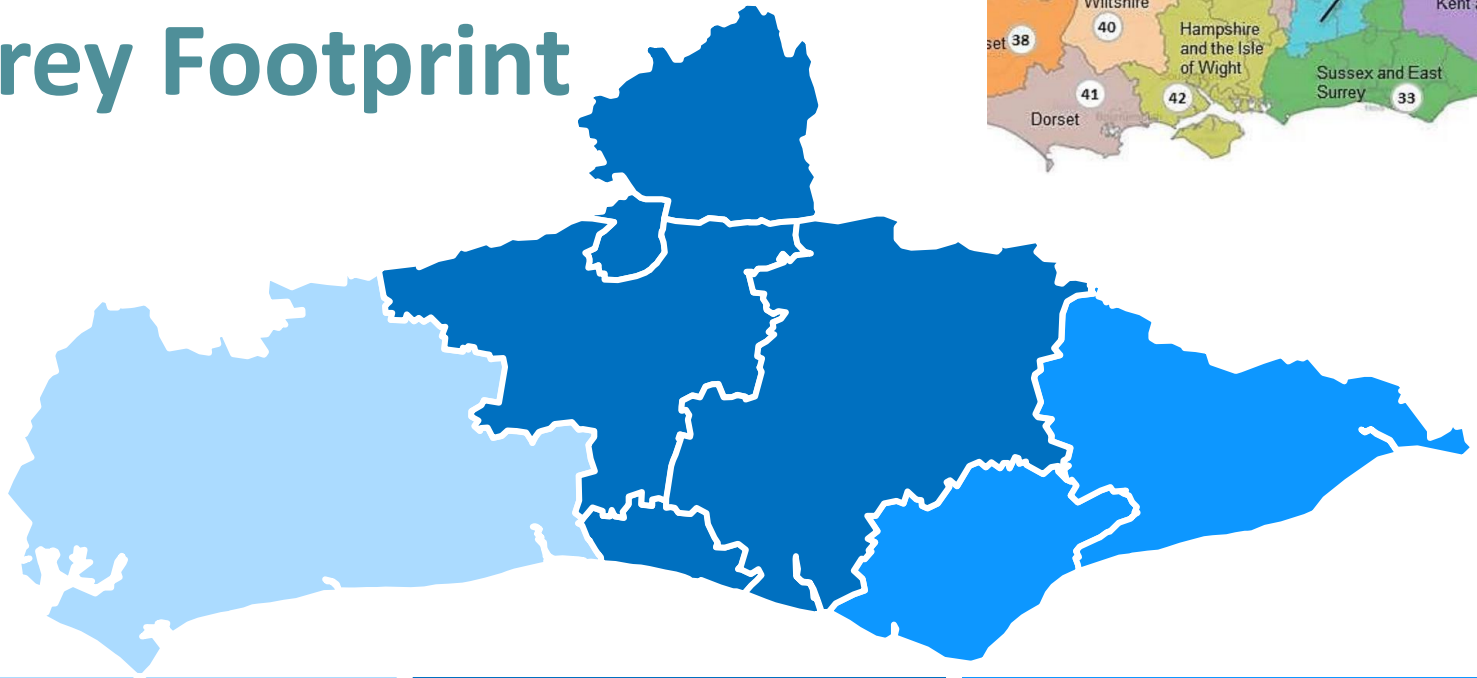


Sussex and East Surrey Sustainability and Transformation Plan

Wendy Carberry
November 2016



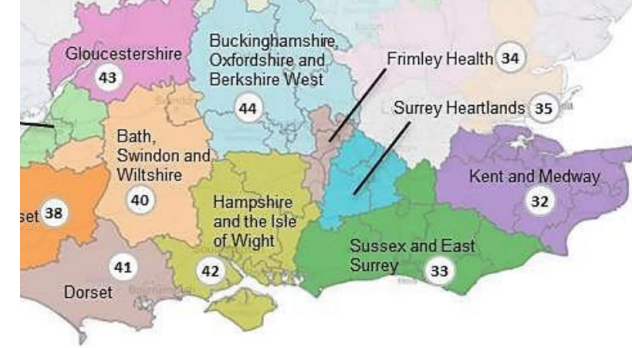
The Sussex and East Surrey Footprint



Coastal Care

**Central Sussex
& East Surrey
Alliance
(CSESA)**

**East Sussex
Better Together
(ESBT)**





National context – What challenges are the NHS facing?

- **Health and Wellbeing Gap:** Quality of care can be variable, preventable illness is widespread, and health inequalities are high
- **Care and Quality Gap:** Patient needs are changing, new treatment options are emerging, and people are living longer with long-term conditions
- **Finance and Efficiency Gap:** Health and care funding is not increasing in line with increasing demand



What challenges do we face in our area?

