

Sussex and East Surrey STP narrative

STP in summary

As our population grows, and grows older, we need more health care and different services. Some of the services we have now were not designed to meet the needs of today or the future and do not make the most of medical advances.

We want to do more to prevent illness, support people to manage existing health conditions and to stay independent. To do this we need seamless health and social care services.

The STP is a partnership and a new way of working. It ensures that as well as working together locally on the ground, all the health and care organisations in Sussex and East Surrey are also working together in a joined-up way.

One of our priorities is to develop more community-based services, helping people to stay well closer to home. This will reduce demand on our hospitals, enabling them to improve their specialist services.

Working together in this way means that we can offer local people better care and better outcomes and make more efficient use of the resources available to us.

What is the STP?

The Sussex and East Surrey Sustainability and Transformation Partnership (STP) outlines how the NHS and social care will work together to improve and join-up services to meet the changing needs of all of the people who live in our area.

The STP aims make practical improvements – like making it easier to see a GP, speeding up the diagnosis of cancer, and offering help faster to people with a mental illness. It also aims to support people to take more responsibility for their own health and wellbeing.

There are 24 organisations in our partnership – local authorities, health and care providers and clinical commissioning groups. It is the first time that we have all worked together in this way and it gives us an opportunity to bring about significant improvements in health and care over the next five years, over and above the improvements that may already be taking place in your local area.

The STP is not one single separate plan. It is a way of making sure that the plans of all the partners across the area are joined up and working together. It aims to ensure that no part of the health and care system operates in isolation. We know that what happens in GP surgeries, for example, impacts on social care, which also impacts on hospital wards, and so on. With services feeling the strain, working together will give our nurses, doctors and care staff the best chance of success.

A list of the partners and map of the STP are at Annex A.

Why do we need the STP?

As our population grows, and grows older, we need more and different health and care services. The services we have now were not all designed to meet the needs of today or the future and it is becoming harder to keep up with rising costs. In addition,

we need to do more to prevent illness and support people to manage existing conditions and stay independent. There are large gaps between what we have now and what we need and local people deserve better.

Health and wellbeing gap

We have a growing and aging population and more and more people are living with long-term conditions. We have a large older population and people living in some of our coastal towns experience significantly worse health than people living elsewhere. We also have above average rates of smoking among 15 year olds, adult obesity and hospitalisation for self-harm.

Care quality gap

We face challenges in primary care, with a growing number of vacancies for GPs and premises that are no longer fit for modern healthcare. People can't always get appointments quickly and this means diseases might not get detected early enough or existing conditions get worse.

Many of our hospitals also face significant challenges. Waiting times for routine surgery, cancer treatments and emergency care are not improving as we want them to, and it is difficult to recruit the right staff.

Finance and efficiency gap

If we simply carry on providing services in the way we have in the past and do nothing to change the way we work, then by 2020/21 the gap between the resources available and the money we will have spent will be close to £900m.

Progress so far

We need to radically change the way we work if we are to successfully address the challenges we face. It will not be easy and it will take time to get right. It is crucial that we continue to involve our local communities – our service users, the public and our staff – in developing our plans.

A lot of work has gone into developing the relationships and the processes for working together more widely across our STP area. The NHS partners have made an on-going commitment to the development and delivery of shared plans and the four councils have agreed to work in partnership with NHS colleagues to ensure the best possible outcomes for local residents. We have also established a clinical board, bringing together senior doctors, nurses, public health experts and other care professionals from all the partner organisations to oversee the shape of future care services.

Local care plans

Our overarching approach is to ensure that there are local 'place based plans' so that people can get the care they need as close to home as possible. Each of the four places has developed or is developing its own model of care to meet local needs, but they share the same aims.

The plans will deliver community based, integrated health and care services through 'accountable care systems'. These involve health and care organisations working together to share resources and take joint responsibility not just for treating people

but helping them to stay healthy, tailoring their services to the needs of individuals. The aims are to:

- Help people to stay well
- Support people to manage existing conditions and retain their independence
- Avoid unnecessary hospital visits.

More community-based care is not only better and more convenient for local people, it also reduces the pressure on our hospitals. The evidence shows that we will not have enough hospital beds across the STP to meet future needs if demand continues rising as it has done.

