National Health Scrutiny and Assurance Conference 2019

#healthscrutinyconf19

Wifi portal: 11cavendishsq
Wifi password: turquoise

Chair's introduction

Professor Kate Ardern
Director of Public Health, Wigan Council

The Health and Care Landscape – Development of Integrated Care Systems

Jacquie White
Director of System Development
@jaqwhite1
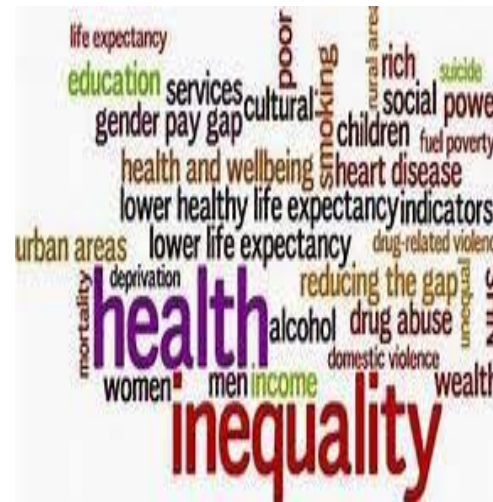
NHS England and NHS Improvement

NHS

Five key services changes:

1. boost 'out-of-hospital' care, and finally dissolve the historic divide between primary and community services;
2. re-design and reduce pressure on emergency hospital services;
3. give people more control over their own health, and more personalised care when they need it;
4. implement digitally-enabled primary and outpatient care; and
5. increasingly focus on population health and local partnerships with local authority-funded services.
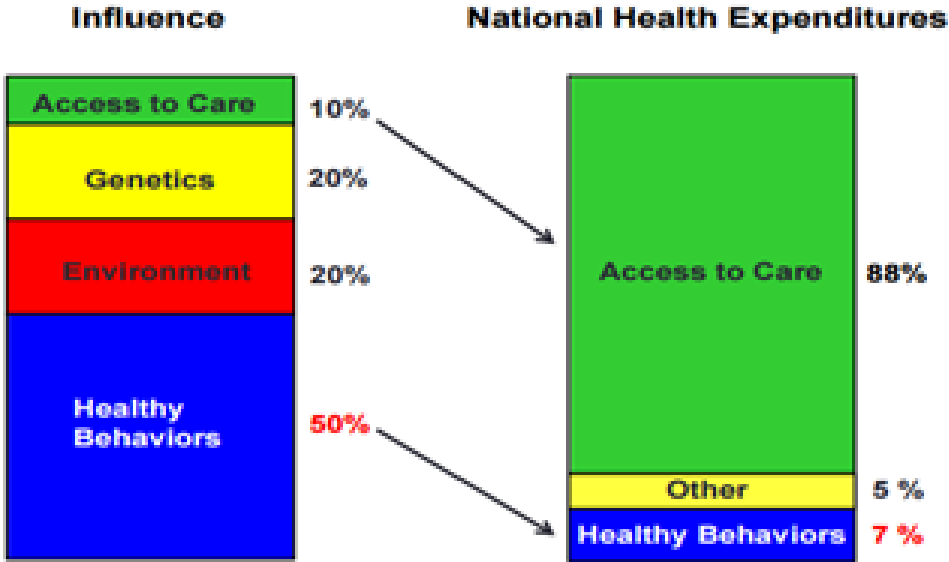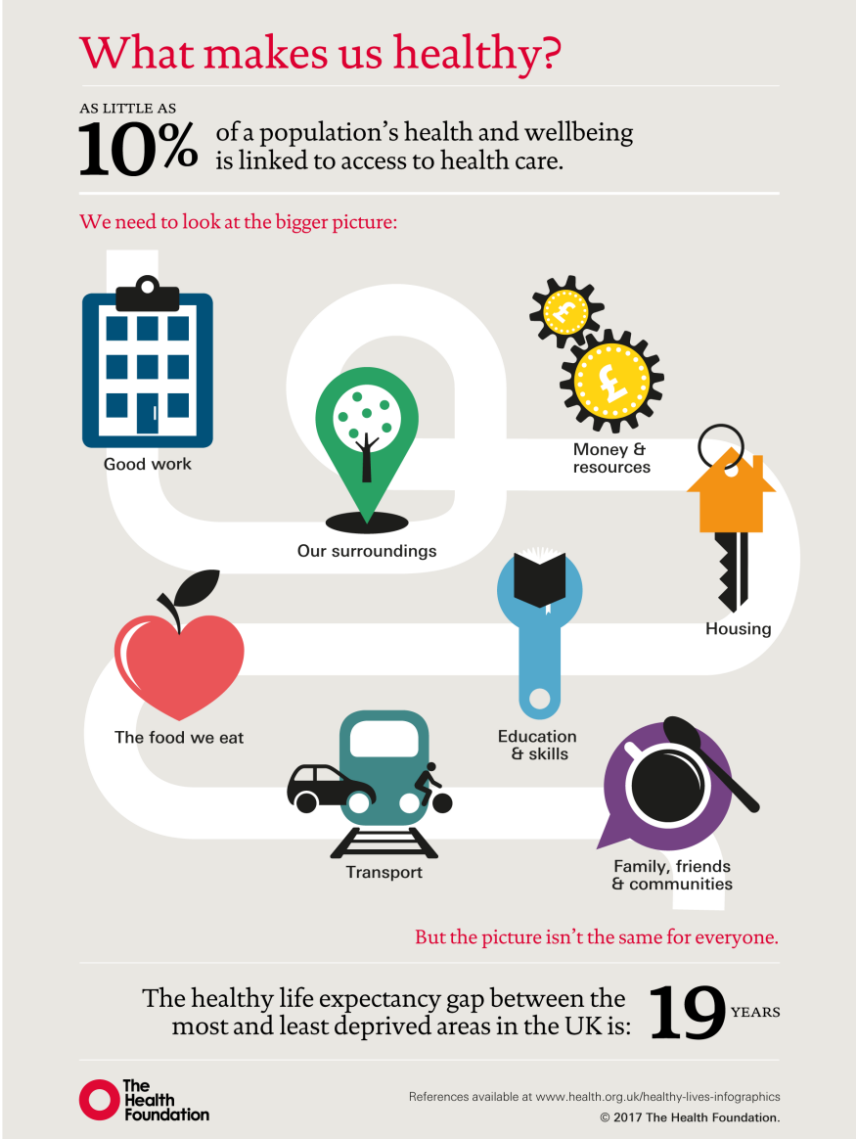
Focus on the **'triple integration'** of primary and specialist care, physical and mental health services, and health with social care

Clarity that **ICS are central to delivery**, with commitment that all systems will develop into **ICSs by April 21**.

Why?

NHS

Children and young people

Access to Healthcare
Peace of mind when it counts
T: +44(0)1243 783557
F: +44(0)1243 780819
www.accesstohealthcare.co.uk

ECONOMY

HOSPITAL

PUBLIC HOUSING

Carers Count

Tackling broader health and well-being needs

What makes us healthy?

AS LITTLE AS 10% of a population's health and wellbeing is linked to access to health care.

We need to look at the bigger picture:

Good work
Our surroundings
Money & resources
Housing
The food we eat
Education & skills
Transport
Family, friends & communities

But the picture isn't the same for everyone.

The healthy life expectancy gap between the most and least deprived areas in the UK is: 19 YEARS

The Health Foundation

References available at www.health.org.uk/healthy-lives-infographics
© 2017 The Health Foundation.

