

Report to: East Sussex Health and Wellbeing Board

Date of meeting: 19 July 2016

By: Chief Officer, NHS High Weald Lewes Havens CCG

Title: Sussex and East Surrey Sustainability and Transformation Plan Update

Purpose: To update the Health and Wellbeing Board on the progress of the Sussex and East Surrey Sustainability and Transformation Plan

RECOMMENDATION:

The Board is recommended to consider and note the report.

1. Introduction

1.1. The Five Year Forward View sets out how health services need to change over the next five years in order to improve public health and service quality while delivering financial stability by 2020/21. Commissioners and providers in Sussex and East Surrey have joined together to develop a Sustainability and Transformation Plan in order to deliver the vision of the five year forward view. This briefing paper provides the East Sussex Health and Wellbeing Board with an update on progress.

2. Supporting information

2.1. Why we are doing what we are doing?

2.2. We start with the knowledge that we have large, and in some cases growing gaps in health and wellbeing, care and quality and finance across our population base. We have analysed the drivers of existing and future gaps, and know that to close the gaps the NHS will require strong partnerships with local communities, local authorities and our workforce.

2.3. It is important to explain that although you are hearing the words ‘Sustainability Transformation Plan’ bandied about this is perhaps an unfortunate and certainly misleading title for what we are involved in right now. In fact, we are working on what is the next and very important stage of the NHS Five Year Forward View, which sets out a clear direction for the NHS – showing why change is needed and what it will look like. We have been asked to submit a set of ideas, based on work and discussion amongst senior health and care professionals in Sussex and East Surrey to Simon Stevens at NHS England.

2.4. The outcome of these discussions have formed a work in progress discussion document outlining how local health and care services can evolve, improve and continue over the next five years, which was submitted to Simon Stevens, CEO at NHS England, on 30 June 2016. We will, along with others, have presented our ideas on the 6 July 2016.

2.5. By no means is the submission a plan. It is a set of ideas, based on evidence and experience, influenced by recent past conversations with the public.

2.6. The outcome of all the work that has been in progress for the last three months, as a collaborative and in CCGs and Trusts throughout our area will continue over the next year or so, will be an ambitious plan for safe, efficient and effective patient centred healthcare, delivered within a balanced financial budget. NHS England is working towards these discussion documents being published in September/October of this year and at that stage our patients and our public will help us turn the discussions and ideas into an ambitious plan for building better quality, better financed healthcare in Sussex and East Surrey.

2.7. This is actually the first time that health, social care and prevention have sat down together and systematically looked at how we can deliver fully integrated health and care.

2.8. However, it will not become an agreed plan until the patients and the public in Sussex and East Surrey have had their say, so until that time we intend to have the fullest conversation with everyone who has a stake in healthcare locally and that conversation will become a robust formal public engagement programme around September of this year.

2.9. The submission is now with NHS England and will not be published until September. Until then we will hold as many conversations with as many people as possible to share thoughts and ideas. When the submissions are published, we will enter into a robust patient/public engagement programme to help create a final plan.

2.10. We think perhaps what best describes this programme could be the Sussex and East Surrey Collaborative, because what we are doing now is to gather senior healthcare providers and commissioners and public health professionals together to look at the evidence for:

- how we provide and buy healthcare
- quality
- patient safety
- patient centred delivery
- patient flow; and
- finance.

2.11. Many will say that this has been done before, and it has - hospital by hospital, CCG by CCG, mental health trust by mental health trust, community provider by community provider, local authority by local authority.

2.12. The difference this time is that All NHS health and local authority organisations in Sussex and East Surrey have put the usual boundaries, organisational and geographical to one side and are working as a whole system over an agreed geographical area based on natural communities, existing working relationships, patient flows and taking account of the scale needed to successfully deliver all health and care services.

2.13. We have had these discussions in the past, and we have listened to what people say. We have now learned that we cannot do things organisation by organisation, that it will take system wide, systematic approach to be successful.

