

Healthwatch Brighton and Hove – commentary on the Shared Delivery Plan and its development

Summary

Shared Delivery Plan content

- 1.1 Healthwatch Brighton Hove ('Healthwatch') reviewed a full draft of the Share Delivery Plan (SDP) presented at the Sussex Health and Care Assembly on 17th May 2023.¹ We have since reviewed the latest draft.
- 1.2 Healthwatch recognise the amount of work that has gone into producing the SDP in a short timescale. We support the ambitions set out in the Plan to deliver improved health and social care for the entire population of our city. Our role is to provide critical challenge to the Plan, to inform its development and implementation, support its delivery and crucially, to ensure the patient remains at its heart.
- 1.3 Healthwatch provided comments on the draft Plan in advance of the May Assembly meeting and raised several points at the public meeting relating to the:
 - appropriateness of the language used in the report.
 - whether the targets were achievable or realistic.
 - the lack of any baseline data giving context to the targets.
 - where/how Healthwatch could support Sussex Health and Care to deliver on its priorities.
- 1.4. Healthwatch received reassurance at the Assembly meeting that:
 - a public-friendly version of the Plan will be produced.
 - targets were purposefully challenging and ambitious.
 - an agreement to provide baseline data/contextualisation.
- 1.5 In June, Healthwatch supported NHS Sussex by delivering a public survey to capture people's views on elements of the SDP. The survey was shared across Sussex, achieving 453 responses in two weeks from a diverse cohort of people. NHS Sussex is combining our results with the overall number of responses it received. It is our intention to publish the Healthwatch findings.

¹ The Assembly was set up as a statutory joint Committee between NHS Sussex and the three upper tier Local Authorities in Sussex to develop an Integrated Care Strategy to improve population health in Sussex and summarised the agenda items for the meeting. Healthwatch Brighton and Hove, together with Healthwatch teams in West and East Sussex, has been formally appointed to support the work of the Assembly.

- 1.6 In addition to reviewing the SDP, the three Healthwatch teams in Sussex (Brighton and Hove, West and East) have been invited to join a number of the 11 new Delivery Boards which will oversee the delivery areas detailed in the Plan. These include the Primary Care and Planned Care and Cancer and Diagnostic Delivery Boards. We have also joined a new Sussex Discharge Frontrunner Programme Board and Operational Steering Group.
- 1.7 **Healthwatch notes that the four delivery areas in the SDP are not mutually exclusive;** they support and interrelate with each other with the collective aim of making improvements over the next five years. In the same vein, the 11 Delivery Boards must not operate in silo. They must communicate effectively with each other, share and cross-reference any findings and recommendations. Healthwatch proposes that each Board would be strengthened by inviting patients to join meetings and/or by hearing patient stories. In this way, the focus is always on the patient experience, which is not the end result, it is part of the journey in how we get there.
- 1.8 Healthwatch attended the Integrated Community Teams event at the Amex stadium in May. It was interesting to learn more about these proposals, hear about front-runner examples and discuss how these will develop. We provided feedback from a patient perspective i.e. 'How will 'community' be defined?', 'How will ICTs be empowered to work (finances/resources)?', 'How will they be monitored?'
- 1.9 **Healthwatch has the following questions on the revised Shared Delivery Plan**
1. When can we expect a public-friendly version to be ready? Which partners will be involved in its development?
 2. Why do some targets include baseline data, or context, whilst others do not?
 3. How will partners, and the Health and Wellbeing Board be involved in any revisions to the Plan i.e. on page 73, it is stated
 - a. *"Our Shared Delivery Plan meets national guidance and takes account of key national, regional, and local strategies and policies. In-line with guidance, we will review and update the plan before the start of each financial year. **We may also revise the plan in-year if considered necessary.**"*

4. Will further details be published about plans to improve and strengthen social care? The Plan is largely focused on health care with minimal reference made to social care: these occur in the individual Place sections, in reference to the development of ICTs, the discharge frontrunner programme, CAMHS and clinical leadership, but the overall level of detail is low in comparison to plans to improve health care.

Appendix A

Detailed Healthwatch commentary on the draft Shared Delivery Plan presented to the Assembly in May and the progress made

2.1. Language

Healthwatch highlighted that the language used in the draft SDP, discussed at the assembly in May, was not always written in a public-friendly way. 'NHS speak' and many NHS acronyms were used which were not always explained, making the Plan challenging to understand and engage with.

- 2.2 Healthwatch acknowledged that the Plan was written to meet the requirements of the Department for Health & Social Care but we encouraged Sussex Health and Care to approach all public reports so that the public can engage with them.

- 2.3. We welcomed plans to publish a public friendly version and offered to promote it once ready.

Changes:

The language in the revised version of the Plan is greatly improved, although not completely accessible to all. New sections (i.e. tables) that describe the difference that the proposed changes will make for local people are welcomed, as they provide some additional clarity.

2.4. Targets

Healthwatch acknowledged the need to be ambitious but challenged whether all the targets contained in the draft plan were deliverable and achievable. As examples:

- a. is it realistic that we will have "*agreed one approach to workforce across our system and how this will be implemented*" by September 2023? (page 14). It is the intention that full staff engagement will have happened by then?

