

NHS Sefton 5 Year Place Plan

Health & Wellbeing Board

11 September 2019

1. Executive Summary

- 1.1 Sefton is currently engaging on the compilation of a five year place plan for the local NHS. This is in co-operation with all local partners and contributes to the 5 year plan for the Cheshire & Merseyside Health & Care Partnership.

The plan is draft and is subject to ongoing engagement for feedback and comment prior to concluding the document in November 2019.

The paper includes the approach and content of the plan and seeks initial feedback. A final version of the plan will be prepared for the November 2019 Governing Body meeting.

2. Introduction and Background

- 2.1 As part of the NHS Long Term Plan (LTP), published in January 2019, all systems were asked to produce a five year plan. This is being developed for Sefton as part of the Cheshire & Merseyside Health & Care Partnership (C&MHCP).

The overarching position for Sefton working in a collaborative based system is set within the need to develop a sustainable health and care system; improving wellbeing and health; and there is a reduction in health inequalities. The Plan is expected to deliver the requirements of the NHS Long Term Plan (LTP).

The work on developing the plan is taking into account:

1. Joint Strategic Needs Assessment (JSNA) priorities prepared by Sefton's Public Health Team
2. 4 pillars of public health (prepared by the Kings Fund):
 - i. Wider determinants
 - ii. Our health behaviours and lifestyles
 - iii. Integrated health and care system
 - iv. Places and communities we live in
3. The population life courses of starting well, living well, aging well and dying well
4. The need to meet quality standards in health services
5. Workforce shortfalls
6. Health and care finances not in balance
7. Increasing elderly population
8. Increasing incidence of children, young people and adult mental health issues
9. Children and young people's poverty
10. NHS Long Term Plan requirements

2.2 Approach

The approach undertaken to prepare the plan has intended to incorporate:

- The establishment of an internal CCG planning group including representatives from across the CCG.

- Alignment with the JSNA, the evolving Health & Wellbeing Board Strategy, the NHS LTP, the CCG's Improvement & Assessment Framework, and Cheshire & Merseyside Health & Care Partnership priorities.
- Defining the CCG's ambitions and priorities based on available local and national evidence and information.
- Engagement with the public, partners, other CCGs and Primary Care Networks (PCNs) using existing meeting for a
- Work closely with Sefton Council including Public Health
- Discussions to seek clarity on the NHS contribution to population life course and the 4 pillars of population health management
- Based on feedback to refine the ambitions, priorities and objectives to produce a final plan.

2.3 Expected outcomes and foundations

Through implementing the plan the following are the expected outcomes for the people of Sefton:

- Reduction in health inequalities
- Improvement in health and healthy life expectancy
- Delivery of the Health & Wellbeing Strategy supported by the NHS contribution
- The four pillars of population health are addressed through the NHS contribution
- Maximising the Sefton pound
- Sustainable health and care system

As part of implementing the NHS LTP there are a number of foundations which are expected to be in place during the five year period. These are:

- Integrated community services and primary care, including primary care networks and new community health services
- Delivery of urgent and emergency care standards
- Personalised care
- Digital primary care and outpatients
- Improved cancer outcomes
- Improved access to mental health services
- Doing more planned surgery, cutting long waiters, and reducing the elective waiting list

There is also a requirement for all systems becoming integrated care systems (ICSs) by April 2021, including setting out "how they see the provider and commissioner landscape developing". For Sefton this means being part of an ICS incorporating Cheshire & Merseyside; working as a strategic commissioner with Southport & Formby CCG and Sefton Council; and developing Sefton's Provider Alliance (all health, care and voluntary service providers working together). This is currently being discussed.

2.4. Ambitions

Through delivering on the five year plan as a contribution to the NHS Long term Plan there are a number of ambitions as detailed below:

- i. Making a full contribution to Sefton's Health & Wellbeing Strategy eg wider determinants like air pollution
- ii. Reducing health inequalities
- iii. Increasing healthy life expectancy
- iv. Embedding early intervention
- v. NHS majoring on prevention
- vi. Empowering self- care

- vii. Access to high quality services (in health and care)
- viii. Meeting NHS Long Term Plan (LTP) requirements
- ix. Delivering a sustainable health and care system
- x. Maximising social value (eg NHS as anchor institutions)

2.5 Priorities

Based on local and national evidence the following are the Plan's priorities linking in with the Cheshire & Merseyside Health & Care Partnership:

- Child development - ensure all children are ready for school
- Mental health (all age) – ensure timely access to mental health services and support reductions in incidence
- Parenting & early years - supporting families in the early years of a child's life
- Prevention and early intervention (all age) including vaccination rates and reduce variation across Sefton
- Looked after children – to assist in reducing the number of looked after children and to ensure the health of looked after children is improved.
- Obesity (all age) – to reduce the level of obesity and to turnaround the current increase at age 11.
- Smoking – to continue to reduce the incidence especially within most deprived areas of Sefton and when pregnant.
- Alcohol – to reduce the impact in all ages
- Cancer – this is addressed through two key aspects. Prevention through a healthier lifestyle and increasing the rate of screening. Earlier intervention when treatment is required.
- Substance misuse – improved access to services and reduce the incidence
- Social isolation – acknowledging this is a significant issue for older people. Working with the VCF for all people who feel isolated to be supported to reduce the impact
- Dementia – supporting patients to reduce the onset and provide support
- Frailty – reducing the incidence of falls

Further work is required on prioritising the ambitions and priorities identified to date.