Influence

Access to Care	10%
Genetics	20%
Environment	20%
Healthy Behaviors	50%

National Health Expenditures

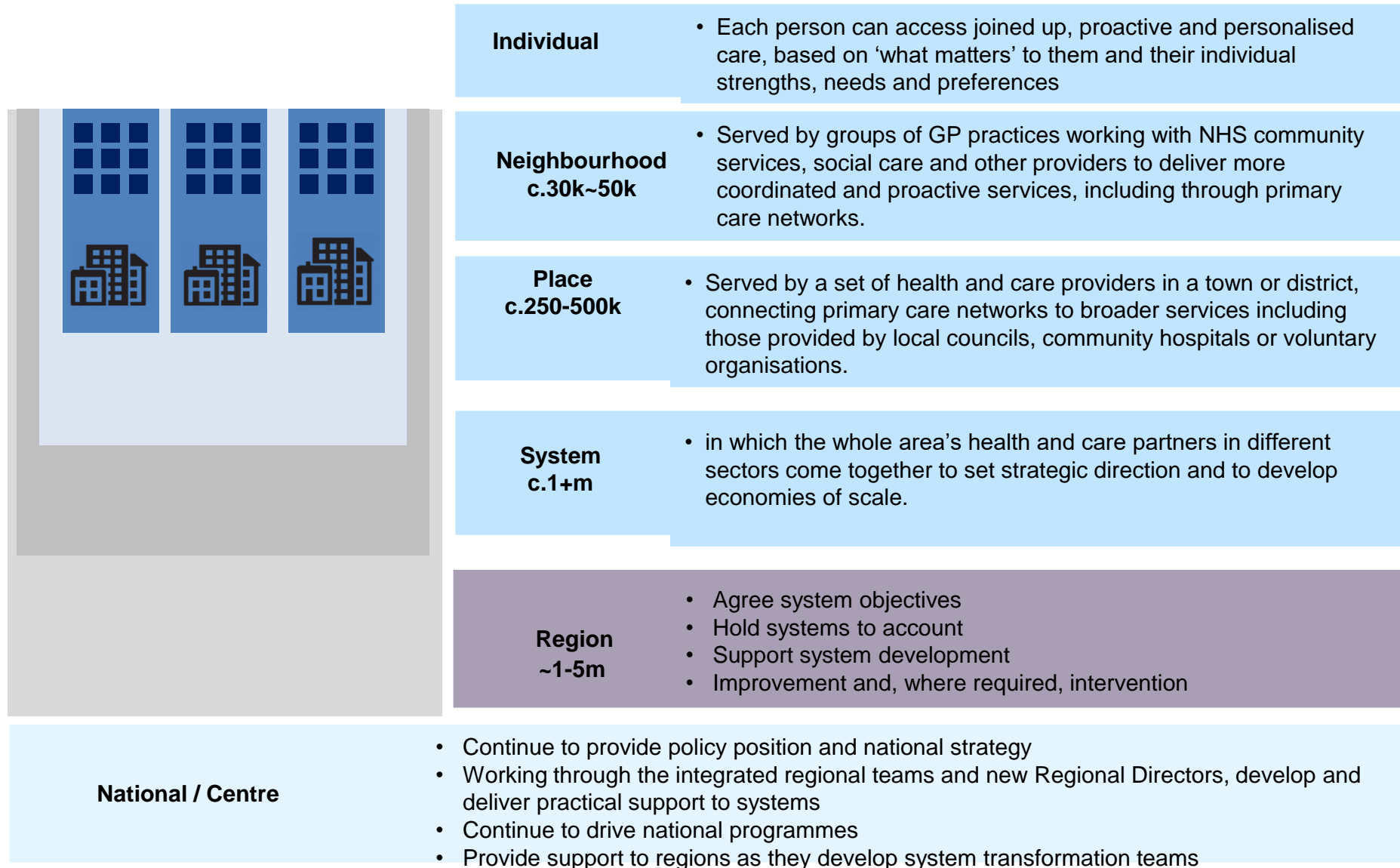|	
Access to Care	88%
Other	5 %
Healthy Behaviors	7 %

What is an Integrated Care System?

Integrated care systems (ICSs) are local partnerships with shared responsibility for improving population health within allocated resources.
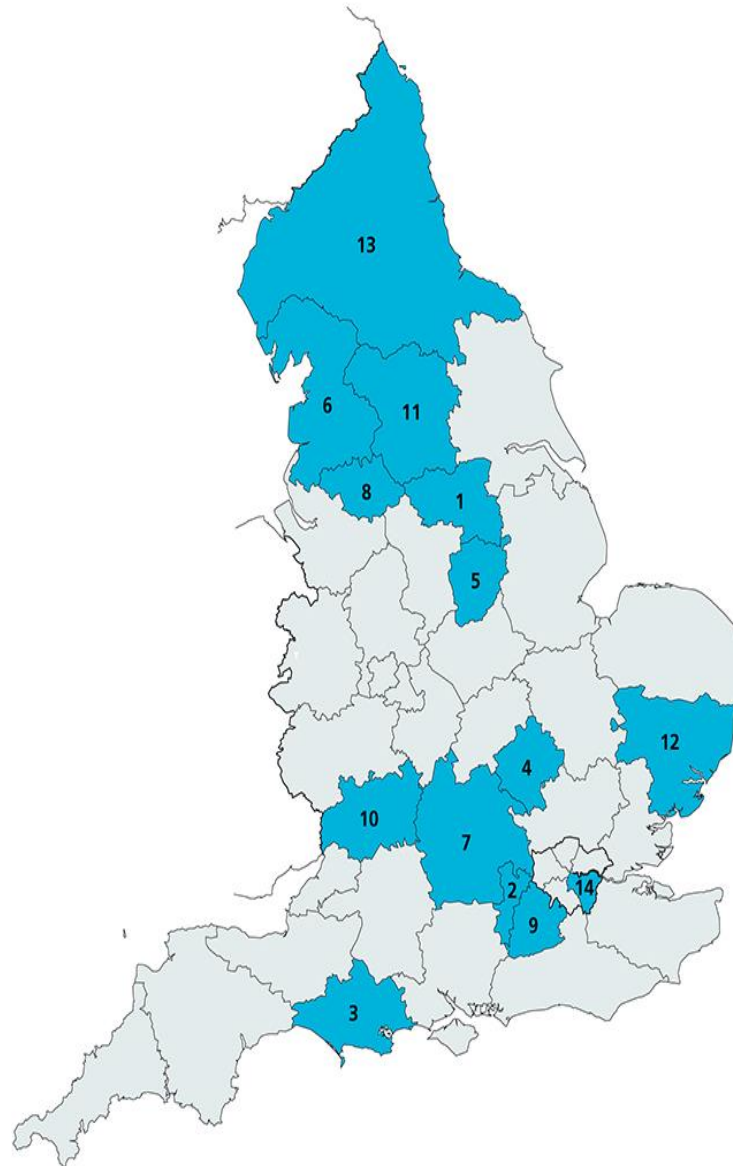
There are currently 14 now covering over a third of the population:

1. South Yorkshire & Bassetlaw
2. Frimley Health & Care
3. Dorset
4. Bedfordshire, Luton & Milton Keynes
5. Nottinghamshire
6. Lancashire & South Cumbria
7. Buckinghamshire, Oxfordshire & Berkshire West
8. Greater Manchester (devolution deal)
9. Surrey Heartlands (devolution deal)
10. Gloucestershire
11. West Yorkshire & Harrogate
12. Suffolk & North East Essex
13. The North East & North Cumbria
14. South East London

8

What do integrated care systems look like?

Individual	• Each person can access joined up, proactive and personalised care, based on 'what matters' to them and their individual strengths, needs and preferences
Neighbourhood c.30k~50k	• Served by groups of GP practices working with NHS community services, social care and other providers to deliver more coordinated and proactive services, including through primary care networks.
Place c.250-500k	• Served by a set of health and care providers in a town or district, connecting primary care networks to broader services including those provided by local councils, community hospitals or voluntary organisations.
System c.1+m	• in which the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale.
Region ~1-5m	• Agree system objectives • Hold systems to account • Support system development • Improvement and, where required, intervention
National / Centre	• Continue to provide policy position and national strategy • Working through the integrated regional teams and new Regional Directors, develop and deliver practical support to systems • Continue to drive national programmes • Provide support to regions as they develop system transformation teams

Integrated care systems – different levels of maturity

NHS England and NHS Improvement have worked with the earliest integrated care systems to develop a 'maturity matrix' showing the core characteristics of systems as they develop.