- b. Is it realistic that 100% of partners have signed up to a digital charter by Sept 2023? (page 17)
- c. Is it realistic that “no patients will be cared for in corridors” within the next 12 months?

2.5. Healthwatch was reassured at the Assembly that baseline data would be incorporated into further version of the Plan.

Changes

Healthwatch welcomes:

- the addition of tables in the amended Plan.
- that the order of actions are now shown in chronological order.
- that dental access is now included (page 22) as access is a key issue affecting many patients across the city.

Changes

Healthwatch highlighted that various targets shown in the draft Plan lacked baseline data and asked that this be addressed, so that it is clearer what the true level of ambition is.

Healthwatch is pleased that in a number of cases this has now been included in the amended Plan. Examples include:

- “We will reduce the number of follow up appointments generated by increasing our PIFU rate from 0.5% to 5% across Sussex” (page 27).
- “Increase proportion of adult inpatient settings offering tobacco dependence services from 0% baseline to 20%” (page 33).
- “Ethnicity recording moved from 65% to 90% data completeness.” (page 33).

2.6. Healthwatch notes that not all targets have been baselined or contextualised. Examples from Primary Care starting on page 22 are:

- “Increased coverage of the cloud telephony system to improve service access – 95% of practices will be signed up”, but what % are already signed up?
- “Increased practice staff – 245 more staff recruited” – how has this number been determined?
- “Referrals to Community Pharmacy – We will increase referrals to 17,574”, but from what existing level?

- 2.7 In other instances, the targets seem less concrete. Examples are:
- “We will have 65% of patients registered with the NHS App and 33% patients registered with My Health and Care” (page 18). But what is the starting %? For this target, a more meaningful target would be for 65% of patients to be regularly using the App, not merely registered with it.
 - “A greater number of people will receive rapid assessment and are for physical or mental health conditions in their own home or in the community and therefore avoid a hospital admission (page 24) but what does “greater number” mean?

Delivery Areas

- 3.1 Healthwatch questioned the wording attached to the 4 Delivery Areas, notably the ‘Continuous Improvement’ area. Our challenge was that all four areas should be subject to the principle of ‘Continuous Improvement’. For example, patients would want – and expect – to see continual improvement of our workforce, our digital offer, primary care, etc.
- 3.2 Healthwatch were advised that the ‘Continuous Improvement’ terminology had been carefully chosen to highlight that the four key areas listed under Delivery Area 3– addressing health inequalities; mental health, learning disabilities and autism; clinical leadership; and getting the best use of the finances available – are critical success factors in all the actions and improvements we are making in our SDP and, therefore, need constant focus across everything we do.
- 3.3 Integrated Care teams (ICTs). Healthwatch attended an event at the Amex stadium on 15th May to discuss the evolution of ICTs. Much of the discussion was around whether this is the right term and even whether ‘neighbourhood’ was a better alternative. It was felt that people live their lives in areas and places whereas the communities they belong to overlap and extend across geographical boundaries (whether imagined or not). How ‘communities’ will be defined will be key.

Healthwatch role in supporting delivery of the Plan

- 4.1 There is a clear role/contribution that Healthwatch can make to support the delivery of the Plan.
- 4.2 Our principal role is to provide critical challenges to the Plan, to inform its development and implementation, support its delivery and crucially, to ensure the patient remains at its heart.

- 4.3 In respect of various areas/topics listed in the Plan, there are several where Healthwatch has already contributed patient feedback whilst in others, we are open to discussions around how we might work on these in the future:
- a. **Outpatient transformation** – Healthwatch recently concluded a series of deliberative engagement workshops with patients exploring initiatives to improve outpatients such as Advice and Guidance, Patient Initiated Follow Up and Do Not Attends. We are in the process of feeding back to NHS Sussex with our findings.
 - b. **Community Diagnostic Centres** – Healthwatch has already worked with patients to explore how these centres should operate and this is likely to an area of further focus for us.
 - c. **Hospital discharge** and delivering a comprehensive review of pathways. Healthwatch has been invited to join a Discharge Front Runner Board and reference group. In June, we will join a Discharge and Length of Stay engagement workshop at Shoreham Hospital.
 - d. **Improving the experience at End of Life** – Healthwatch has previously carried out patient work on this topic.
 - e. **Dementia** – Healthwatch is finalising a project which has involved speaking in detail to 45 patients from across Sussex on their experiences of being diagnosed and the follow up support they received. We will be presenting our findings to commissioning leads soon who will be using them to create an action plan for improvement.
 - f. **Maternity** – Healthwatch conducted a series of indepth interviews with new mothers about their experiences of the perinatal period and their mental health during this time. Our feedback has been fed into a national review led by Healthwatch England.
 - g. Develop of a new group called **Innovation and Research hub** – there is a clear role here for Healthwatch to inform any research and contribute to the NHS Sussex Insight bank.
 - h. How we can help patients **co-design digital services**. We are members of a Virtual Ward and Digital Brighton and Hove network meeting.