population:** 'We want to see our valued public services protected, whilst improving how we access good quality care. We want to be engaged with, and participate in redesigning services that come together around individuals'

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What is an ICS and how can it help?



An Integrated Care System is where commissioner and provider health and care organisations voluntarily come together with their collective resources to provide integrated services for a defined population.

The Government-issued ***NHS England Planning Guidance*** is clear that the national system sees Integrated Care Systems as key to sustainable improvements in health and care by;

- creating more robust cross-organisational arrangements to tackle the systemic challenges facing the NHS;
- supporting population health management approaches that facilitate the integration of services focused on populations that are at risk of developing acute illness and hospitalisation;
- delivering more care through re-designed community-based and home-based services, including in partnership with social care, the voluntary and community sector; and
- allowing systems to take collective responsibility for financial and operational performance and health outcomes.
- **In Sussex, we are at the beginning of this journey**



Our Sussex and East Surrey Sustainability and Transformation Partnership Case for Change:

“We have many great services and people, delivering great care. However, there is an urgency to address the gaps in the quality and responsiveness of some of our services. There has been an under-investment in prevention and self-care and not enough emphasis on wellbeing and care. Services are not operationally or financially sustainable in the current set-up, which is based on historic and isolated services, not built around what local people need now. In essence, there is less partnership working than we need between patients and clinicians and between services.

Given our demography, we need to rely as much on technology-enabled care as on state funded clinical and domiciliary workforce. There just won't be as many employees available in future as would be needed to provide current services to a larger population with more retired people and not many more working-age citizens. This Case for Change provides the evidence of the key issues and the priorities we will deliver together to ensure we offer sustainable services. Doing nothing is neither affordable nor sustainable” (Dr Minesh Patel and Mr Peter Larsen-Disney, Co- Chairs, SES STP Clinical and Professional Cabinet)

Case for Change



- **It has been clear for some time that simply working our current hospital-based model of care to meet rising demand is not the answer.** Rather, we need to work differently by providing more care in people's homes and the community and breaking down barriers between services.
- **Breaking down barriers means co-ordinating the work of general practices, community health, mental health services, hospitals and social care to meet the needs of people requiring support and intervention.** This is particularly important for the growing numbers of older people with co-morbidities and complex health and care needs who receive services from a variety of health and social care staff. Whilst the population growth in over 65s in England overall is expected to rise by 48.5% over the next twenty years, we have a higher rate of growth in this cohort of population in the Alliance from 51.3% in Brighton & Hove up to 62.4% in Crawley.

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Case for Change



- We also need to give **greater priority to the prevention of ill health** by working with local authorities and other agencies to tackle the wider determinants of health and wellbeing. This means tackling risk factors such as obesity and redoubling efforts to reduce health inequalities. And it means fully engaging the public in changing lifestyles and behaviours that contribute to ill health and acting on the recommendations of the Marmot report and other reviews to improve population health.
- The bedrock of the NHS – **primary care – is under huge pressure**, and this will only intensify as the cohort of 50 yrs + primary care teams approach retirement age. Lack of strategic workforce planning and a business model that is no longer fit for purpose has resulted in a highly fragile infrastructure. The future sustainability of primary care is inexorably linked to working more formally at scale, integrated with community teams.

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What we must do to respond to this



- There is an urgent need for our health and care system to transform at pace across Sussex, to bring our services closer together through integration, for the benefit of our patients and our population health, and to respond to the national Government directive to integrate health and social care.
- As part of the development of our **Integrated Health and Care System (ICS)**, we will need to work together as partners to develop our local **Integration model** for Brighton and Hove.

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Integration: What Could This Mean for Our Population?



Personalisation of Care and Priorities for our Population

- Emerging themes from **The Big Health and Care Conversation** so far, as well as our **public health data**, show us there are priorities emerging where integration will provide **significant and rapid benefits to our population** and **improvements in experiences** of using health and social care services. The prioritised areas are:
 - Mental Health community and crisis services
 - Community-based support for older people
 - Children, Young People and Families
 - Integrated Urgent and Primary Care
- Integration should bring organisations together to enable personalised care, with services deploying multi-disciplinary teams to wrap around patients.
- Confirming our priorities for integration will be an important agreement to make as our joint health and wellbeing strategy emerges in 2019



Integrated Health and Care Partnership



NHS
Brighton and Hove
Clinical Commissioning Group
Part of the Central Sussex Commissioning Alliance


