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)
Sussex and East Surrey

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