3. Programme Board

3.1. To help achieve this a Programme Board has been set up, Chaired by Michael Wilson CBE, Chief Executive of Surrey and Sussex Healthcare NHS Trust, chief executives and senior directors of all healthcare organisations and all appropriate local authorities in Sussex and East Surrey and Healthwatch.

3.2. Healthwatch is embedded into the programme board and is an essential part of the decision making programme.

4. A vision

4.1. Our vision for delivering high quality, effective health and care in Sussex and East Surrey is based around a system that is:

- Designed around locally delivered, fully integrated care in four “places” (localities) with single system leadership being developed in each place
- Focused on prevention and proactive care through multidisciplinary locality teams with a shift in investment towards General Practice and Community and away from reactive, high cost treatment in high cost care settings
- Supported by a provider sector that collaborates to network services and share workforce
- Implementing systematic long-term programmes of performance improvement
- Delivering steady improvements in population health and clinical effectiveness,

- Also delivering on operational targets
- and steadily moving back to financial sustainability.

4.2. **Working with our population as full partners in their own care and engaging with them in how the system is delivered is crucial to delivering this vision.**

5. Drivers for Change

- Population increasing
- People living longer with long-term conditions
- Health inequality gap
- Health and care funding not increasing in line with increasing demand

6. Identified priorities

6.1. Over the last few years' patients and the public have been asked by their local healthcare organisations what they see as their priorities, what they think is crucial for them and their families, what they want from the NHS. The Collaborative has taken that evidence, combined with financial, workforce, leadership and Government requirements, used all of this to come up with suggestions and options on how we can meet demand, improve safety and quality and deliver first class healthcare within inevitable financial controls.

6.2. It is clear that we cannot please every single person, every single time, but we believe that the priorities that need to be tackled are:

- Cancer outcomes
- prevention
- Stroke outcomes
- Mental health access and outcomes
- Management of long term conditions
- Support to the frail and elderly
- Financial balance
- Maternity and children's services.

7. How we are going to tackle them

7.1. Provide new models of health and care services that:

- **focus on prevention and self-care** – addressing health and wellbeing needs, reducing the rate of growth in demand, and addressing Right Care opportunities
- **are fully integrated, providing better care closer to home** – rather than hospital settings, addressing care gaps and reducing demand on secondary services
- **make efficient use of our providers' services** -aligning services with needs and addressing quality and financial gaps

7.2. When people do become ill, provide excellent quality, integrated health and care services delivered in the community and closer to people's homes.

7.3. **Establish General Practice as the bedrock for delivery of local, place based primary care**

7.4. Integrated locality teams of GPs, community care specialists, mental health specialists, social care and Third Sector organisations working together able to work together to take responsibility for keeping people well and looking after them when they are ill.

7.5. **Safer hospitals serving people's needs**

7.6. How will we do that:

- System wide integrated planning and delivery of new models of care
- Attract a flexible, highly qualified workforce with a system wide ability to get the best out of the available staff market
- Stable effective leadership across the system
- A systematic approach to enabling continuous improvement in performance across providers and commissioners
- Sustainable finances.

7.7. Achieving financial balance by working at scale across the whole system rather than by each individual organisation working in isolation.

7.8. The NHS is heading for a £21 billion funding gap. We are part of that NHS and doing nothing will not provide a safe, high quality service for the NHS nationally or for our own population. We cannot ignore that achieving a balance has to be part of the planning process, but we believe a system-wide approach will allow us to modernise and plan on a much wider scale and get better value for money.

8. Why it needs an STP to make this happen

8.1. For the first time, local NHS planning will have significant central money attached to it via a national Sustainability and Transformation Fund of £2.9bn in 2017/18; rising to £3.4bn in 2020/21.

8.2. The STPs will be the single application and approval process for health economies to receive funding for transformation programmes and local deficits. For example, to fund:

- improved access to GP services
- prevention
- support for people with learning disabilities
- improved cancer outcomes
- Improved mental health outcomes.

9. Engaging with patients and public

9.1. As we have said, this will not become a plan until our population has had their say. Informal engagement is happening with HOSCs and Health and Wellbeing Boards; Third Sector organisations; with governing bodies and with a range of stakeholders across the population. This informal conversation will continue until September/October this year when the submission will be made public and from that time a robust engagement programme will be activated.