Brighton & Hove
City Council
Adult, Childrens and
Family Services, Public
Health

GPs
Brighton and Hove
Primary Care
Federation

NHS
Sussex Community
NHS Foundation Trust



NHS
Brighton and Sussex
University Hospitals
NHS Trust

NHS
Sussex Partnership
NHS Foundation Trust

**Independent
and Charity
Sector**

A voice for our **Patients**
and **Population**

- **This is not about building new organisations or moving contracts from one sector to another.** This is about our **local** services and providers working together in a different way to provide joined up health and care to make better use of the funds we have available to us, to provide an improved patient experience, and improve our population whole-life health and care outcomes

What have we already established and what do we do well in The Alliance South Place?



Developments in the South Place

- Established primary care 'neighbourhoods' with populations of 30-70,000 in Brighton and Hove (6 clusters) and in High Weald Lewes Havens (4 communities of practice)
- An agreed fixed-outturn contract between all CCGs and BSUH, with an agreement to develop towards a full Aligned Incentive Contract from 2019-20
- 233' A developing Primary Care Federation for the city of Brighton and Hove
- An established CCG and Local Authority integration programme in Brighton and Hove and High Weald Lewes Havens
- A developing joint Health and Wellbeing Strategy in Brighton and Hove to be agreed in early 2019

Key Steps to our South Place Integrated Care Partnership Plan



Health and wellbeing Board January 2019

- Moving Towards Integration: Brighton and Hove City Council and CCG as two partners in the Integrated Care Partnership, Integrated Commissioning and Governance



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Update Primary Care Strategic Development Plan



- Primary Care Strategy Key Focus Points
- Patient Experience of using Primary care in Brighton and Hove
- Key developments in Brighton and Hove Primary Care
- Improved Access to Primary Care
- Primary Care Health and Wellbeing Hubs

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Primary Care Strategy in Three Phases

Phase 1 Stabilisation

to address the underlying causes of instability in our vulnerable practices and clusters and create sustainable futures for them

Phase 2 Consolidation

to ensure the foundations are in place for strategic change, covering Organisational Development (OD)/Training/Culture and the information needed to invest in primary care on a whole systems basis

Phase 3 Transformation

the delivery of the Caring Together model via a renewed and thriving primary care sector



The **Eight Strategic Interventions** that have emerged from our work to date, and based on the NHS GP Forward View are:

- Resilience
 - New Models of Care
 - Workload/Workflow
 - Workforce
 - Informatics
 - Estates
 - Primary Care at Scale
 - New Ways of Investing in Primary Care
- Brighton and Hove CCG must and will remain committed to continued investment in primary care to support resilience, development and transformation of services for our population



Patient Experience of Using Primary Care in Brighton and Hove

- Brighton and Hove patients rated their GP services better or equal to the national average in all 10 domains of the national survey in 2018

2018 National Primary Care Patient Experience Survey	Brighton and Hove	National	Comparison
% of patients who find it easy to get through to this surgery by phone	75	70	Better
% of patients offered a choice of appointment when they last tried to make a general practice appointment	69	62	Better
% who were satisfied with the type of appointment they were offered	80	74	Better
% of patients who describe their experience of making an appointment as good	75	69	Better
% waited 15 minutes or less after their appointment time to be seen at their last general practice appointment	71	69	Better
% of patient who say the healthcare professional they saw or spoke to was good at giving them enough time during their last general practice appointment	87	87	Equal to
% who said they were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment	94	93	Better
% who had confidence and trust in the healthcare professional they saw or spoke to during their last general practice appointment	96	96	Equal to
% who are satisfied with the general practice appointment times available	70	66	Better
% of patients who describe their overall experience of this surgery as good	87	84	Better

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Primary Care Key Developments



✓ Six Primary Care Clusters established in 2017

✓ Brighton and Hove Primary Care Federation incorporated August 2018



✓ Cluster 6 Integrated care model pilot commenced September 2018

✓ 100% City-wide coverage of improved access appointments from October 2018

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Cluster 6 Integrated Care Model Pilot



Purpose:

- Groups of providers coming together to review their current model of care and co design a new approach to further integrate care and improve the local population health

Membership:

- Representatives from the 7 GP practices in cluster 6, Sussex Community Foundation Trust, Sussex Partnership Foundation Trust, B&H Adult Social Care, Public Health and patients

Cluster 6 starting point - build on areas of care delivery:

- that are working well
- that frustrate you

Integrated Pilot Principles

- What can you do to change
- What can we (commissioners) do to help
- What can we (everyone) do to help each other



What is improved access to primary care?

