Sussex and East Surrey

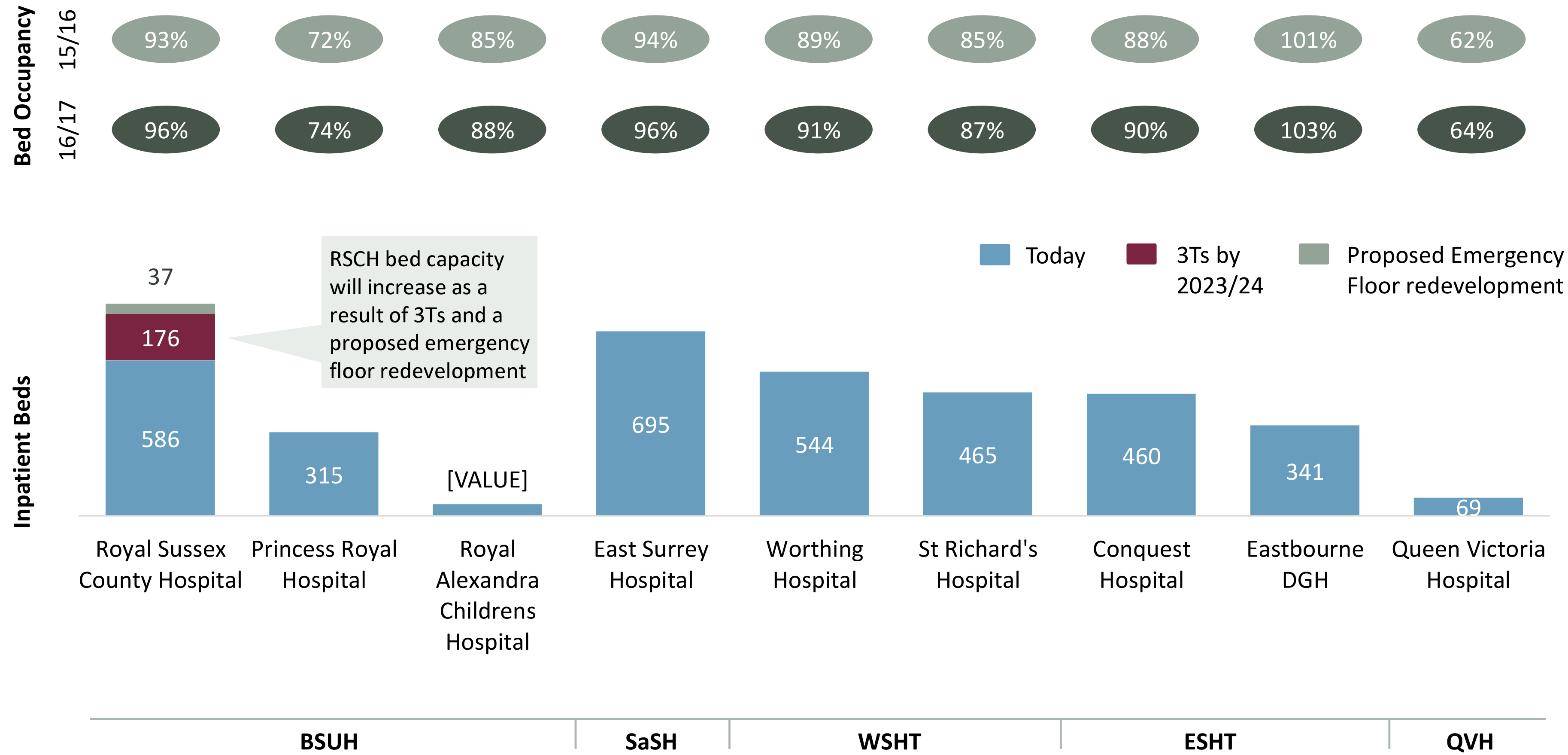
Sustainability and Transformation Partnership

