Hastings Local Strategic Partnership Briefing

1.0   Purpose of this briefing

To provide information to the Hastings Local Strategic on progress in the delivery of the Universal Healthcare Programme in Hastings since the last briefing in January 2023.

The LSP is recommended to note the progress that has been made in the delivery of the Universal Healthcare programme and is encouraged to contact NHS Sussex (contact details below) for further information .

2.0   Briefing note

2.1   Background

The Universal Healthcare proposition has been in place since June 2022. Its focus has been on testing how the following three proposition statements (developed by the National Universal Healthcare Network) can be addressed by co-creating and testing innovations with local communities:

- Medicalising poverty and using sticking plaster approaches to address it.
- Providing services that are not accessible to all.
- Not being frank and open about the reality of rationing of services.

To date, over 100 community members and professionals in Hastings and St. Leonards have participated in the process. Through the workshops, they have co-created twelve prototype initiatives and completed testing on eight of them.

Through testing, we have learnt the following:

- We need to investigate need, collaborate to meet need, and fund fairly.
- We need to fund and support the VCSE sector to be a partner, as that benefits the NHS – building a network of health and care VCSE organisations that can partner with the NHS, particularly in the community.
- We need to go to people where they are, if they are not accessing NHS appointments, and help them transition back into mainstream services.
- Multi-Disciplinary Teams need to be designed around known complex needs, not assumptions about need.
- If we address data sharing, our community will be able to help us deliver improved population health outcomes for our population.
- Children and Young People are less visible than adults and are at risk of getting less.

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We need to investigate their needs and collaborate with schools, families, and services to design services they can access.

- People that do not speak English well need specific provision as they get less.

Broader learning has also emerged throughout the process across the two places, Hastings and Bradford. This includes the key role the VCSE sector can play in improving access to health and care and reducing demand for primary care by supporting individuals around the wider determinants of their health.

Universal Healthcare is one of three Integrated Community Frontrunner programmes in Sussex which will be tests of change for our new ways of working, our approach to clinical leadership, multi-disciplinary working, the way we use technology and data, and how we work with local communities to better meet their needs.

Learning from the Universal Healthcare further testing programme and its evaluation will contribute to the development of Integrated Community Teams that will be co-designed over the next year. We will also draw on learning for example from Healthy Hastings and Rother's evaluation[1] and Hastings Primary Care Network's initiatives to address health inequalities.

1.1.   Further testing Phase

We have now commenced the next phase of our Universal Healthcare programme. This phase will last twelve months and has the following aims:

- To further test and evaluate prototype initiatives at a larger scale to better understand their potential impact on population health outcomes and inequalities and their contribution to priorities set out within the Sussex Integrated Care Strategy (Improving Lives Together[2]) and the Shared Delivery Plan (SDP) which sets out how we will achieve the aims of the strategy.

- To enable learning across the different prototype initiatives and projects, with a focus one of the broader themes that emerged throughout the process from both Hastings and Bradford; the role of the VCSE sector in improving access to health and care and reducing demand for primary care, and how they can be supported to do this.

- To use learning from this programme to inform the co-design of the Integrated Community Teams in Hastings. This is of particular note in relation to how people can best access services, ensure data-driven working, secure meaningful engagement by partners and community members, and co-create and test innovations.

To achieve these aims, we are:

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[1] Healthy Hastings and Rother - Sussex Health & Care (ics.nhs.uk)
[2] https://www.sussex.ics.nhs.uk/our-work/our-plan-for-our-population/

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- Setting up a programme steering group, which brings together partners to drive implementation of the programme and oversee learning and its dissemination.

- Funding eight prototype groups (described in the next section) to further test and evaluate their prototype initiative over a period of twelve months, aligning with the development of Integrated Community Teams.

- Establishing a community of practice, which will bring together the different prototype groups to share learning around further testing and their contribution to the broader theme that emerged throughout the process and the SDP strategic priorities.

The outcome of this programme will be that we are able to demonstrate the following:

- The impact the prototype initiatives have had during further testing.

- How the approaches tested can contribute to the strategic priorities within the SDP.

- The cost of scaling up principles and approaches from the prototypes and the benefit they could deliver around improved population health outcomes and reduced health inequalities in the future, and how this can be achieved within resources available.

- The role of the VCSE sector in improving access to health and care and reducing demand for primary care, and how they can be to be supported to do this.

- How this wider support aligns to Integrated Community Teams to best serve local people.

The Universal Healthcare further testing programme will report through the East Sussex Health and Care Partnership governance structure at Place. It will also report on a Sussex wide basis to the Integrated Community Teams Delivery Board, alongside the other Integrated Community Frontrunner programmes.

1.2.   Prototype Initiatives and their key focus

The following table outlines the eight prototype initiatives and their key focus during further testing.

Prototype Name	Key focus
Designing a needs-based model of primary care for people with drug and alcohol dependency (in the community)	How can we take primary care services to settings used by people who are least likely to access them and then support them into mainstream provision?
Securing referrals from Primary Care (for people with respiratory illness) into the fuel poverty service	How can we increase uptake of support around wider determinants of health by people accessing primary care?

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Supporting Long Term Frequent Attenders	How can primary care services work with partner organisations to provide specific patient cohorts with support around the wider determinants of their health and reduce their demand for primary care appointments?
Developing children and young people friendly practices	How can we work with experts by lived experience to develop quality standards for health and care services?
Health and wellbeing events in targeted communities	How can organisations work together more effectively to inform the community of what's available to them from the VCSE sector? Focusing on children and young people
Open access English for all with a focus on health literacy.	How can we reduce demand for translation and interpreting services by supporting people to develop their English language skills and their confidence to engage with healthcare services?
Establishing a No wrong door approach through effective Data Sharing.	How can VCSE sector orgs share data in an appropriate and secure way to support multiple access points for health and wellbeing services/groups, enable seamless pathways between services/groups for people with Multiple Compound Needs and reduce the need for these people to re-tell their story when accessing new services/groups?
Recruiting the health and care workforce locally – creating a path into health and care work	How can we create pathways into health and care careers for local people? Starting with working with academic institutions to promote Health and Care careers to children and young people, especially those living in areas of deprivation

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