

## Agenda Item 76

### Report to the HOSC on the *Sussex Together* Programme

#### 1 Background

*Sussex Together* is our programme aimed at securing a safe and sustainable NHS service across Sussex to meet the health needs of the population we serve. This programme began in September 2011, has already brought together senior clinical leaders and other professionals from all NHS organisations in Sussex alongside our partners in the Local Authorities and LINKs, to work together to find the best response to the unprecedented challenge we face. Although spending on the NHS will increase year on year, the increase will not match the projected rise in demand as the number of frail, elderly people increases and more people live with long term conditions. The objective of *Sussex Together*, therefore, is to identify the best way to spend the £2.6 billion available to the NHS in Sussex as a whole.

As an indicator of the size of the task ahead *Sussex Together* identified that unless we change we will face a financial challenge by April 2014 of some £440m in order to release sufficient funds to meet rising demand and rising costs within available resources.

#### 2 What has happened so far

---

September 2011 to  
November 2011

- Work with providers and commissioners to understand the health system affordability gap by April 2014
  - Engaging providers and commissioners in the *Sussex Together* approach
  - Development of a financial model to allow the impact of proposed service changes to be quantified in terms of closing the health system affordability gap
- 

December 2011 to  
January 2012

- A series of three Clinical Summits have been run in which senior clinical and managerial leaders of all NHS organisations in Sussex participated, and detailed outputs from each senate have been shared to inform each next step. The summits were focussed on how key clinical services could be run in different ways to improve the value (benefits divided by costs) of services provided
- After Clinical Summit 1, four Clinical Design Groups led by local clinicians were given a mandate to propose clinical service models for Sussex that would improve the value of services and help close the system affordability gap.
- The models of care were reviewed and developed in Clinical Summits 2 and 3.
- In Clinical Summit 3, senior representatives of commissioners, providers and local authorities gave their support to the principles of working proposed by Sussex

Together and the emerging clinical models.

### 3 Sussex-wide models of care

The clinical design groups led by local clinicians working with managers, colleagues from the local authorities and LINKs, identified and developed high level models of care in the following key areas:

*Frail and Elderly* – Based on the work done in Coastal West Sussex, a model of care that is easy to navigate and is more efficient, wrapped around the needs of the patient and ensuring care from the right person at the right time. A model that focuses on prevention and proactive management to enable the elderly to enjoy a better quality of life and improving value through reduced reliance on acute bed usage. Better patient experience through care co-ordination avoiding multiple assessments and care providers.

*Unscheduled Care* – A model of care that provides better out of hospital care, better integration of emergency care, and reduced inpatient care. Better out of hospital care provided through community outreach and nursing home support, extended hours GP services, a single point of access for clinicians, and rapid access outpatient appointments. Better integration of emergency care through aligned out of hours primary care, community services, and A&E.

*Planned Care* – Through networked care delivery led by centres of excellence and greater consistency in quality of referrals provide an improved model of care. Development of high quality community care to reduce the need for acute intervention.

*Other areas (Paediatrics, Maternity, and Medicines Management)* – In respect of paediatrics and maternity, it was noted that there was still work to be done to develop proposals to a point where they can be taken forward. A number of initiatives are being taken forward by the medicines management teams, and it was proposed that consideration for their future structure should be undertaken.

Following the Clinical Summits a further clinical design group was identified, that of Dementia, and clinical leads are now being sought to take this group forward.

### 4 Turning models of care into delivery of care

The Clinical Design Groups are now working on developing more detailed models to share with colleagues across Sussex.

A Clinical Senate is being formed to take forward the work, supported by the *Sussex Together* Team.

The NHS locally will continue to engage partners, patients and the public in discussions and decisions about future models of service, and ensure they are kept fully informed as proposals are turned into action.

Susan Onslow  
Sussex Together Programme Manager  
NHS Sussex