Update for HWBs
July 2017

Update

1) **Executive Chair –** recruiting for 2/3 day per week exec chair
2) **Acute services review**
3) **STP review and refresh**
4) **STP priorities 2017/18**
5) **Place based plans**
6) **Mental health**
7) **Commissioning reform**
8) **Financial challenge**
9) **Engagement**

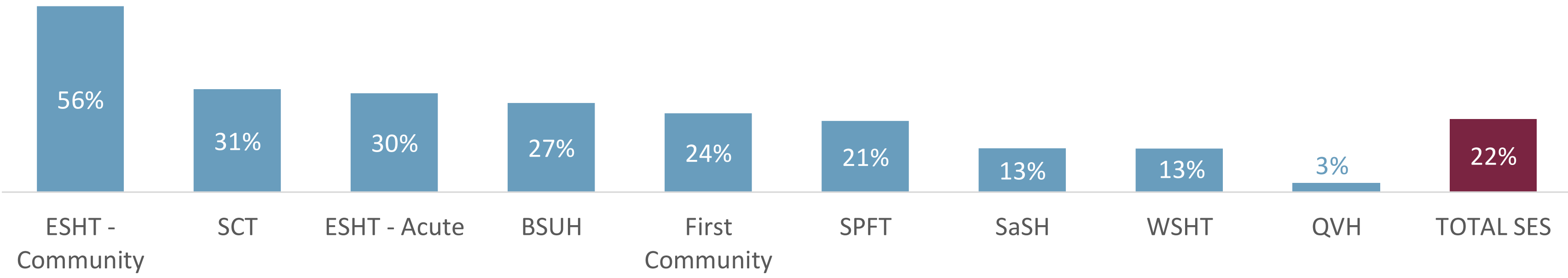
There are currently 3,519 acute inpatient beds[1] across the STP. Bed occupancy across all sites is forecast to increase in 2016/17



Notes: [1] Excluding day surgery and escalation beds
There are an additional 54 beds in the Sussex Orthopaedic Treatment Centre (BSUH), 20 beds in Hurstwood Park Neurological Centre (BSUH) and 14 beds in Sussex Eye Hospital (BSUH) which have not been included in our analysis as there is very little inpatient activity in these beds
Source: Provider data returns (Feb 2017), Carnall Farrar analysis, HES - FY 15/16

A bed audit carried out across the STP identified 22% of patients across Sussex and East Surrey that are "fit to leave" their current setting of care

