

# Brighton and Hove PPG Network meeting

29 July 2020

## Restoration and Recovery Programme – context

- Since March, when nationally the Covid-19 pandemic was declared a level 4 incident, the NHS has been working in a Command and Control structure. All CCGs were placed in legal directions by NHS England, which limited the decision-making powers of local Governing Bodies. This was to enable rapid significant changes to be made in how services could be planned and delivered across the country to ensure patients received the life-saving care they needed.
- In responding to the national emergency, the NHS set out the first phase of a national plan for transformation of services across the country in March and this required all NHS systems to respond and implement.
- Following the peak of the infection, the NHS published phase 2 of the national response at the end of April around the initial actions that are needed in what is being described as the “Restoration and Recovery”.
- We are now developing a programme of work with all partners on the restoration and recovery of the health and care system, to agree clear workstreams and priorities, while also ensuring that we maintain the ongoing response to the Covid-19 pandemic.
- A system-wide restoration and recovery board has been established, made up of the existing Sussex Health and Care Partnership Executive, and the delivery of the programme involves all partner organisations working in collaboratives.
- The first phase of the programme – ‘restoration’ – focuses on those services that need to be, and can be, safely restored and is being co-ordinated across four collaboratives – Acute, Community and Primary Care, Mental Health and Enabling workstreams.

# Our restoration planning ambitions

- Restoring high quality and safe services, which are equitable and instil confidence in our patients and population and which are prioritised to meet clinical needs
- Building on our foundation of innovation and partnership working
- Embracing newly formed networks of energised clinical leaders to drive innovation and transformation
- Building on the public's support for health and care and creating new alliances through citizen engagement
- Utilising the collaborative frameworks in place to plan on a population health basis which is underpinned by technology, data and integrated services
- Rebuilding local service provision to meet the physical, mental and social needs of communities taking into account the severe economic and social disruption caused by COVID19.
- Resetting our ambitions for what the health and care system of the future should look like and accelerating developments in the context of innovation and transformation
- Developing resilient workforce plans, which underpin the restoration programme
- Embedding our statutory duties ensuring that equalities, health inequalities, quality and safeguarding are golden threads throughout our restoration workstreams.

# Our restoration priorities

**Within Sussex, there are pockets of significant deprivation and inequalities and the gap is widening. This is a significant factor in our restoration plans:**

- We have a comprehensive system plan in place in response to the **impact of COVID-19 on the BAME community**. The plan forms part of the restoration and recovery process to urgently address the issues COVID-19 has created and address the long-standing health inequalities.
- **Equality and health inequality impact assessments** are informing all our restoration work and we have implemented a Locally Commissioned Service (LCS), aimed at mitigating risk in the community and ensuring BAME residents with long term conditions e.g. diabetes, hypertension, CVD are reviewed.
- **BAME engagement with communities**, including on the new LCS, starts 20 July. This will include targeted inclusive, accessible involvement work through Voluntary and Community Sector partners in key areas where we know there are higher BAME populations.
  - A community webinar is planned for early August;
  - LCS animation to be produced for late July;
  - LCS patient letters now available in community languages;
  - LCS webinar for community interpreters and social prescribers planned for early August

**Effective public engagement and communication underpins all our restoration work:**

- We have had a communication campaign running since April 2020 which encourages patients to come forward when they need health help for a variety of urgent conditions and to ensure patient confidence in the safety of services during this time. This supports the national NHS Help Us Help You campaign.
- The Sussex system-wide campaign will run until end August 2020 and will transition in the flu and winter resilience campaign after this time.

## Our restoration priorities (2)

### Sussex-wide communications and engagement

- The Big Health and Care (social distancing) Conversation draws together a number of strands of public involvement, including engagement with inclusion groups across Sussex to support our ongoing Equality and Health Inequalities Impact Assessments (EHIAAs), and our work to reduce health inequalities.
- As we move to Restoration and Recovery and explore new ways of working, we want to have conversations with our staff and our communities to help shape our plans and understand key lines of enquiries. The project, supported by partners from across the Sussex Health and Care Partnership (SHCP), includes a new online engagement platform launched this month and created specifically for our work.
- Our follow up survey (featuring many similar questions to that which we ran in April 2020 as part of the Covid-19 Community Connectors work) closed on 9 July 2020 with around 800 responses. Early analysis shows that 40% of people said they felt they needed to access medical care but didn't want to burden the NHS and/or were concerned their health need was not serious enough to seek help for. The data is being triangulated with Healthwatch across Sussex, which ran a similar survey over the same timeframe.

## Our restoration priorities (3)

**We are modelling the impact of Covid-19 on demand, including to understand where there is unmet need, or where Covid-19 could have generated new demand.**

- We have developed local modelling for future demand of mental health services which has identified COVID-19 suppressed demand, COVID-19 generated demand, COVID-19 altered intervention.
- Further Mental Health modelling looking to consider the disproportionate impacts on BAME and vulnerable groups as well as local factors such as Gatwick related employment and London commuters. Future demand considering factors such as economic downturn, increased unemployment, isolation, bereavement and domestic violence
- The restoration workforce workstream is leading the development of a plan, which supports skill-mix re-distribution across the system, resilience, wellbeing and risk assessment, particularly of **high-risk groups including BAME**.

**We are locking in pathway innovation (for example in ways of working, workforce deployment and digital improvements) and embedding within our restoration planning.**

- For example using **digital solutions** as safe alternative to face to face interventions enabling people requiring Mental Health help but not in crisis to receive this.

# SHCP governance

- **Our three provider collaboratives – acute, mental health, primary & community care** – are playing a central role in restoration and, in particular, understanding what the capacity and capability gaps are across our system, and in leading the resulting demand, capacity and activity modelling for the restoration of services.
- We have therefore framed our restoration programme around the leadership of the collaboratives, with the CCGs coordinating restoration for the Sussex Health and Care Partnership (SHCP). Our restoration workstream structure is set out below.