This matrix shows these characteristics across five themes:

- System leadership, partnerships and change capability
- System architecture and strong financial management and planning
- Integrated care models
- Track record of delivery
- Coherent and defined population

For four stages of integrated care systems as they evolve:

- Emerging
- Developing
- Maturing
- Thriving

How local systems are making a practical difference

NHS

Nottinghamshire Pioneering home alteration project helps get people home from hospital sooner	• Mansfield District Council's ASSIST scheme means homes are made safe and accessible for a patient's return from hospital – this could include fitting a ramp, grab rails and key safes, making sure their heating works, or moving furniture to make space for a hospital bed. • Since October 2014, Assist has helped **more than 3,000 people** and is expected to **save around £1.3m a year**.
Wakefield Integrated care in action – Health inequalities	• Wakefield CCG and Wakefield District Housing (WDH) have been working together to fund a number of schemes to improve housing and tenants' and community health which has potentially **reduced costs on the local health service by up to £1.5 million a year**. • Within WDH homes, **3,200 tenants have access to a care link responder service**, an alarm with a response team that can help with crises including falls, no response calls, manual handling and assistance and reassurance.
Surrey Heartlands Integrated care in action – older people's care	• A Care Home Advice Line has been set up to reduce unnecessary hospital admissions for local care home residents support local nursing home staff out of hours and is available to both healthcare professionals and non-professional staff working in residential care homes. • The service has now been rolled out across central and West Surrey and is helping to reduce the number of care home residents being taken to A&E, as staff are now able to look after them more confidently with the right medical advice as well as helping to reduce pressure on emergency services.
Doncaster Integrated care in action – Health inequalities	• Vulnerable people and rough sleepers in Doncaster can access a monthly town centre pop-up hub created by the Doncaster Complex Lives Alliance, a partnership of support agencies working to engage with and help people caught in a cycle involving rough sleeping, addiction and mental ill health. • The hub provides support and an opportunity to reconnect with health services, in a bid to help them turn their lives around. It follows a successful pilot in July 2018 which saw people attend and receive support and advice from health and social care experts, with **financial and housing advice** all coming together in one place. Nurses and a street doctor were on hand to provide mental health support and wound care treatment to help tackle addiction and mental and physical health issues.

The NHS Long Term Plan (LTP) set out how we will invest the funding commitment from government

1 Do things **differently, through a new service model**

2 Take more action on **prevention** and **health inequalities**

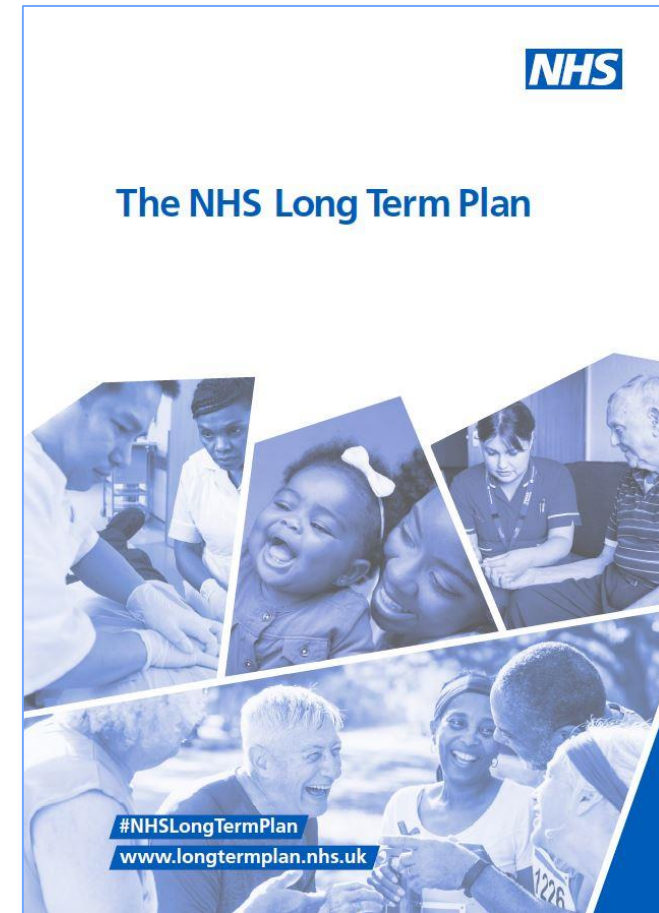**3** Improve **care quality and outcomes** for major conditions

4 Ensure that **NHS staff** get the backing that they need

5 Make better use of **data** and **digital technology**

6 Ensure we get the most out of **taxpayers' investment** in the NHS

The NHS Long Term Plan

#NHSLongTermPlan
www.longtermplan.nhs.uk

NHS Long Term Plan 2019

Every ICS will have:

- *a partnership board, drawn from and representing commissioners, trusts, primary care networks, and – with the clear expectation that they will wish to participate - local authorities, the voluntary and community sector and other partners;*

- *a non-executive chair (locally appointed, but subject to approval by NHS England and NHS Improvement) and arrangements for involving non-executive members of boards/ governing bodies;*

- *sufficient clinical and management capacity drawn from across their constituent organisations to enable them to implement agreed system-wide changes;*

- *full engagement with primary care, including through a named accountable Clinical Director of each primary care network.*

What good governance enables

We are aiming for mature systems to have transparent and robust governance, with multi professional leadership aligned around the system and working closely with Health and Wellbeing Boards, this governance supports integration and enables systems to:

System Vision

Develop a system wide vision focused on improving the health of it's population and reducing health inequalities through wide engagement which is meaningful to the citizens who live in the ICS.

Delivery

Delivery of the vision and plan is overseen by the partnership board, which is made up of a wide range of stakeholders selected for their ability to represent the population and best achieve these outcomes

Collaborative working

There is collaborative working across the system at all levels which allows a flexible approach to wider membership to involve active parties in the system who might influence the wider determinants of health

Planning

The system has effective planning across all partners enabling a focus on achievement of outcomes rather than a retrospective review of targets

Our health and care economy //

Leeds and York Partnership **NHS** NHS Foundation Trust
Bradford District Care **NHS** NHS Foundation Trust
South West Yorkshire Partnership **NHS** NHS Foundation Trust
Tees, Esk and Wear Valleys **NHS** NHS Foundation Trust

Leeds Community Healthcare **NHS**
Locala Community Partnerships
Bradford District Care **NHS** NHS Foundation Trust

Airedale **NHS** NHS Foundation Trust
Calderdale and Huddersfield **NHS** NHS Foundation Trust
Harrogate and District **NHS** NHS Foundation Trust
The Mid Yorkshire Hospitals **NHS** NHS Trust
Bradford Teaching Hospitals **NHS** NHS Foundation Trust
The Leeds Teaching Hospitals **NHS** NHS Trust

4 Community and MH Trusts
3 community providers
6 Acute Trusts

WEST YORKSHIRE POLICE
West Yorkshire Fire & Rescue Service
YORKSHIRE & HUMBER ACADEMIC HEALTH SCIENCE NETWORK
Yorkshire Ambulance Service **NHS** NHS Trust
healthwatch
Local Care Direct we care about people

NHS Airedale, Wharfedale and Craven Clinical Commissioning Group
NHS Bradford Districts Clinical Commissioning Group
NHS Bradford City Clinical Commissioning Group
NHS Calderdale Clinical Commissioning Group
NHS Greater Huddersfield Clinical Commissioning Group

9 CCGs
333 GP practices

NHS Harrogate and Rural Districts Clinical Commissioning Group
NHS Leeds Clinical Commissioning Group Partnership
NHS North Kirklees Clinical Commissioning Group
NHS Wakefield Clinical Commissioning Group

➡ 601 community pharmacies
➡ 319 domiciliary care providers
➡ Thousands of voluntary and community organisations
➡ Over 640 care homes
➡ 10 hospices

NHS Health Education England
NHS Improvement
NHS England
CRAVEN DISTRICT
Harrogate BOROUGH COUNCIL
wakefieldcouncil working for you
Kirklees COUNCIL
North Yorkshire County Council
Bradford District Council www.bradford.gov.uk
Leeds CITY COUNCIL
Calderdale Council
Public Health England

What's next?