Patients 'fit to leave' their current setting of care - Trust

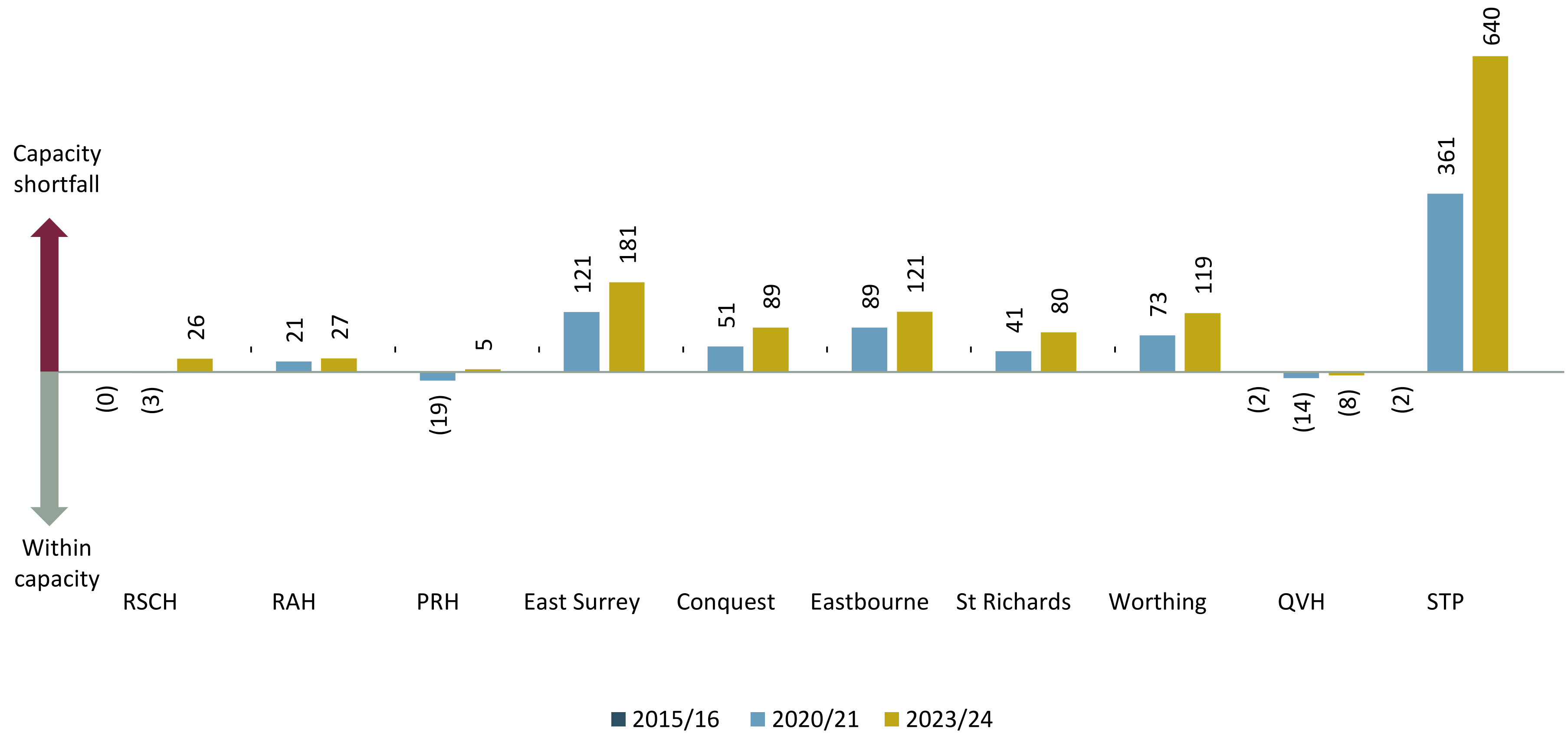


Trust	Patients discharged on day of audit	Fit to leave current setting of care	Not fit to leave current setting: Awaiting transfer to another acute setting	Not fit to leave current setting: Remain in trust	Total number of occupied beds	% fit to leave
East Sussex Healthcare NHS Trust - Community	3	70	0	55	128	56%
Sussex Community NHS Trust	5	97	2	220	324	31%
East Sussex Healthcare NHS Trust - Acute	8	212	5	494	719	30%
Brighton And Sussex University Hospitals NHS Trust	42	226	18	596	882	27%
First Community Health and Care	1	10	0	32	43	24%
Sussex Partnership NHS Foundation Trust	3	96	14	339	452	21%
Surrey And Sussex Healthcare NHS Trust	94	69	7	445	615	13%
Western Sussex Hospitals NHS Foundation Trust	105	114	4	753	976	13%
Queen Victoria Hospital NHS Foundation Trust	13	1	2	35	51	3%
TOTAL SES	**274**	**895**	**52**	**2,969**	**4,190**	**22%**

Note: ESHT has been split into acute and community (by hospital site) due to significant differences in patients who are fit to leave in these 2 settings
Source: Carnall Farrar Analysis

The capacity gap is not restricted to BSUH - there is a significant shortfall of acute beds across the STP as a whole in the “do nothing” scenario (1/3)

A1 ”Do nothing” scenario: SES STP acute capacity by site



Source: Carnall Farrar analysis; provider supplied data

Acute services review - conclusions

Current acute bed capacity is constrained – Acute length of stay has been increasing, bed occupancy is high compared to the national average and elective backlogs have grown.

Bed capacity shortfalls worsen prior to 3Ts opening – Significant bed capacity challenges exist from 2017/18 – 2019/20. For the STP as a whole, the bed audit points to the potential to reduce length of stay by up to 60% if effective plans are put in place.