The four place based plans are:

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

[Note: External-facing names for CSESA North and South places being developed.]

East Sussex Better Together is already well-developed. Launched in August 2014 to galvanise closer integration between local health and social care services, its initial 150-week phase has improved services for tens of thousands of people in the area. In April 2017 it moved into its ESBT Alliance phase, which allows local partners – East Sussex County Council, the two CCGs, East Sussex Healthcare NHS Trust; and Sussex Partnership NHS Foundation Trust (SPFT) as an Associate Member – to work together in a more effective way, breaking down organisational barriers and creating mixed teams of health and care professionals. Plans to further formalise closer integration between health and social care were approved by the ESBT Alliance partners' governing bodies in July 2017. This means the ESBT Alliance will now strengthen its Alliance arrangement by April 2018, with the supporting legal framework and single leadership creating the conditions for moving towards a single health and care entity in the future.

Work to develop the other place based plans is moving forward rapidly, based around a set of key interventions that that will be moving forward quickly over the coming months. The plans are being developed locally, led by the CCGs, and are being incorporated into the STP, rather than the other way around. Much of the work that underpins the place based plans would be going on already even if it were not for the STP; the STP ensures that it is joined-up.

The right hospital services for the future

With better community-based services in place, we need to make sure that we have the right hospital services to meet the needs of the future.

Initial work commenced on reviewing our acute services earlier this year. We have been analysing the data to confirm the expected capacity and demand across our acute hospitals over the coming years. It shows that our hospitals face significant challenges and we will not have enough acute hospital beds if demand and length of stay continue to rise at the current rate.

Further work is being carried out over the coming months by each area on its place based plan before we can be clear on the level of acute activity that could be avoided

by better integrated community care. We also need to understand where there are opportunities for hospitals to work more closely together to share expertise and resources, particularly where there are recruitment challenges.

This work will enable us to develop a comprehensive and robust strategy for acute services. Clinicians will be leading this work with involvement from patients and the public. If any significant changes are proposed they would be formally consulted on before the relevant local organisations made any decisions.

Changing how we commission services

Changing the way we provide health and care services means we also need to change the way we commission them. Commissioners (who plan, buy and quality assure services of behalf of their local populations) have decided to work together to make it easier to commission services jointly and so they can better share resources and expertise.

The CCGs are exploring how to pool resources, manage risks, and simplify arrangements for commissioning services that span more than one area. This will become increasingly important as the accountable care systems developed through the place based plans are implemented as they are likely to operate across multiple CCGs.

The plans for new commissioning arrangements are currently being developed with the aim that they are approved by CCG boards in the autumn and implemented from April 2018.

There are currently no plans to merge the CCGs or governing bodies. Each CCG will remain accountable to its local community for the services they receive and each will retain its governing body and board, the strong clinical leadership of GPs and continued engagement with local people.

Service improvements

The STP partnership has agreed three priority areas for collective action to improve services, and this will support any work that is already happening locally:

- **Urgent and emergency care** – Organisations are working together to improve urgent and emergency care. This includes making it easier to see or get advice from a GP, thereby reducing demand for urgent care. Urgent treatment centres will offer extended opening hours and a standardised service. We are also enabling faster ambulance response times and reduced waiting times for emergency admissions by supporting the prompt discharge of people who are in hospital but no longer need to be.
- **Mental health** – Work is underway with clinicians, service users, local authorities, and the voluntary and community sector to develop a joined-up approach for mental health services. This includes new models of care to enable us to deliver our aspirations for seven-day access, integration with physical health, and to promote good mental health.
- **Cancer care** – We will be working with the Sussex and Surrey cancer team to support the implementation of the delivery plan for improved cancer care across our STP area.

Enabling workstreams

In order to deliver our aspirations for improved health and care and to make the best use of our resources, we are working together – and with other partners such as Health Education England and NHS Property Services – to coordinate our approach in three key areas:

- **Workforce** – Ensuring we can recruit, retain and develop the right staff with the right skills to meet the needs of the future.
- **Estates** – Ensuring that we have the right buildings and facilities in the right places and that we are using all of our property as effectively as possible.
- **Digital** – Developing IT and information management systems to support clinicians to deliver high-quality, integrated patient care.