Our aim is to use the next several years to make the **biggest move to integrated care of any major western country in order to deliver a sustainable care model for population health**

- **Support to current ICSs** to develop themselves, and in doing so help to develop policy for the rest of the country

- **Spread of 'solutions'** and support to STPs to help them develop into integrated care systems

- **Intensive support** to systems with particular challenges

The hard work is being done in local systems:
building relationships, making **incremental change and accelerating this at pace**, while **providing the best possible care** for people who need it today

Find out more

Website:
www.england.nhs.uk/integratedcare and
www.england.nhs.uk/pcn

Email:
england.primarycareandsystemtransformation
@nhs.net

LinkedIn:
www.linkedin.com/showcase/futurehealthand
care

Twitter:
@NHSEngland #futureNHS

Future Health and Care' e-bulletin:
Sign up at www.england.nhs.uk/email-bulletins
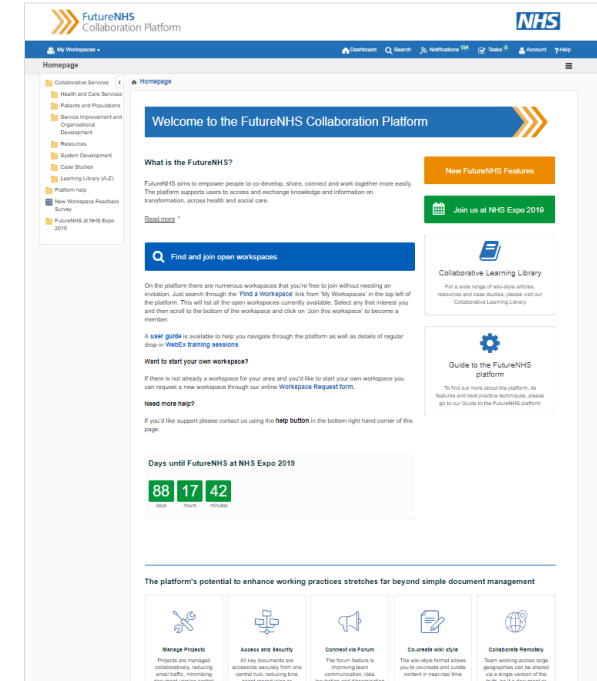
Thank you

england.primarycareandsystemtransformation@nhs.net

The health and care landscape

Julie Wood
**Chief Executive,
NHS Clinical Commissioners**

The evolving commissioning landscape

1. About NHSCC

2. The evolving commissioning landscape
- o The changing commissioning landscape
- o Key points from the NHS Long Term Plan
- o Future planning levels
- o System working

3. Delivering change
- o Key points from the Interim NHS People Plan
- o Key points from the NHS Implementation Framework
- o Retaining the value of clinical commissioning in times of change

NHS Clinical Commissioners
The independent collective voice
of clinical commissioners

A networked organisation of
NHS CONFEDERATION

About NHSCC

- The independent membership organisation of clinical commissioning groups (CCGs) – around 90% in membership
- Proudly member-led and member-driven
- Support CCGs to secure the best possible healthcare and health outcomes for their populations

We do this in three main ways:

Voice	Giving members an independent and strong collective voice and national representation in the debate on the future of the NHS
Support	Providing information via regular bulletins and publications, and hosting webinars and workshops on topical themes
Networking	Developing our networks to give members safe spaces to share learning, solve problems, and engage with other organisations

NHS Clinical Commissioners
The independent collective voice of clinical commissioners

A networked organisation of
NHS CONFEDERATION

www.nhscc.org

2. The evolving commissioning landscape

The changing commissioning landscape
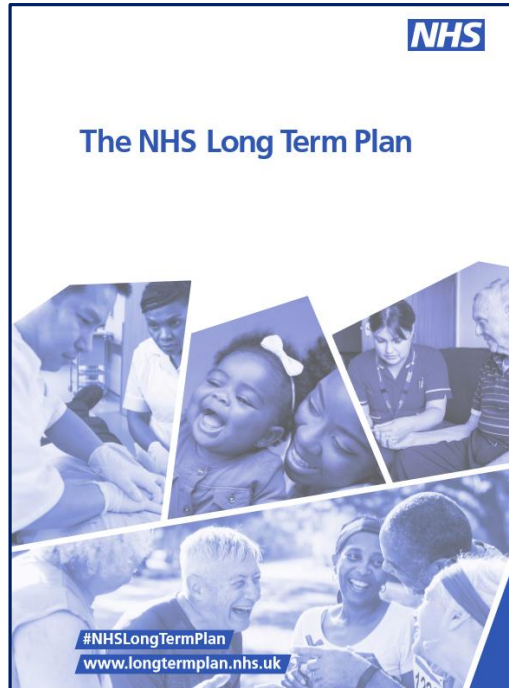
- System: ICSs to cover the whole country by 2021
    - **'typically' a single CCG for each ICS**
- Less said on place – needs further detail
- Neighbourhood: key role for PCNs (30-50k population)

CCGs will become **leaner, more strategic organisations** that support providers to partner with local government and other community organisations on population health, service redesign and LTP implementation.

- Local approaches to blending health and social care budgets will be supported *"where councils and CCGs agree this makes sense"*

Level	Functions	Priorities from the Long Term Plan
Neighbourhood *~ 30-50k population*	• Integrated multi-disciplinary teams • Strengthened primary care through PCNs • Proactive population heath and prevention role	• Integrate primary and community services • Implement integrated care models + embed population health management approaches • Roll out PCNs; embed PCN contract and shared savings scheme
Place *~ 250-500k population*	• Typically council/borough level • Integration of hospital, council + primary care • Develop new provider models for 'anticipatory care • Models for out-of-hospital care	• Working with local govt + voluntary sector on prevention and health inequalities • PCN leadership to form part of provider alliances/collaboration • Implement integrated care models +embed population health management approaches • Commitments on care delivery + redesign; implement Enhanced Health in Care Homes model
System *~1-3m population*	• System strategy and planning • Develop governance and accountability arrangements • Manage performance and collective financial resources • Identify/share best practice to reduce unwarranted variation	• Streamline commissioning arrangements • Collaboration between acute providers and the development of group models • Appoint partnership board + independent chair • Develop clinical and managerial capacity

www.nhscc

Level	Functions	Priorities from the Long Term Plan
Regional *(NHS England and Improvement)*	• Agree system objectives • Hold systems to account • Support system development • Improvement + intervention where required	• Increased autonomy to systems • Revised oversight and assurance model • Regional directors to agree system-wide objectives with systems • Bespoke development plan for each STP to support achievement of ICS status
National *(NHS England and Improvement)*	• Continue to provide policy position and national strategy • Develop and deliver practical support to systems, through regional teams Improvement • Continue to drive national programmes e.g. Getting It Right First Time • Provide support to regions as they develop system transformation teams	

Source: Adapted from NHS England (2019). *Designing integrated care systems (ICSs) in England* (available from: https://www.england.nhs.uk/wp-content/uploads/2019/06/designing-integrated-care-systems-in-england.pdf) and *Mechanisms for collaboration across health and care systems (2018).*

A networked organisation of
NHS CONFEDERATION

The Long Term Plan: ICSs

Every ICS will have:

A partnership board, drawn from and representing commissioners, trusts, PCNs, LAs, the voluntary and community sector and other partners

A non-executive chair and arrangements for involving non-executive members of boards/governing bodies – *a key ask of our Lay Members Forum*

Sufficient **clinical and management capacity drawn from constituent organisations** to enable the implementation of agreed system-wide changes

Full engagement with primary care, including through a named accountable Clinical Director of each PCN

Greater emphasis by CQC on partnership working and system-wide quality

All providers in an ICS **required to contribute to ICS goals and performance**

Clinical leadership aligned around ICSs

Primary Care Networks (PCNs)

- Key to delivering the NHS Long Term Plan and fully integrated community-based health care

- **Groups of general practices working together** with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more **personalised, coordinated care** to their local populations.