There are opportunities to relieve 'worst case' RSCH bed capacity challenges – An emergency floor at RSCH will provide additional beds and reduce demand for through admission avoidance. Rebalancing services between PRH and RSCH could relieve pressure at RSCH. Whole service moves across the STP is another option.

Workforce pressures will increase – Vacancies for consultants and nurses will continue to grow by 2023/24 unless demand is reduced. Implementing changes to acute services will require a workforce plan that includes appropriate training.

Out of hospital care – an out of hospital strategy in each of the four places is required to help to reduce pressure on acute bed capacity.

STP review and refresh

Review and refresh carried out in April 2017:

- **Place based plans** will be primary vehicle for new care models, with four areas for planning and delivery. Dedicated effort is now needed to accelerate development.
  - Focussed 12 week programme underway.

- A number of **STP priorities** have been proposed for 2017/18.
  - See next slide.

- A revised **governance structure** has been developed.
  - MOU is currently being circulated for approval by the Programme Board at the end of June, before being approved by individual boards.

- Financial position has continued to deteriorate and the system needs a **strategic financial plan.**
  - **Capped Expenditure Process** leading to development of shared plan to bringing the collective NHS budget within the STP control total.

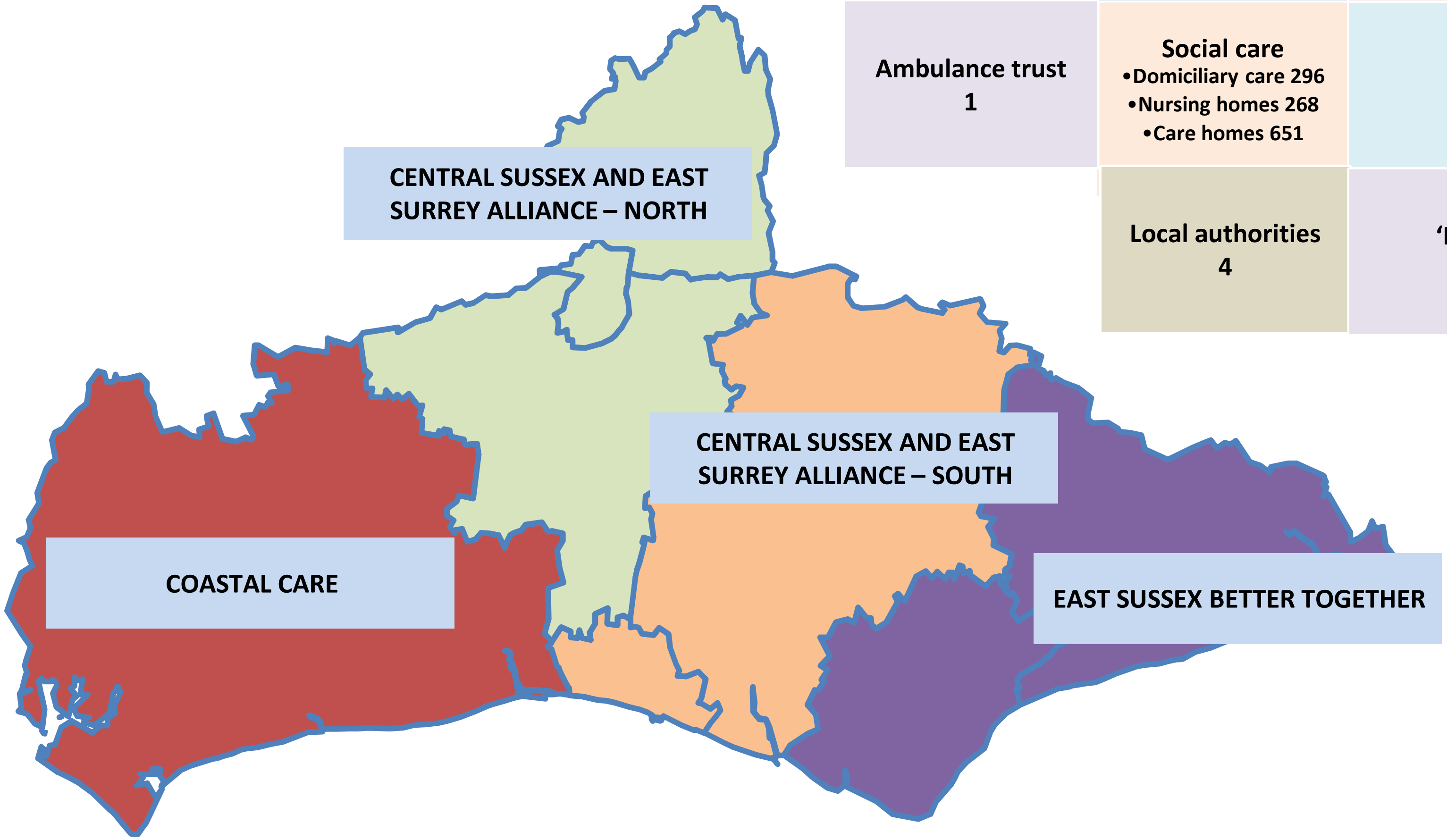
STP priorities 2017/18

- Develop place based plans for integrated health and care to manage population health and reduce hospital activity.
- Establish a collective approach for developing primary care.
- Develop and implement a model to commission more integrated care across a larger area and share resources between commissioners.
- Improve mental health care and develop a model of care for people with enduring mental illness.
- Improve services for urgent & emergency care, mental health and cancer.
- Develop a strategy to ensure we have the right acute services for future.
- Coordinate plans for digital, workforce and estates.
- Develop a shared financial plan and identify and implement productivity opportunities.

Sussex and East Surrey

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

Acute and community providers 8	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



Mental health

- 17 week strategic review of mental health services across Sussex and East Surrey underway.
- Collecting and validating data on future demand, population growth and capacity within current services.