- 2 acute hospital providers, SECamb & 2 CCGs in Special Measures
- Acute hospital deficits at ESHT & BSUHT
- Long waits for planned care services
- Pressures on A&E, 18 weeks, Primary Care
- Pressures on Workforce
- Poor health outcomes (for example cancer)
- Estimated 'do-nothing' shortfall of £865m in 2020/21



The STP is our opportunity to tackle these challenges

The Sustainability and Transformation Plan is our opportunity to work together as NHS organisations and with local communities to:

- improve the health of our population
- improve the quality of our services
- improve our approach to prevention
- make the best use of the resources we have, including estates, workforce and finance

Doing nothing is not an option. As a footprint we are committed to learn from each other to achieve change at scale in order to deliver high-quality, cost-effective healthcare services



Where are we now?

Building from our June submission and feedback from NHS England, we now have:

- Established single system leadership systems across our three 'places'
- Drafted STP-wide priorities: Short-term Winter Plans & medium-term provider sustainability
- Drafted strong place-based plans
- Identified dependencies on key enablers (estates, workforce, digital)
- Full STP submission (October), responding to NHS England feedback
- Preparing for wider engagement, review and support
- Appointed Programme Director to lead delivery of the STP



Our STP-wide Key Principles

1. Full **engagement** of local populations
2. Led by place-based **integrated care** in our 3 'places'
3. Focus on **prevention** and **proactive care** through **multidisciplinary** locality teams supported by a shift in investment towards **Primary Care and Community**
4. All providers in our footprint will **collaborate** to network services, share workforce and balance capacity across the system
5. Move at **pace** and support local organisations to go as fast as they can towards reaching our goals

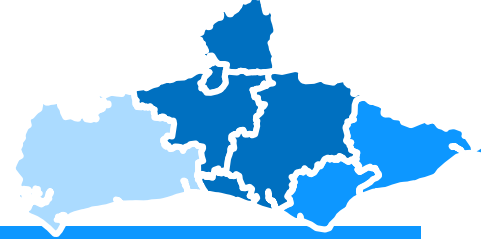


Our initial STP-wide priorities

We recognise we can do more for our communities, faster, if we work on our priorities collaboratively:

1. **Urgent and Emergency Care** - Centres networked and linked with an ED and embedded in a primary care community of practice to enable a highly responsive service
 - Define operating model and STP-wide service specification for Urgent Care Centres and work with current providers on rapid improvements
2. **Frailty** - Co-ordinated care, organised to reflect complexity of needs and treat closer to home
 - Proactive care, integrated locality teams and personal resilience schemes.
3. **Primary Care** - Strengthened GP services through locality teams (or communities of practice) that co-ordinate care
 - Design primary care models according to the GP 5YFV and deliver the ten high impact changes.

We will lead the STP footprint with three 'Place-Based' plans



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Each Place-Based area will be:

- Defined around local communities, empowered to co-design person-centred services and providing care led by GPs with support from a wide range of professionals.
- Represented through a 'Single Point of Leadership' who speaks on behalf of their place at the STP Programme Executive Group:
 - **Coastal Care** – Marianne Griffiths, Chief Executive, Wester Sussex NHS Foundation Trust
 - **CSESA** – Geraldine Hoban, Accountable Officer, Horsham & Mid Sussex CCG
 - **ESBT** – Keith Hinkley, Director of Adult Health & Social Care, East Sussex County Council

Place-based summary plans



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Initial Priorities:

- Develop Local Clinical Networks
- Tackle the challenge of the ageing population
- Redesign urgent care services
- New pathways for planned care
- Targeted service improvements for children to enhance physical and mental wellbeing

Initial Priorities:

- Improve prevention and self care
- Better access to urgent care
- Continuity of care for patients with Long Term Conditions
- Coordinated care for frail and complex patients
- System-wide higher quality and performance

Initial priorities:

