Sussex and East Surrey

Sustainability and Transformation Partnership

September 2017

What is the STP?

The STP is a partnership

- A new way of working together across health and social care
- 24 organisations - CCGs, providers and local authorities, building on local plans
- Aims to:
  - Ensure no part of the system operates in isolation
  - Improve health and wellbeing
  - Improve health and care services
  - Make the best use of available resources
- Not one, single, separate plan
  - It is a way of aligning the plans of all the partners

Why do we need an STP?

Same as the drivers for ESBT, but strengthens joint working across a wider area

Health and wellbeing gap

- Growing and aging population, more long term conditions
- Significant health inequalities across the area

Care quality gap

- Primary care recruitment, access and facilities
- Secondary care access, outcomes and recruitment

Finance and efficiency gap

- Becoming harder to keep up with rising costs
- £900m gap by 2020/21 if we do nothing

Progress so far

- **Scale of change** needed is not easy; it will take time
- We have been **developing relationships and processes** for working together
- **On-going commitment** from NHS partners and councils have agreed to work in partnership
- **Established clinical board** – senior professionals from all partners to oversee shape of future services
- New **executive chair** and national support to be confirmed during September

Role of local authorities

- All four councils committed to working with the NHS to improve health and social care outcomes
- Recognition that STP is an NHS governance framework with councils being democratically accountable through their Members to local residents
- Principle of places fundamental to councils and integrated working and formal agreements need to be built around places and their populations
- Work from the places can then be aggregated to the STP footprint where this will add value

Place based plans

Community-based, integrated health and care services

- Each plan based on local needs, but with shared aims:
  - Help people to stay well
  - Support people to manage conditions and retain independence
  - Avoid unnecessary hospital visits

The four places:

- Coastal Care
- Central Sussex and East Surrey Alliance – North
- Central Sussex and East Surrey Alliance – South
- East Sussex Better Together (ESBT)

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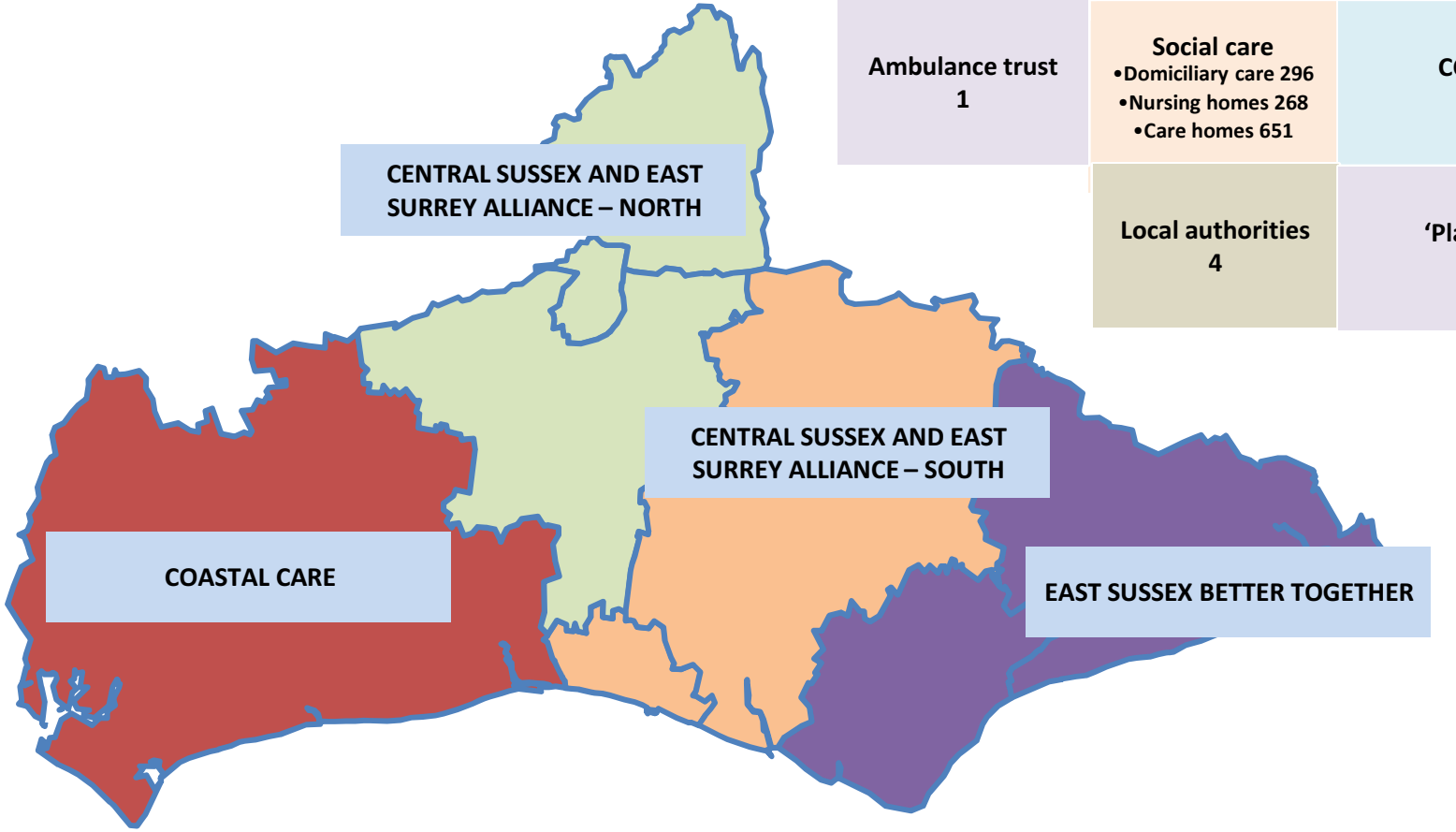
Note: Boundaries and names for CSESA North/South places to be defined