- Recurrent £1.8m investment by the CCG to funding of additional primary care (GP/nurse) capacity outside of core hours (6.30-8pm and at weekends), this includes pre-bookable and same day appointments
- Brighton and Hove was one of the first regions in the country to have full rollout of improved access appointments to our whole population in October 2018
- Supports GPs by easing demand during GP practice core hours and provide alternative for patients who otherwise feel they must go to A&E to be seen
- B&H achieved the national target and the city is now delivering **30.5 minutes of service per 1000 patients (6.30-8.30pm), equating to 161 hours per week or 966 extra 10-minute appointments per week**
- Plans are to increase this to 45 minutes per 1000 by 2019 which may also include morning appointments

Primary Care Health and Wellbeing Hubs

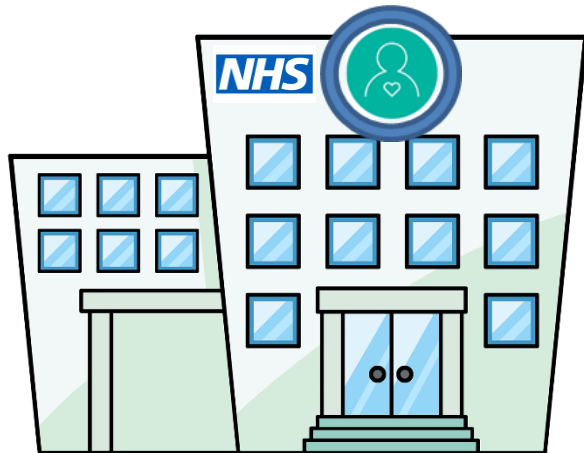


- Provide neighbourhood settings across the city, closer to home, to access integrated health and social care services
- Potentially align with improved access hubs to enable longer opening hours
- Primary and Social care in every hub for each neighbourhood, with enhanced specialist care in each hub serving the whole city (eg. Long-term complex conditions clinic, cancer diagnostic services, employment, housing and mental health services)
- Optimising the assets we already have across our city and providing a model for future neighbourhood developments

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Integrated Health and Care services in a Health and Wellbeing Hub



- Multiple services and agencies operating in co-location within neighbourhood settings across the city
- Making better use of the assets we have within our communities
- Bringing health and care closer to home

Next Steps

- Agree a baseline model for health and wellbeing hubs in Brighton and Hove
- Engagement on where the first hubs could be established in our city
- Align the developing models of integrated care with health hub development

Integrated Urgent Care Model



- **Urgent care** is a term used to describe the range of services people access who require same day health or social care, advice and/or treatment. **Emergency care** describes services which respond to serious or life threatening illness or injury.
- Like many parts of the UK, the urgent and emergency care system in Brighton and Hove is experiencing significant pressures across all services and in particular, accident and emergency departments have seen increased activity.
- In addition, patients tell us that the current urgent care system is fragmented and challenging to navigate effectively with different names for services including urgent care centres, minor injuries units, walk-in centres, out-of-hours primary care services and GP-led health centres.
- As a result people attend A&E with minor illnesses and injuries that could be better treated in an urgent primary care setting.

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Integrated Urgent Care Model



- Detailed clinical evidence suggests that at the moment up to a **third** of people may end up in the wrong setting to get treatment for their needs when they are seeking urgent care
- There are currently 6 different ways an individual can access urgent care in Brighton and Hove:
 - A&E/Urgent Care Centre attendance at the Royal Sussex County Hospital
 - Going to the Walk-in Centre on Queens Road
 - The City-wide roving GP (home visiting service available to busy GP practices)
 - GP Out-of-hours home visiting (night-time home visiting)
 - 8am 'ring-up/turn-up and be seen' in GP practices
 - Bookable on-the-day improved access GP appointments (available since October 2018)
- This is an overly-complex and confusing mixture of services to patients and is a very inefficient way of providing urgent care
- Options are much more limited for people who are not registered with a GP