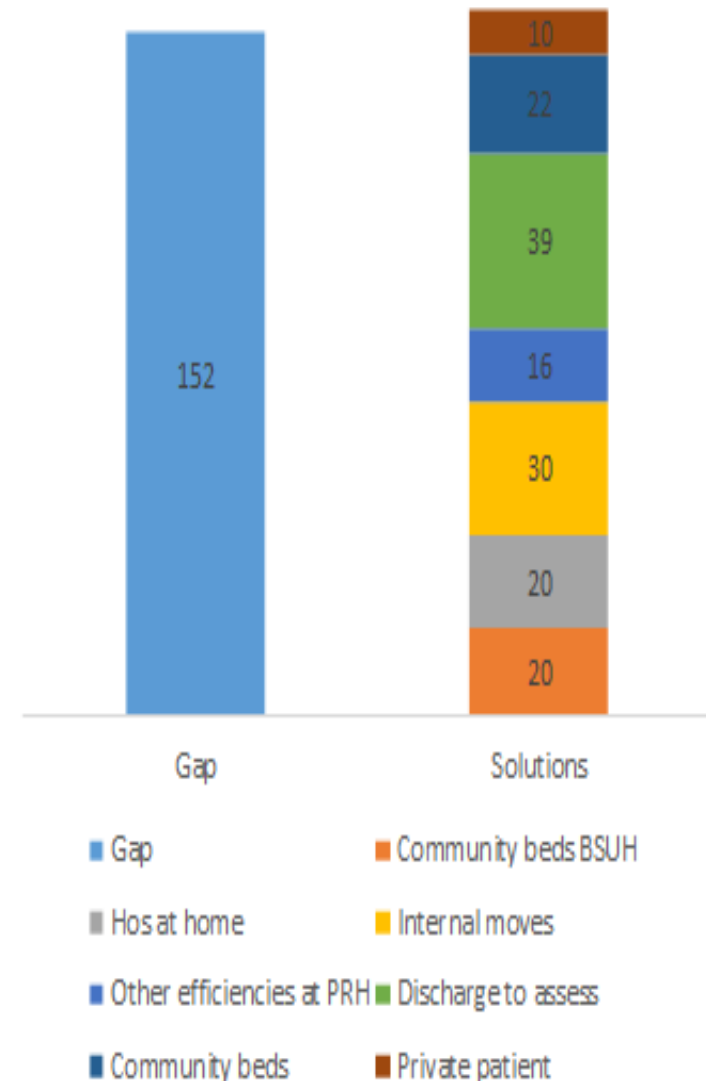
- Develop new Integrated Locality Teams
- Provide streamlined points of access for Health and Social Care services
- Develop new models for GP-led Urgent & Emergency Care
- Increase efforts to prevent illness and to promote healthy living and wellbeing

Immediate action: Winter plans

We currently have a bed capacity shortfall of around 150 beds. We have developed an immediate action plan to prepare for the winter, with particular focus on RSC, Eastbourne and Hastings, the hospitals under most pressure. Our solutions involve:

- Increasing capacity to look after patients at home to speed up discharge from hospital
- Using community hospital beds for patients who no longer need to be in the acute hospital
- Maximising available space at our existing sites

STP bed gap and solutions year 1





Longer-term provider sustainability plans

- As part of our STP we are working together as a footprint to support our acute provider organisations to achieve **sustainability over time**
- Alignment with our AC models will result in **maximised access and use of services** at all sites, including for integrated care models
- Partnership discussions are underway to build on existing and effective **STP-wide networks** to expand the range of services covered
- We will work with Specialised Commissioning to implement transformational **QIPP schemes**
- In the longer-term, we aim to map and deliver **patient pathways for all sites** through networks across sites and providers



STP wide Enablers

Workforce

We have developed a workforce action plan which is in place to:

- 1) Address the immediate workforce shortfall issues across our providers
- 2) Support the plans for winter pressures
- 3) Develop strategic workforce solutions for a sustainable future

We will shortly begin delivery of the plan in preparation for winter

Digital Transformation

We see digital transformation as a key enabler of our STP and aim to take learning from other footprints and implement digital solutions at an STP level to support the digitisation of both the Health and Care professional and the citizen journey.

Estates

Through our 'One public Estate' strategy we aim:

- 1) To drive up the efficiency of the use of estates assets across the whole STP footprint
- 2) To develop and deliver which enable the new models of care to flourish

We have also identified efficiency opportunities that could deliver significant savings, for example reduced running costs anticipated later in the 5 year planning horizon



Communications & Engagement Plan

Stakeholder input is central to reviewing and supporting our STP

- A working timed Communications & Engagement plan is being approved through the STP Board; with buy-in from local Communications & Engagement leads across the NHS and LA.
- Our approach will be to work openly with our communities; establishing meaningful and trusting relationships so that we can tackle the difficult issues together.
- CCGs will manage local engagement in close cooperation with the STP Board and with colleagues in local authority and public health.



Communications & Engagement Plan

Our plan will be delivered in three phases:

Phase one - Supporting publication of the STP:

Laying out the narrative for change and describing how all stakeholders will be involved in co-designing future work. All stakeholders will be informed of publication and on methods to feedback as appropriate.

Phase two – Development of the plan:

We need to continue engagement and dialogue with our communities to help us work to secure all our services over the winter period and to help us continue transforming our model to a patient-centred approach and with a far stronger focus on prevention and better community care.

Phase three - Delivery:

At this stage we expect to have robust channels of communication and to be able to demonstrate effective co-working with our stakeholders



What next?

- Continue/ramp up engagement with all stakeholders in order to best develop and deliver the STP
- Refine and plan delivery of our place-based plans
- Refine and plan delivery of STP-wide work stream plans
- Refine financial estimates
- Implement winter plans to respond to bed capacity shortfalls
- Identify and deliver immediate improvements to begin progress towards the STP

Wendy Carberry
November 2016