- Each PCN required to **appoint a named accountable Clinical Director** (expected that they will be selected from the GPs of the practices within the network, but any appropriate clinically qualified individual may be appointed)

- Operate at the **neighbourhood level** (30-50k population)
  - Small enough to provide personal care
  - Large enough to have impact and economies of scale

- Seek to:
  - Provide care in different ways to match different people's needs
  - Focus on prevention and personalised care
  - Make good use of data and technology

Primary Care Networks (PCNs)

PCN timelines – scale and pace of change
not to be underestimated

Date	Action
Jan-Apr 2019	PCNs prepare to meet the Network Contract registration requirements
By 29 Mar 2019	NHS England and GPC England jointly issue the Network Agreement and 2019/20 Network Contract
By 15 May 2019	All Primary Care Networks submit registration information to their CCG
By 31 May 2019	CCGs confirm network coverage and approve variation to GMS, PMS and APMS contracts
Early Jun	NHS England and GPC England jointly work with CCGs and LMCs to resolve any issues
30/6	Sign up by practice through CQRS
1 Jul 2019	Network Contract goes live across 100% of the country
Jul 2019-Mar 2020	National entitlements under the 2019/20 Network Contract start: year 1 of the additional workforce reimbursement scheme; ongoing support funding for the Clinical Director; Ongoing £1.50/head from CCG allocations

Source: NHS England

Primary Care Networks (PCNs)

The NHS Long Term Plan states that:

- **£4.5 billion of new investment** will fund expanded community multidisciplinary teams **aligned with new primary care networks**.
  - o Most CCGs have local contracts for enhanced services and these will normally be added to the network contract.
  - o Expanded neighbourhood teams will comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and AHPs such as physiotherapists and podiatrists/chiropodists, joined by social care and the voluntary sector.
  - o In many parts of the country, functions such as district nursing are already configured on network footprints and this will now become the required norm.

System working

NHS Clinical Commissioners
The independent collective voice
of clinical commissioners

1. Early progress in collaborative commissioning with NHS providers

- In Nov 2018 '*Driving forward system working'* found relationship between commissioners and providers **on the brink of change:**
  - o Commissioners taking a more strategic approach
  - o Providers taking on/supporting some more tactical aspects of activities
- Clinical commissioners as '**stewards' of the system**: focusing on assement of population health needs and demand forecasting; planning the nature, range and quality of future services; and defining and contracting for outcomes
- Providers could take over/support functions including: contract management, care coordination and combining CIP and QIPP efforts**. CCGs would retain statutory responsibility for these functions**
- Found **varied local progress in collaborative commissioning** – often an ambition rather than reality, with steps e.g. in terms of shifting language

A networked organisation of
NHS CONFEDERATION

System working

2. Partnership working with local authorities

- Integrated *commissioning* as well as integrated *provision* – many ways of doing this e.g. pooling budgets, joint commissioning for outcomes etc.
- Importance of 'place' level for meaningful relationships
- As highlighted in joint report, '*Shifting the centre of gravity*' there are examples of partnership working to deliver improved health outcomes

  - Croydon: 'Alliance Agreement' across health and social care partners including CCG, local authority, health providers and VCSE sector – shared approaches and principles

  - Luton: The local authority and the CCG co-created dementia strategy, joint concordat signed last year, co-located

  - Salford: Aligned to Greater Manchester, the CCG has pooled public health budgets with the local authority and have joint decision making

    + many other examples
    BUT challenges of financial pressures across the system

NHS Clinical Commissioners
The independent collective voice of clinical commissioners

Shifting the centre of gravity
Making place-based, person-centred health and care a reality

Report

A networked organisation of
NHS CONFEDERATION

3. Delivering change

Interim NHS People Plan

NHS Clinical Commissioners
The independent collective voice
of clinical commissioners

- Interim plan published 3rd June, led by Dido Harding

- Focuses on immediate actions within the next year – the "foundations"

- Need to elevate people management – people planning – to the same level as financial and operational management in the NHS.
  - *Different* as well as *more*

- Need to transform the way entire workforce works together - more multidisciplinary, careers less linear, and routine tasks automated

6 commitments:
1. Make the NHS the best place to work
2. Improve leadership culture
3. Prioritise urgent action on nursing shortages
4. Develop a workforce to deliver 21st century care
5. Develop a new operating model for workforce
6. Take immediate action in 2019/20 while we develop a full 5-year plan
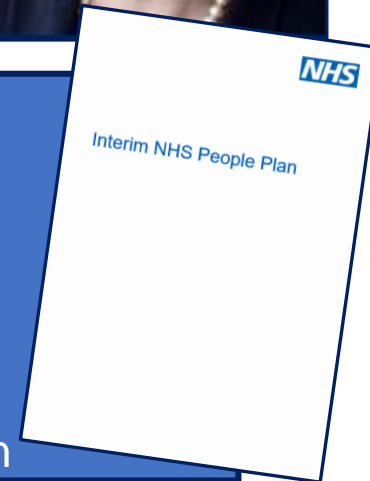
Some limitations due to 1 year focus; more to follow once the forthcoming Spending Review has confirmed future NHS education and training budgets

NHS Interim NHS People Plan

A networked organisation of
NHS CONFEDERATION

NHS Long Term Plan Implementation Framework

NHS Clinical Commissioners
The independent collective voice
of clinical commissioners

Sets out the asks of STPs and ICSs to deliver the Long Term Plan:

- STPs/ICSs must create **5 year strategic plans by November 2019**
  - Clinically-led
  - Locally owned
  - Underpinned by realistic workforce planning
  - Financially balanced
  - Deliver Long Term Plan commitments and national access
  - Phased based on local need
  - Reduce local health inequalities and unwarranted variation
  - Focus on prevention
  - Engage with local authorities
  - Drive innovation

NHS
NHS Long Term Plan Implementation Framework
June 2019
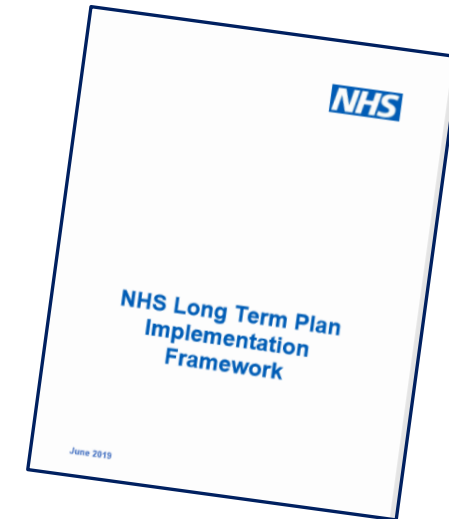
Minimum four areas that system plans should focus on
(1) Meeting new funding guarantees for primary medical and community health services
(2) Supporting PCN development
(3) Improving responsiveness of community health crisis response services
(4) Creating a phased plan of the specific service improvements and impacts they will enable primary and community services to achieve, year by year
+ host of other areas included in the Framework

organisation of ONFEDERATION

Long Term Plan Implementation framework

- Provides helpful clarity on how clinical commissioners and others should now be planning to deliver the NHS long term plan + which tasks should be prioritised e.g. developing PCNs.
- Useful detail about funding above CCG allocations

BUT ambitious timescale poses challenges for wide engagement required + for many CCGs this coincides with plans to merge

Milestone	Date
Interim People Plan published	3 June 2019
Publication of the Long Term Plan Implementation Framework	June 2019
Main technical and supporting guidance issued	July 2019
Initial system planning submission	End of September 2019
System plans agreed with system leads and regional teams	Mid November 2019
Further operational and technical guidance issued	December 2019
Publication of the national implementation programme for the Long Term Plan	December 2019
First submission of draft operational plans	Early February 2020
Final submission of operational plans	By end March 2020

Source: NHS England and Improvement (2019). NHS Long Term Plan Implementation Framework

A networked organisation of
NHS CONFEDERATION

Retaining the value of clinical commissioning

As ICSs develop, we must maintain the value of clinical commissioning:

- tangible 'place' level links and responsibilities – CCGs have formed working relationships with others in their 'place', especially local government. As they increasingly work at larger 'system' footprints, the important work at place level should not be lost

- 'stewards' and the system perspective – CCGs can make sure providers are doing the right thing for their population as they're the only ones without vested interest; their voices within systems must be heard

- keeping clinical engagement at the core – CCGs have been successful in embedding clinical leaders and the expertise, credibility, and better health outcomes this brings. This must be maintained as we move to more system working

NHS Clinical Commissioners
The independent collective voice of clinical commissioners

May 2019

NHS Clinical Commissioners
The independent collective voice of clinical commissioners

The changing face of clinical commissioning

Working to improve the health of the population

A networked organisation of
NHS CONFEDERATION

Thank you

Any questions?