Closing the gap in our finances

If we simply carry on providing services in the way we have in the past and do nothing to change the way we work, then by 2020/21 the gap between the resources available and the money we will have spent will be close to £900m.

That is why it is imperative that we take the opportunity of the STP to work together to make the best use of the available resources. We believe that integrated community-based care, a focus on supporting people to stay well, more joined-up specialist services and a more effective use of our hospitals will enable us to offer people better health and better services within the available resources.

In addition, we are working together to ensure that every penny of the health and care budget is well spent. For example, we are working to reduce the reliance on expensive bank and agency staff and reducing back-office costs and the cost of ineffective treatments and wasted medicines.

Capped Expenditure Process

The Capped Expenditure Process (CEP) is a planning process for those STPs where financial plans did not meet the aggregate control totals that had been set for them. In Sussex and East Surrey, the gap between the total financial envelope for the STP and the total of the individual organisations' plans was £55m at the start of the 2017/18 financial year.

THE CEP is an evolving national process with a focus on ensuring that organisations are doing as much as they can to control costs. In particular it looks at how organisations compare against benchmarks such as Rightcare and Lord Carter's productivity metrics. It asks how organisations are planning to make changes to improve against those benchmarks and so improve their financial position. The aim is reduce unwarranted variation, maintaining clinical outcomes while reducing costs.

In Sussex and East Surrey, it has led to a focus on reducing management costs in CCGs and reducing unwarranted clinical variation through the clinically effective commissioning programme.

Clinically effective commissioning

Clinicians are looking at all treatments and procedures provided across the STP to reduce unwarranted clinical variation and ensure that only clinically effective treatments are commissioned, in line with the latest evidence and NICE guidelines. There is considerable variation between CCGs in the thresholds and criteria applied before patients are referred for tests and treatment.

The aim is to ensure that referral decisions are based on the latest clinical evidence of what works and are applied consistently, delivering the best value for money for the public and fairness for patients. Clinicians are currently reviewing procedures and will be involving patient and public representatives in their discussions. CCG Governing Bodies will make any decisions on any resulting service changes, following public consultation if appropriate.

Involvement and accountability

The STP is a partnership and a way of working. It has no powers to make decisions on behalf of the individual partner organisations. These powers continue to sit with each partner organisation's board. This could change in the future, but not without Parliament first passing new legislation.

Partner organisations also remain responsible for involving their local communities, people who use our services, the public, staff and clinicians in their plans and decision-making. Many of the elements of the STP, such as East Sussex Better Together, the mental health workstream and Brighton and Hove's 'Caring Together' programme are built on on-going engagement. In Coastal West Sussex, the 'Our NHS' programme has involved more than 1,000 local people in thinking about how health and care services can meet the challenges they face.

The plans that make up the STP do not currently include any proposals to change clinical services that will require formal consultation. But we have a lot more work to do. In the months ahead we will be doing more to involve staff, patients, carers and others in this work. This isn't simply about formal public consultation where that may be required; it's about involving people in talking about the challenges we face and how we can address them.

Annex A

Sussex and East Surrey STP Partners

- Brighton & Hove City Council
- Brighton and Hove CCG
- Brighton and Sussex University Hospitals NHS Trust
- Central Surrey Health
- Coastal West Sussex CCG
- Crawley CCG
- East Surrey CCG
- East Sussex County Council
- East Sussex Healthcare NHS Trust
- Eastbourne Hailsham and Seaford CCG
- First Community Health and Care
- Hastings and Rother CCG
- High Weald Lewes Havens CCG
- Horsham and Mid Sussex CCG
- Integrated Care 24
- Queen Victoria Hospital NHS Foundation Trust
- South East Coast Ambulance Service NHS Foundation Trust
- Surrey and Borders Partnership NHS Foundation Trust
- Surrey and Sussex Healthcare NHS Trust
- Surrey County Council
- Sussex Community NHS Foundation Trust
- Sussex Partnership NHS Foundation Trust
- West Sussex County Council
- Western Sussex Hospitals NHS Foundation Trust