There are several supporting actions and priorities to be in place to maximise local delivery including:

- Digital – this includes preparing a plan for Sefton – currently underway
- Workforce – identifying issues and considering a plan for Sefton in conjunction with health and care providers
- Estates – preparing a Sefton plan incorporating One Public Estate.
- Finance and demonstrating value for money to the taxpayer

2.6 Reference to future state

A future view of Sefton has been developed to assist in explaining what this could look like and to facilitate engagement with the public and partners. This includes aspects of population health management; Health & Wellbeing priorities, population self-care, integrated community care and hospital care when it is required.

2.7 Expectations and population responsibility

As a key part of the emphasis within the plan is the population taking responsibility to look after themselves as well as having a number of expectations from the NHS. Based on dialogue with Healthwatch Sefton who have been undertaking a survey on the NHS Long Term Plan we are designing a series of "I would like" and "I will" statements.

These will provide helpful clarity on patient expectations and the expectations of the NHS of the population.

2.8 Timeline

The following outlines the timing of actions over the next few months:

- June to August – engagement on the ambition and priorities Utilise existing meetings
- April, July and October engagement events
- August 30 – draft plan to C&M HCP
- September – October engagement on the draft outline
- 12 September Big Chat event
- October 30 – C&M HCP 5 year plan agreed
- November 29 – plan refined based on agreed C&M HCP 5 year plan

There are regular meetings with Sefton Council during the above period to align the feedback and development of the Five Year Plan with the evolving Health & Wellbeing Strategy refresh which is also underway concluding January 2020.

2.9 Feedback to date

Arising from discussions underway to date as part of the engagement process with patient groups, NHS organisations and other partners a number of comments have been received as follows which include initial responses:

Feedback, comments	Response
Agreement to the ambitions and priorities.	Subject to ongoing review.
Need to consider the level of improvement (and how measured) for ambitions and priorities.	Under review.
Need to identify a small number of key priorities.	Prioritisation to be undertaken based on feedback.
Dying well occurs through each life course rather than in ageing well.	Accepted and incorporated into the draft outline plan.
In the priorities section include reference to the health & care system.	Accepted and a future state description has now been included.
VCF sector – longer term contracts eg 5 years.	To be considered as part of the draft outline plan.
Transition between children & young people to adults.	Under review.
Locality build up/focus.	Locality (PCN) based JSNA reports being prepared – any specific locality issues to be highlighted in the plan.
One plan – HWB strategy and 5 year plan.	There are significant overlaps within the evolving Health & Wellbeing strategy refresh and the NHS Five Year Place Plan although the timescales for completion do not align. It is intended to ensure the Place Plan will support the delivery of the Health & Wellbeing strategy.

Role of PCNs and how they influence local development.	All practices have been invited to contribute to the plan to ensure clinical leadership and engagement. With the initiation of the PCNs recently underway there is likely to be greater PCN influence in 2020/21.
Include the contribution of schools.	Dialogue with schools to be included as part of the September – October period.
Sustainability of the voluntary sector.	Links to the above on longer contracts plus increased investment the voluntary sector – to be considered by the CCG.
Diversity and inclusion to consider.	This is being reviewed.
How the plan gets stakeholder sign-up.	Through ongoing engagement with partners and the public
Progress on the Shaping Sefton 2014/19 plan.	This is underway.
Comms with the public on self-care.	Links to the “I would like” and “I will” statements.
Increase use of social prescribing.	To be considered by the CCG
How include neighbourliness.	To be considered by the planning group
Increasing investment in prevention.	To be considered as part of CCG consideration pending the financial position in later years of the plan.
The plan needs to be realistic in terms of what it can achieve.	<p>The content of the plan needs to be prioritised against the key issues facing Sefton’s residents. In addition the plan will be phased over the period to 2024.</p> <p>The current financial positions of the health and care organisations in Sefton need to be considered when considering the content of the plan as investment over and above that which is targeted to specific schemes will not be available until the latter 3 years of the plan.</p>

2.10 Next steps

1. Ongoing engagement meetings including:
 - Health & Wellbeing Board – 11 September
 - Healthwatch champions – 1 October
 - School Head Teachers – 1 October
 - Overview and Scrutiny Committee - 15 October
 - Patient Groups – meetings being organised eg Older People fora (6 meetings) in September
2. Online survey for the public (September to October) – to collate responses
3. Feedback to be considered in the final version of the plan by 30 October
4. Plan to be submitted to November’s Governing Body meeting
5. Submit plan to C&MHCP by 30 November.

3. Key Issues

- 3.1 To date the feedback on the content of the plan has been supportive with a number of helpful and additional comments which are all being used to inform the final version of the plan.
- 3.2 The plan is deliberately covering a high number of ambitions and priorities to encourage a debate and the relative key issues that need to be addressed. In addition further work is required to provide further examples of specific schemes and actions to support the ambitions and priorities.
- 3.3 There are several other issues to consider including:
 - i. Ongoing engagement to ensure this is widespread involvement in collating the plan and being able to provide feedback.
 - ii. the number of priorities which can sensibly and realistically be achieved over the period of the plan.
 - iii. the financial positions of the organisation in Sefton which will impact on the timing of all

4 Conclusions

- 4.1 The work underway on developing the Five Year Place Plan endeavours to provide the strategic direction for the next 5 years. This is focussed on a collaborative approach to developing the plan and its implementation. This has a greater focus on wellbeing and how the NHS can contribute to the wider determinants of health improvement within the funding it has available.

5. Recommendations

- 5.1 The Health & Wellbeing Board is asked to:
 - i. note the progress on the development of the Five Year Place Plan with the final version being received at the December meeting;
 - ii. make any comments on the content as part of the engagement process.

**Cameron Ward
Programme Director
27 August 2019**