Questions & answers

#healthscrutinyconf19

Refreshments and networking

11:30 – 11:45
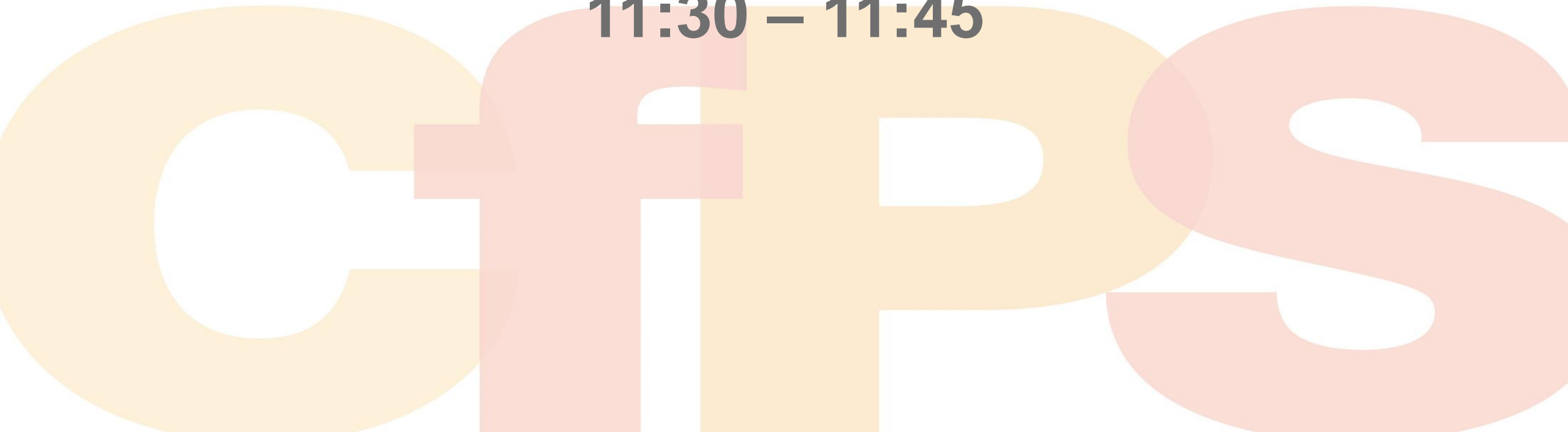
Practical approaches to scrutiny of health and care

Cllr Bryan Turner
Chair of Health and Adult Services Committee, West Sussex County Council

Why am I here?

So I have been asked if I can give you my views around:

- How councillors and health scrutiny committees can best engage with system reforms such as STPs, integrated care systems and primary care networks, whilst keeping the focus on the quality and safety of services.

- The importance of collaboration between all parts of the system locally and how this can best be achieved, perhaps reflecting on your experience of working with health and wellbeing boards, STPs, CCG lay members and provider non-executives.

- How individual organisations and partnerships can manage the pressures on them whilst also promoting involvement, accountability and transparency, particularly in relation to the public and being open to scrutiny.
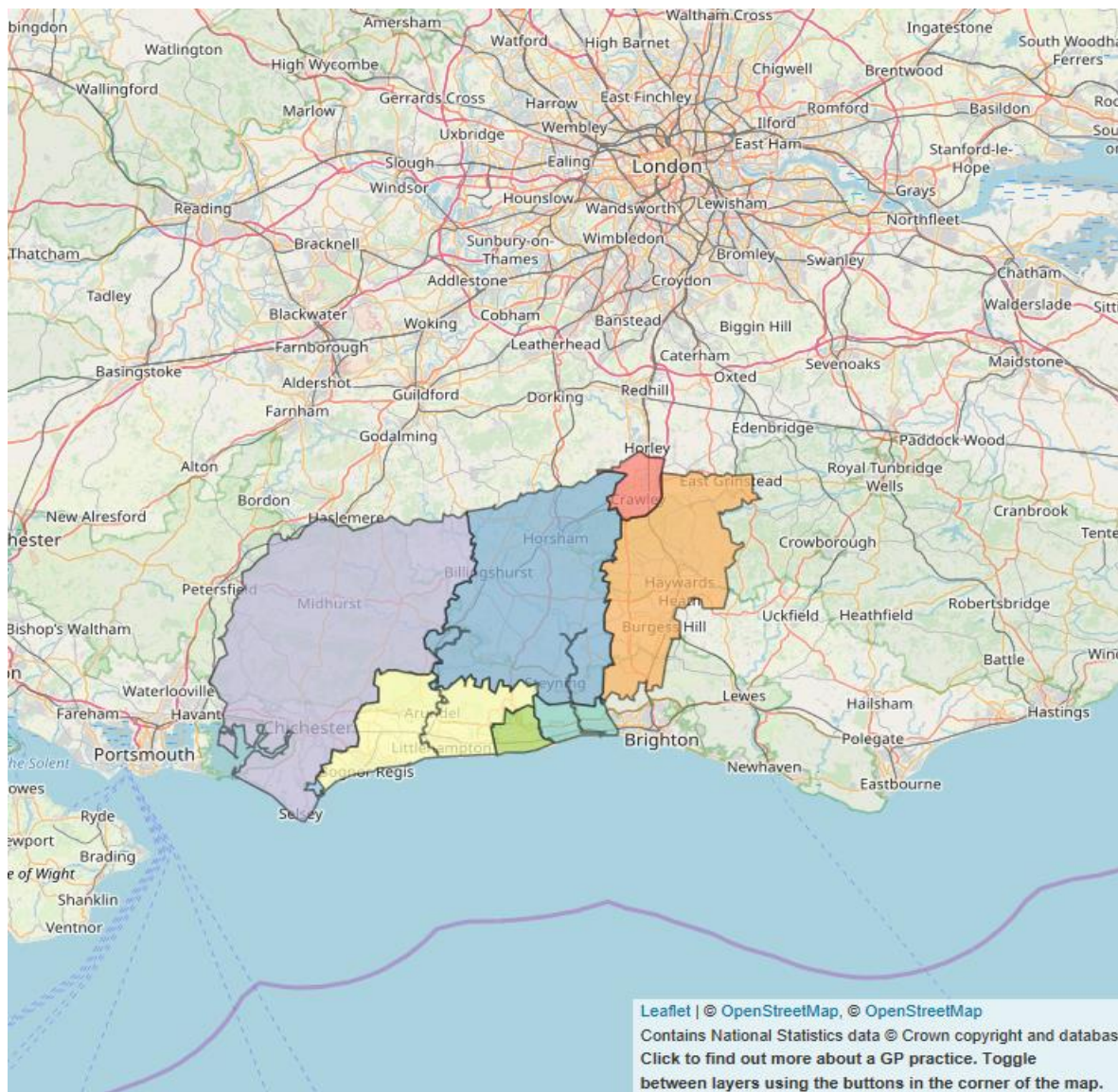
West Sussex

- Large county
- Notable places -
  - *Coastal resorts, large rural areas, market towns, Gatwick*
- Chichester county town
- Overall fairly affluent but some pockets of deprivation (incl. within most 10% deprived in England)
- Older age structure (23% 65+)
- Crawley (new town younger and more ethnically diverse)
- Challenge of ageing pop, rurality, complex admin and health geographies
- High employment rate, housing expensive.

Residents
858,850

There has been a 10% increase in the last 10 years, due, in the main to net inward migration from elsewhere in the UK.

Births
8,630

RIP
Deaths
9,375

Best Quartile

West Sussex is amongst the best 25% of all LAs on a range of measures, known to have an impact on longer term health and wellbeing including........

