

# **NHS Brighton and Hove Strategic Commissioning Plan**

## **Summary**



NHS Brighton and Hove is passionate about keeping people well and making sure that high quality care is provided when they are not well.

We use the budgets we are given to help you stay healthy and to commission (buy) high quality health services, geared to the needs of local people, on your behalf.

This leaflet summarises how we plan to do that between now and 2014. If you would like to know more, please see the **Where to get more information** section at the end of this leaflet.

## What we do now

NHS Brighton and Hove currently spends around £430 million a year – £815 for every minute of every day – to make sure that city residents can get high quality health care and treatment when they need it.

For every £100 we spent:

- £41 was spent on hospital services (around 93% of it with Brighton and Sussex University Hospitals NHS Trust)
- £19 was spent on community health services (mostly with South Downs Health NHS Trust)
- £12 was spent on primary care (GPs, pharmacies, NHS dentistry, optometry)
- £12 was spent on mental health and learning disability services (mostly with Sussex Partnership NHS Foundation Trust)
- £9 was spent on medicines

## Local health challenges

Almost 1 in every 2 local people will have health problems that are caused or made worse by the way they live. The biggest local health challenges include:

**Alcohol related disease:** almost a quarter of adults drink to hazardous levels, and young people are drinking more than ever. Male deaths from chronic liver disease are twice the national average, and local people are twice as likely to be admitted to hospital as a result of their drinking.

**Drug abuse:** in 2008 we had England's highest rate of drug related deaths among people aged 16 years and over, and the highest rate of opiate and/or crack cocaine use in the South East. Two in every 100 working age people inject drugs.

**Suicide:** suicide is the biggest killer of men aged 35 and under, and the main cause of early death in people with mental illness. Although our suicide rate is falling it is still around 50% higher than the England rate.

**Teenage conception:** teenage pregnancy rates here are above national and regional averages, and are particularly high in the city's most disadvantaged areas.

**Cancer:** death rates from cancer are higher in more deprived areas and the gap between these and the most affluent areas is not reducing.

**Smoking:** residents in deprived areas are more likely to smoke and less likely to quit successfully. Local 14-15 year olds are more likely to smoke compared to national averages.

**Circulatory diseases:** we have around 65,000 residents with hypertension, 11,500 with coronary heart disease; and more than 5,000 who have had a stroke. People in deprived areas have a greater chance of dying from circulatory diseases.

**Mental health:** 25,000 working age adults are anxious or depressed, 2,000 have bipolar disorder and 600 have schizophrenia. Around 3,300 people aged over 65 have dementia. Almost 3,000 children have a significant mental disorder.

**Sexual health:** Brighton and Hove has very high rates of HIV, gonorrhoea and syphilis, and high rates of common sexually transmitted infections such as chlamydia.

**Childhood obesity:** almost 14,000 local children and young people under 20 are overweight or obese (increasing their risk of diabetes, hypertension, heart disease, cancer and other diseases). Last year one in six local Year Six pupils was obese.

## Health Equalities:

Many of these issues contribute to the marked gap in life expectancy between residents in the city's most and least deprived areas.

As things stand now, men living in the most deprived areas are likely to die 10.4 years earlier than men in the least deprived area. For women the difference is 5.8 years.



## Quality challenges

Each year independent experts assess our performance in **commissioning** (buying services on your behalf) and **financial management**. Last year we were rated **good** for both areas.

We achieved all of the national core health standards and many other quality indicators, and were judged to be controlling our money well.

## Financial challenges

NHS budgets grew significantly in recent years but this growth is coming to an end. Instead we expect our income to stand still from April 2011 onwards, and our budget to shrink in real terms.

We will have to live within our means by delivering some services differently so that they meet local needs but (in most cases) cost less than now. The next section gives brief details of how we intend to do that.

## Our plans

Our plans for transforming services include:

- more health checks and screening services
- more support to help people manage their own care, including more support during rehabilitation
- more information, support, education and training for people with a long term condition and their carers
- uniformly high standards of accessible, responsive primary care
- more services provided in primary care and community settings instead of hospital (e.g. new community clinics for dermatology, ophthalmology, ear, nose and throat, pain management, gastroenterology, neurology, urology, cardiology, musculoskeletal and adult hearing aid services)
- easier access to urgent care
- faster assessment, diagnosis and treatment
- shorter hospital stays where clinically appropriate
- few (if any) delayed transfers of care
- higher quality end of life care
- more services for low level mental health need
- more mental health support provided by GPs
- more choices for women about where and how they give birth, including a new midwife-led birthing unit
- more health promotion ( particularly for children and families, and residents in more deprived areas)

- better services for children with disabilities and long term conditions.
- improved/increased services for coronary heart disease, bariatric surgery (weight loss surgery), IVF, cochlear implants for hearing loss
- new efforts to prevent suicide and tackle alcohol and drug misuse, smoking and adult obesity
- down to average or better (while making sure the quality is as good as or better than now);
- reducing the costs we are currently charged by health care providers; and
- making our own organisation more efficient, e.g. looking to reduce the cost of some support services by sharing them with other organisations.

We also intend to save money by:

- reviewing services that currently cost more than the average and bringing our spending on them down to average or better (while making sure the quality is as good as or better than now);
- reducing the costs we are currently charged by health care providers; and
- making our own organisation more efficient, e.g. looking to reduce the cost of some support services by sharing them with other organisations.

Putting all these plans into action successfully will allow us to deliver the health care you need without spending more than our income.

These plans will need to change if our financial position is either better or worse than we are predicting, and our Strategic Commissioning Plan 2009-2014 covers this in more detail (see *Where to get more information* at the end of this leaflet).

## Measuring our success

We will measure our success against each of the challenges in this leaflet.

### The health challenge

In 2008 we selected ten health targets linked to local health challenges. After a review in 2009 nine remain in place while one on hypertension has been replaced with an indicator about access to mental health care.

These health targets will allow us to measure how well we have:

**reduced** health inequalities, childhood obesity, teenage pregnancy, alcohol-related admission to hospital, delayed transfers of care and MRSA infection;

**improved** life expectancy and end-of-life care; and

**increased** breast cancer screening rates and access to psychological therapies.



## The quality challenge

We want our annual health check ratings for the quality of commissioning and the quality of financial management to rise from **good** to **excellent**.

We will also look for year-on-year improvements in the results of patient and public surveys including the nationwide survey of GP services, the regional survey of public perceptions, and local surveys.

## The financial challenge

We will measure whether or not we and the other local NHS organisations have balanced our books, and assess whether the financial outlook for the future is reasonably stable.

We will also review individual services, particularly those where are costs are currently above average, to make sure we are delivering better value for money.

## Where to get more information

This leaflet is a summary of the NHS Brighton and Hove Strategic Commissioning Plan 2009 – 2014 which sets out the progress we intend to make towards achieving our strategic objectives, key commissioning goals and priority health outcomes during those five years.

We also publish an Annual Operating Plan which provides much more detail about the current year's activity, investment programme, budgets etc.

Both documents can be viewed on our website [www.brightonandhove.nhs.uk](http://www.brightonandhove.nhs.uk).

You can also request a hard copy from the NHS Brighton and Hove communications team. email [comms@bhcpct.nhs.uk](mailto:comms@bhcpct.nhs.uk) or phone 01273 545322.