Integrated Urgent Care Model



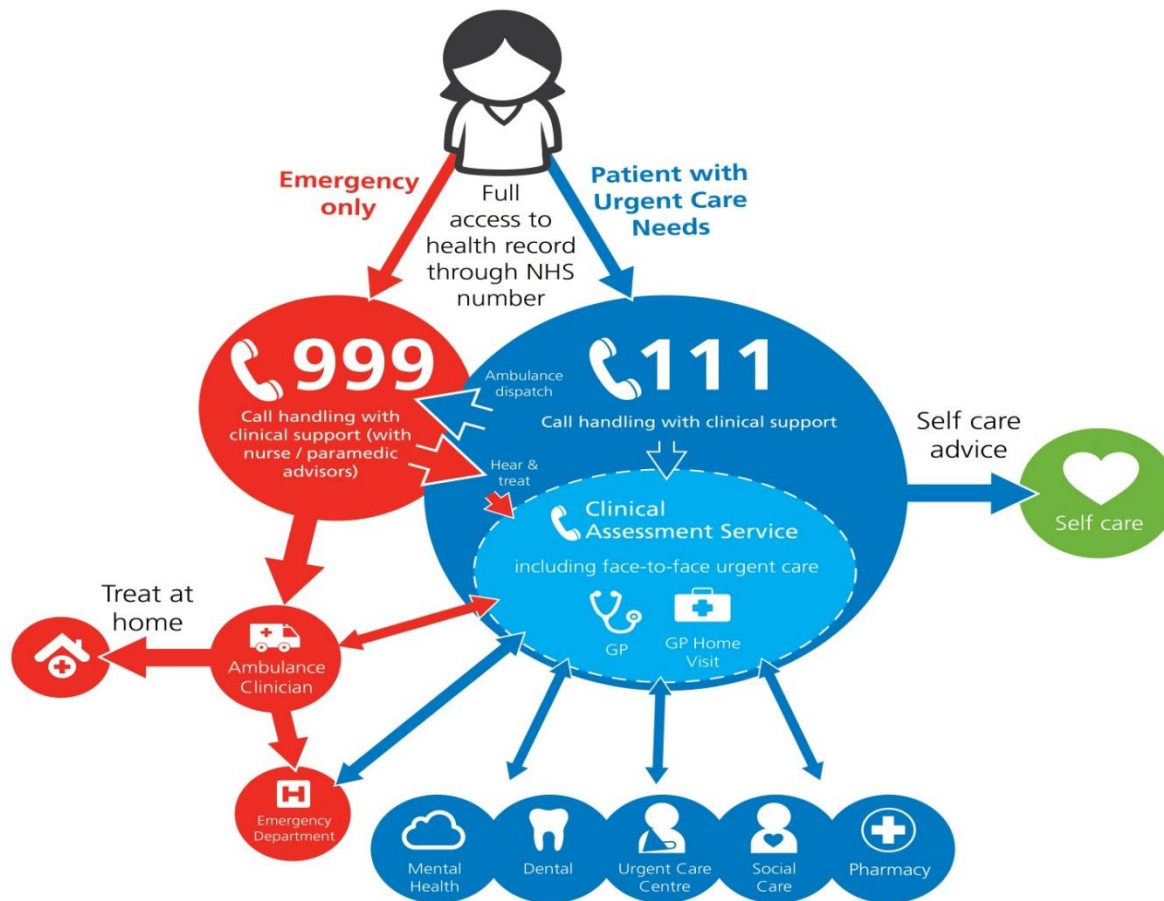
- In order to offer patients an improved, more streamlined service and a viable alternative to emergency departments there is a national emphasis for each area to develop Integrated Urgent Care (IUC) systems that align primary care, community services, emergency departments and ambulance services.
- With plans to significantly improve and enhance NHS 111 services for patients, local systems will need to provide a more integrated and flexible urgent care offer to cope with high demands and different needs