9.2. Transparent and timely engagement with our stakeholders using a range of mechanisms which have proved to be effective in our four place-based health and care systems is crucial to achieving our vision, which is to deliver excellent quality services, appropriate to individual needs and delivered at the most accessible locations for the population.

9.3. This discussion is at an early stage and we are developing our thinking on how and when we will have ideas to share with our population. We will then put in place activities which will include face to face meetings, briefings and the establishment of a virtual community within our geographical area to support the sharing of information and co-production.

9.4. This will enable us to achieve our engagement aims which are:

- Accessible and inclusive, to all people in our community.
- Clear and professional, demonstrating pride and credibility.
- Targeted, to ensure people are getting the information they need,
- Open, honest and transparent.
- Accurate, fair and balanced.
- Timely and relevant.
- Sustainable, to ensure on-going mutually beneficial relationships.
- Two-way, we won't just talk, we'll listen.
- Cost effective, always demonstrating value for money

- Proportional, do what is necessary to achieve best results.

10. Workforce

10.1. There are shortfalls in workforce provision across the area at all levels of care – social care, primary care, community care, mental health care and acute care. It is becoming increasingly difficult to recruit to replace much needed staff which has resulted in current workforce shortage difficulties that need to be addressed both now and in the future.

10.2. Agency spend across all levels of care across the footprint is considerable and there is a financial opportunity. This further provides an opportunity to improve health and care outcomes and quality within some localities which needs to be addressed in the short term.

10.3. Along with agency spend, health, care and quality issues across the footprint need to be addressed rapidly such as RTT – innovative, immediate workforce strategies need to be put in place to enable providers across the footprint to rebalance care provision and meet national targets that some providers are currently failing to meet.

10.4. We are looking at how to address these issues and have set up a strong workforce action group as one of our working subgroups; made suggestions in our NHS England discussion document and these suggestions will be fully discussed with our workforce before any plan is put forward. However, we can say we are looking at:

- Significant recruitment of permanent staff to reduce agency costs. Successful initiatives to make bank work more attractive and increase this vs agency.
- Strong, corporately-driven recruitment programme to address significant staffing weaknesses across the organisations.
- Strengthened medical and operational leadership across the organisations with streamlined clinical unit structures and improved accountability. Re-positioning and endorsement of divisional nurse leadership.
- Staff engagement programme being implemented; increased focus on 'pulse' surveys with action plans in each unit.

10.5. Our employees are educated, skilled and engaged, committed to the work we do and our purpose of providing our patients with the safest, most effective health care. We want to build healthcare services in our area within which staff are proud to work and which attract highly skilled individuals and where staff stay and grow within the NHS locally, an area where they would recommend their friends and family to come and work with us.

11. Organisations Involved

Brighton & Hove CCG

Surrey & Sussex LMCS

Brighton & Sussex University Hospitals NHS Trust

Healthwatch

Western Sussex Hospitals NHS Foundation Trust

Surrey and Borders Partnership Foundation Trust

High Weald Lewes Havens CCG

West Sussex County Council

Sussex Partnership NHS Foundation Trust

Sussex Community NHS Foundation Trust

Surrey County Council

Eastbourne Hailsham & Seaford CCG

Hastings and Rother CCG

Surrey and Sussex Healthcare NHS Trust

South East Coast Ambulance NHS Foundation Trust

Queen Victoria Hospitals NHS Foundation Trust

Horsham & Mid Sussex CCG

First Community Health Care

East Sussex Healthcare NHS Trust

East Sussex County Council

East Surrey CCG

CSH Surrey

Crawley CCG

Coastal West Sussex CCG

Brighton & Hove City Council

12. Conclusion and recommendation

12.1. This report provides an update on the progress of the Sussex and East Surrey Sustainability and Transformation Plan. The Health and Wellbeing Board is recommended to consider and note the report.

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BACKGROUND DOCUMENTS

None