Employment Rate (16-64 years)

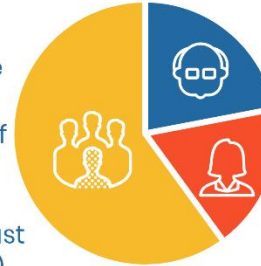79.9% of working age adults are in employment, 4+% higher than England

First Time Entrants to the Youth Justice System

This has been falling over the last 5 years and at 167.5 per 100,000 is well below the national rate (292.5 per 100,000)

Age Structure

The county has an older age structure compared with SE and England, 22% of residents are 65+ years compared with 19% in South East and 18% in England)

Life Expectancy
(2015-2017)

Women
84.1 years

Men
80.6 years

Male and female life expectancy has increased and both remain above regional & national levels.
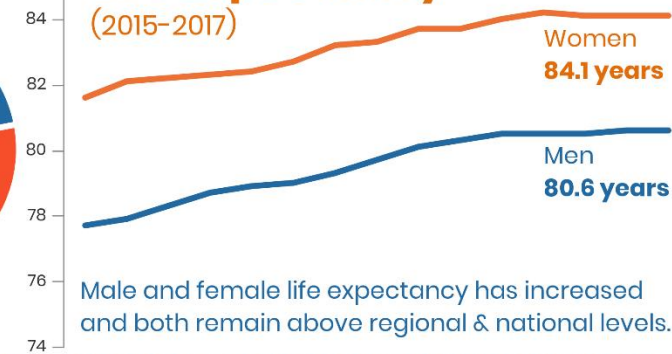
Getting Better All The Time

Teenage Pregnancy has more than halved over the last 10 years, from 31.3 per 1,000 15-17 yr olds in 2005 to 13.7 per 1,000 in 2017 (179 conceptions)

Deaths (under 75 years) from **cardiovascular disease** (including heart disease and stroke) have fallen over the last 10 years from 88.6 per 100,000. in 2004-2006 to 60.7 in 2015-2017.

Top Places to Live, Work & Retire

Towns in West Sussex are frequently featured in national surveys and rated as top places people chose to live, retire or work..... and the county has some of the sunniest places in the UK!

Greetings from...

A county rich in natural, cultural and historical assets........

Seaside resorts, market towns, villages, theatres, festivals, historic houses, castles, South Downs National Park, woodland and coastal paths and cycle ways......

Ageing Population and.....pressures on the working age population
195,500 people aged 65+ and rising

We have already experienced increases in the older age groups, for the past 15 years we have had, on average 2,500 more people aged 65 years each year. The pace of change is set to increase.....

Year-on-year Change in 65+ Population

Average 2002 to 2018 = **+2,500 a year**

Projected Average 2018 to 2033 = **+4,950 a year**
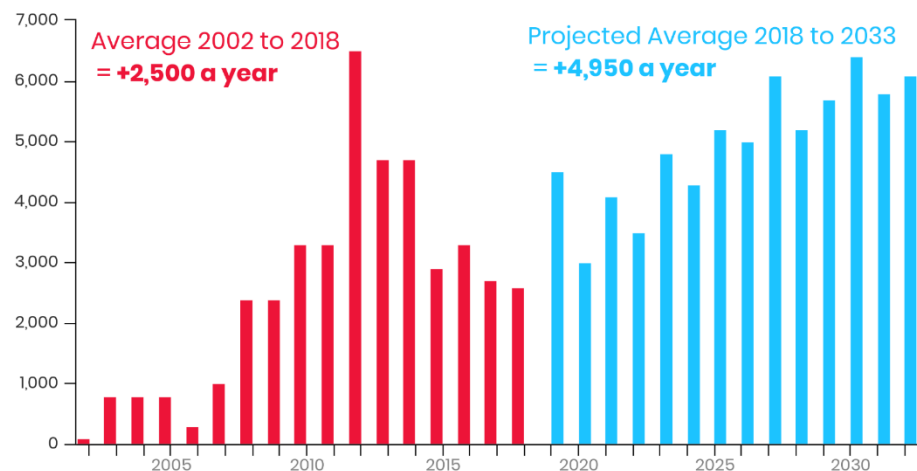
Life expectancy has increased but considerable inequalities persist

	Life Expectancy at birth	**Gap Between** Richest and poorest
Female	**84.1 years**	6.0 years
Male	**80.6 years**	7.6 years

Life expectancy is considerable lower for people with mental health problems and people with learning disabilities.

....and Healthy Life Expectancy may be stalling

Male 65.8 years

Female 63.6 years

Female Healthy Life Expectancy has fallen in recent years and was lower than male healthy life expectancy in 2015-2017 (**63.6 years compared with 65.8 years**)
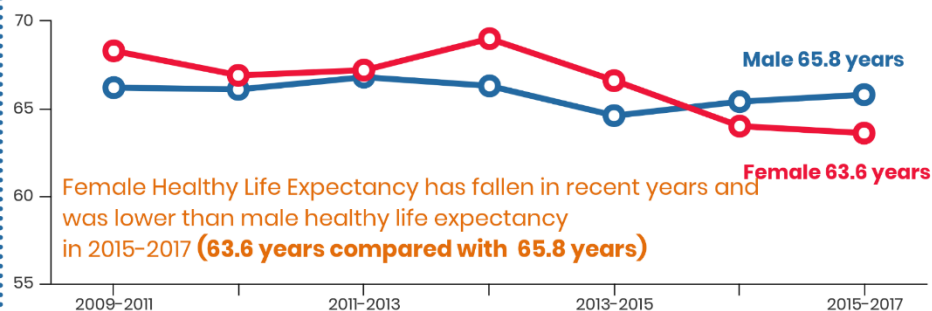
Need to reduce harms & threats to health

Immunisation rates have fallen
We need to sustain efforts to ensure uptake of childhood vaccinations

Screening rates
Overall West Sussex has relatively good take up,,,,but there is lower take up in some areas, such as Crawley.

Road safety
West Sussex has a high rate of people killed or seriously injured in road accidents.

Flooding
Many areas of West Sussex are susceptible to flooding, need to ensure risks to health mitigated

Maximise prevention opportunities

Weight
- **62% adults,**
- **28% 10/11 yr olds** are overweight (including obese)

Alcohol
- **23.7% of adults** drink above the lower risk limits
- **7,000 adults** with an alcohol dependency.

Smoking
Still more than **1 in 10 adults smoke** and approx 1 in 4 routine and manual workers

Activity
In 2017/18 in West Sussex 68.3% of adults estimated to be **physically active,** 19.4% **physically inactive.**

west sussex county council

The NHS in West Sussex

Community health services (Sussex Community NHS Foundation Trust):
- Community nurses
- Out of hospital care
- Urgent community care
- Community beds

3 Clinical Commissioning Groups

Hospital services (4 Trusts):
- St Richard's Hospital
- Worthing Hospital
- Southlands Hospital
- Princess Royal Hospital
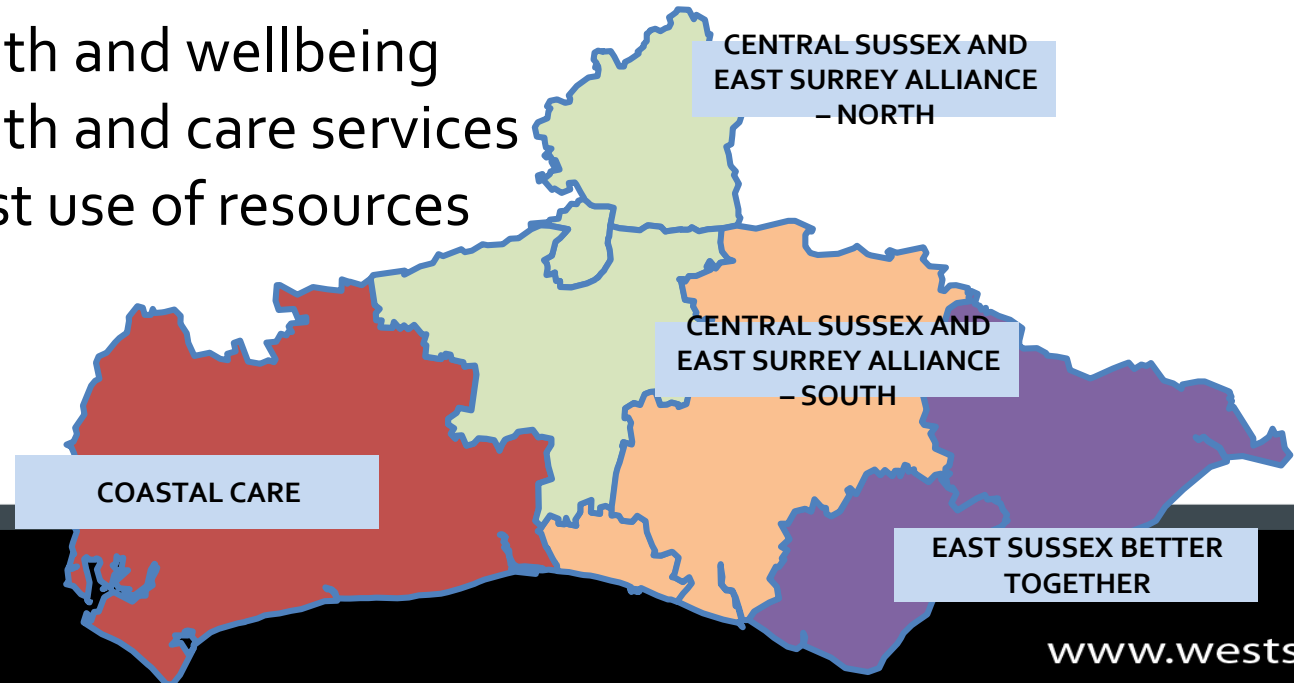- Queen Victoria Hospital
- Crawley Hospital