Acute and community providers 9	Mental health trusts 2	GP Surgeries 215
Ambulance trust 1	Social care •Domiciliary care 296 •Nursing homes 268 •Care homes 651	CCGs 8
	Local authorities 4	'Places' 4



Place based plans – next steps

- Plans developed locally
  - Led by CCGs and LAs, with local involvement
- Place based plans feed into and shape the STP
  - Form cornerstone, with other plans shaped around them
- East Sussex Better Together (ESBT), one of the four places, is already well developed as work began in August 2014. The ESBT Alliance is working in shadow form in 17/18, creating the conditions for a single health and care entity in future, taking a whole population/whole system approach that includes the integration of community-based services
- Work on other place based plans developing rapidly

Commissioning reform

- Commissioners working together to make it easier to:
  - commission services jointly
  - commission integrated health and care
  - delegate commissioning functions to the right level
- Also enables CCGs to better share risks, resources and expertise
- CCGs would remain accountable to local community, with own governing body
- Plans being developed now, aiming for CCG approval in autumn 2017, and for implementation in April 2018.

Acute services strategy

- With better community provision in place, we will need to ensure we have the right acute services for the future
- Work commenced earlier this year to review demand and capacity over the coming years
  - Significant challenges if demand and length of stay continue to rise at current rate
- Need to assess acute avoidance of place based plans and opportunities for hospitals to work more closely together
- Clinicians will then lead development of acute services strategy with input from local communities
- Will take time. No decisions without public and patient involvement

Improving services

STP partnership taking collective action on service priorities:

Urgent and emergency care

- Reducing demand – easier to see or access advice from GP
- Extending and standardising urgent treatment centres
- Faster ambulance and A&E times with prompt discharge

Mental health

- Joined up approach to deliver 7-day services, integrated with physical health, and better mental health promotion
- Integrated health and care model for enduring ill health

Cancer care

- Implementation of delivery plan with Sussex and Surrey cancer team

Enabling workstreams

Working with partners to coordinate plans in three key areas:

Workforce

- Recruit, retain and develop the right staff with the right skills

Estates

- The right buildings and facilities in the right places
- Using all our property and facilities as effectively as possible

Digital

- IT systems to support high quality, integrated care

Closing the gap in our finances

- If we do nothing, we face a £900m gap by 2020/21, and many organisations struggling to maintain financial plans
- We must take the opportunity of the STP to work together:
  - Integrated community-based care
  - Focus on supporting people to stay healthy
  - Less - but better - use of acute hospitals
- Also, to be efficient as possible, for example reducing:
  - Reliance on expensive agency staff
  - Costs of ineffective treatments and wasted medicines
  - Duplicated back-office costs
- Collaboration gives best chance of better health and better services within available resources

Clinically effective commissioning

- Clinical board leading work to look at all treatments and procedures commissioned across all eight CCGs to reduce unwarranted clinical variation
- Links into Rightcare and Get it Right First Time initiatives
- Considerable variation between CCGs at present. Aim is to:
  - ensure only clinically effective treatments commissioned, in line with evidence and NICE guidelines
  - deliver best value for money for public and fairness for patients
- Clinicians involving patient and public reps in discussions
- CCG Governing Bodies will make decisions

Involvement and accountability

- STP is a partnership and way of working
  - No power to make decisions on behalf of partners
- Decision making continues to sit with individual boards
  - This cannot change without legislation
- Partners continue to be responsible for involving local people
  - Many elements of STP already shaped by local people
- Plans that make up STP do not currently include any proposals that would require consultation
- But we will be keeping staff, patients and public involved
- No decisions without formal consultation where appropriate