- Focus on quality, finance, performance and clinical expertise.
- To deliver an evidence based strategic framework and plan for mental health services over next five years.
- Led by SPFT along with Surrey and Borders and includes local authorities, voluntary and community sector and other stakeholders.
- Commitment to involving people with experience of mental health as partners in shaping services.

Commissioning reform

- Commissioners coming together to simplify arrangements for commissioning services jointly over larger areas.
- Increasingly important as accountable care systems developed through place based plans.
- Also enables CCGs to better share risks, resources and expertise.
- CCGs remain accountable to local community, with own governing body and board.
- Plans being developed now, aiming for CCG Board approval in autumn 2017, and for implementation in April 2018.

Scale of the financial challenge

- **Do nothing gap** – our Nov 2016 STP publication identified that if we do nothing, we face a £900m gap by 2020/21.

- **2017/18** - Ambitious financial plans have been submitted but the STP has a projected adverse planning variance against control totals of £55m.

- **Capped expenditure process** - NHS England and NHS Improvement have requested a balanced plan for 2017/18 to bring spending within the STP control total.

- **Balanced plan** - focused work now underway with all partners to develop and submit this plan.

Clinically effective commissioning

- All CCGs working jointly to review clinical threshold policies and ensure threshold policy system is efficient and effective.
- Aims to deliver Sir Muir Grey's 'triple value' healthcare – allocative value, technical value and personalised value
- Three key areas of work:
  - Review and consolidation of policies and medicines lists
  - Improvement to the process for threshold dependent treatments (inc. medicines)
  - Communications and engagement
- Data gathered on volume of activity against each treatment/ condition
- 'Immediate opportunities' list going to STP Clinical Board in June
- Second and third rounds of policies to be developed through clinical workshops over the summer.

Engagement and accountability

- STP is a partnership and way of aligning plans. Decision making continues to sit with individual boards.
- Partner organisations continue to be responsible for involving local people and many elements of STP already shaped by local people.
- Clinical engagement strengthened through clinical board.
- On-going engagement will focused through the four places and the places will be keeping HASC/HOSCs updated and involved.