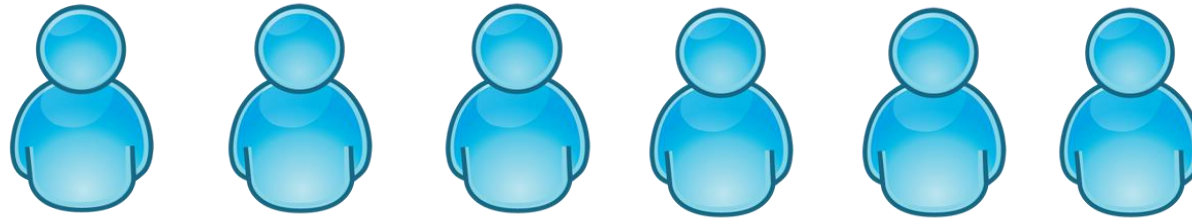**Mental health services** (Sussex Partnership)

Ambulance services (SECAmb)

west sussex county council

www.westsussex.gov.uk

Sustainability and Transformation Plan (STP)
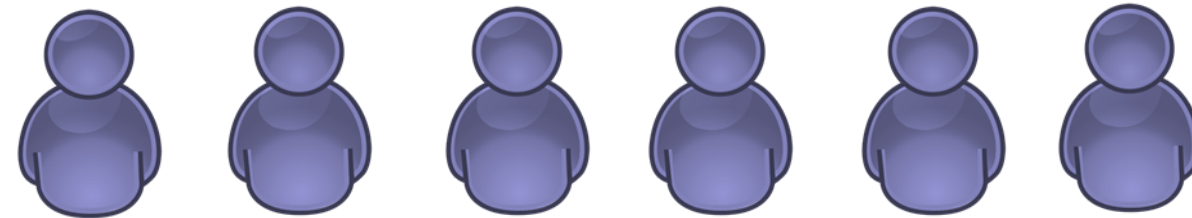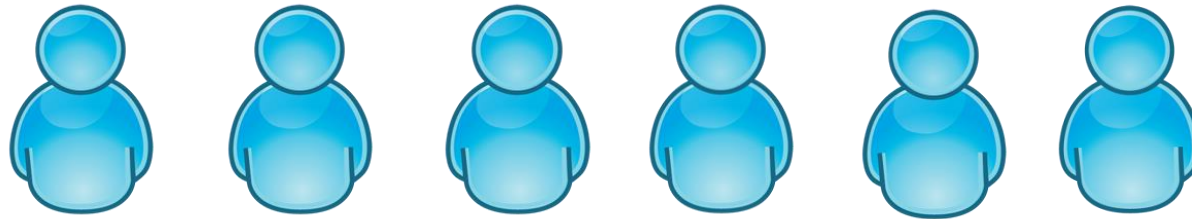
What is the STP?

- 23 organisations - CCGs, providers and local authorities
- Aims to:
  - Ensure no part of the system operates in isolation
  - Improve health and wellbeing
  - Improve health and care services
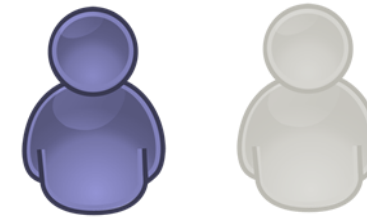 - Make the best use of resources

CENTRAL SUSSEX AND EAST SURREY ALLIANCE – NORTH

CENTRAL SUSSEX AND EAST SURREY ALLIANCE – SOUTH

COASTAL CARE

EAST SUSSEX BETTER TOGETHER

west sussex county council

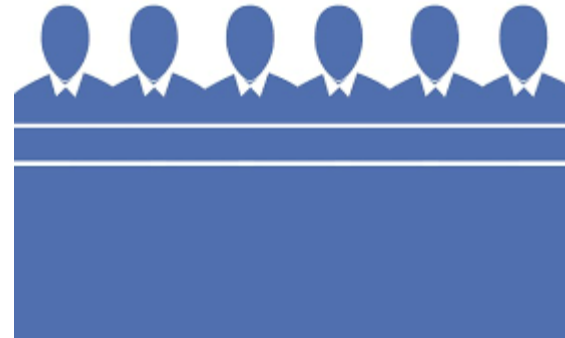# HASC Membership

12 County Councillors

7 District/Borough Councillors

1 Healthwatch West Sussex representative

The answers to the questions:-

However there will always be…

Elected members can never forget…

…they have a democratic mandate to represent their residents and therefore, even with conflicting challenges the HASC needs to put the resident at the centre…

Any questions?

Questions & answers

#healthscrutinyconf19

Workshops

13:30 – 14:30:
Workshop Session 1

14:30 – 14:45:
Move between workshops
(refreshments available)

14:45 – 15:45:
Workshop Session 2

WS A - **Maynard Room 2 (downstairs)**
STPs and ICSs: approaches to joint health scrutiny

WS B - **Maynard Room 3 (downstairs)**
CQC local system reviews – what can scrutiny contribute and what can it learn?

WS C - **Burdett Suite (main hall)**
Hot topics in health and social care

WS D Maynard Room 1 (downstairs)
 A population approach to scrutiny – tackling the wider determinants of health

Lunch and networking

12:30 – 13:30

Keeping people who use services at the heart of care

Judith Davey
Chief Executive, The Advocacy Project

Voice rights and choice

- Reputation for making a difference
- Sharp focus on governance and user voice:
  - ➢ 50% trustees and 40% staff have lived experience
  - ➢ 1/3 trustees are service users
  - ➢ User council
- We're conscious of the link between good governance and impact

About us

Valuing lived experience

Meaningful involvement: rainbow lanyards

What gets in the way?

- The transformation imperative squeezes time, money and resources

- Governance – missed opportunities

- Context of engagement

- Structures and approaches – task-and-finish or regular standing meetings?

- Top down or bottom up?

- One big win or many small victories?

Meaningful involvement

65

How do you know if it's working?

- Complaints data

- Advocacy data

- Series of small victories

- Watch out for…

  - vital feedback too late for decisions

  - eloquence v need

  - testimonial injustice

Meaningful involvement

Key questions for scrutiny

- Do the governance arrangements for transformation and service delivery include assurance around user voice?

- Has service user input been triangulated with other data (e.g. complaints and advocacy)?

Meaningful involvement

Accountability Vs Integration?

"The plan further signals the quiet dismantling of the NHS's internal market, and recommends changes to legislation to create a set of NHS institutions that work together rather than compete with each other. This is surely the right move, but does create the risk of a set of NHS bodies that are unresponsive to input from patients (who come and go), and instead dominated by the interests of clinicians and professionals (who are present over the long term)."

the patients association

Accountability Vs Integration?

Joint committees

Mismatched footprints

No structural drivers to start with patients and service users

Regional devolution

the patients association

Mitigating accountability shortfalls

Engagement
- Ensure needs are reflected in decisions
- Better outcomes for individuals and communities
- Maximise impact, limit waste
- Enhance inclusivity
- Respond to change

Culture
- Be receptive to what service users say about their needs
- That includes complaints

Third sector
- Ensure signposting works
- Build trusting relationships, and be ready to take input seriously

the patients association

Working with patients and service-users

Services face barriers

Individuals face barriers

Barriers can be overcome:
- Involve early
- Embed working together
- Develop the work jointly
- Make it easy and worthwhile
- Communicate

the patients association

Questions & answers

Chair's closing comments

Thank you for coming - have a safe journey home.

We welcome your feedback – please hand in your feedback forms.

Contact us on info@cfps.org.uk with any questions