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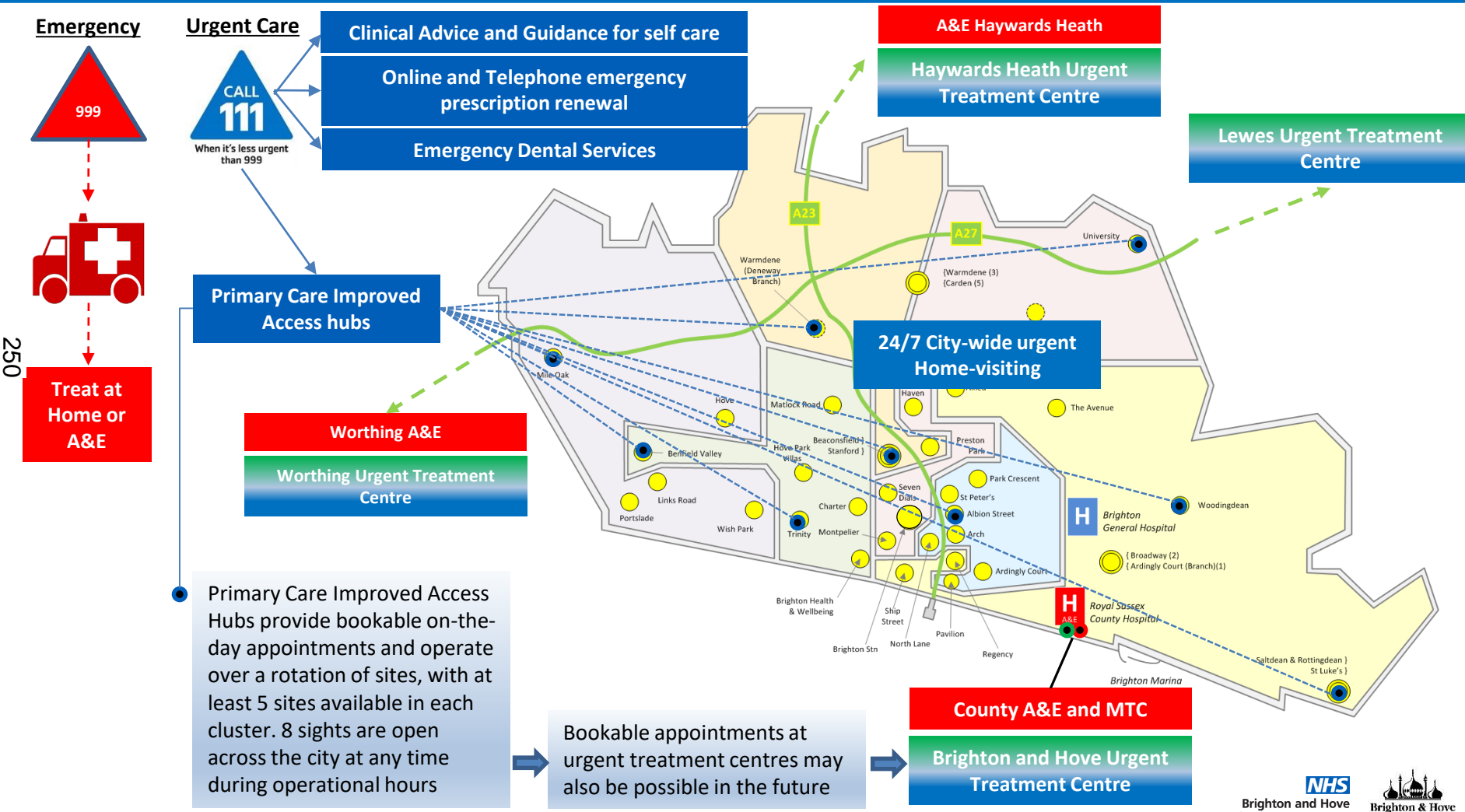
Integrated Urgent Care Model



- Provide a simple and helpful service to someone when they need advice and care urgently
- Provide a dynamic model that is able to meet the needs of individuals even when demand is high
- Provide information and education that allows people to access NHS services in a responsible way that delivers the best outcome for them



Integrated Urgent Care Model Vision for Brighton and Hove



Integrated Urgent Care Model



- We believe that by increasing the number of sites and changing how people can navigate to the best source of care for their need urgently, that a single walk-in centre model for our whole city may not be the right solution in the future, which means the current service on Queens Road may need to change. As well as increasing access and capacity, our key focus is to remodel and re-provision services by bringing acute and primary care services closer together for patients through an integrated model.
- In the meantime the current Walk-in Centre is commissioned to remain providing services until September 2019 and commissioners will not implement any significant changes until public engagement is complete and we have our agreed improved new model of care implemented for our whole city.

Next Step

- The CCG will be engaging with partners and our population from December 2018 on accessing urgent care to co-design and refine the future model in collaboration with patients and the public



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Health and Wellbeing Board January 2019

- Moving Towards Integration: Brighton and Hove City Council and CCG as two partners in the Integrated Care Partnership, Integrated Commissioning and Governance
- Request agreement from the board to support the approach of an Integrated Care Partnership Model for health and social care
- Joint Strategic Needs Assessment Update
- Joint Commissioning Intentions including BCF

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