Agenda Item 5

Report to:	**East Sussex Health and Wellbeing Board**
Date:	**30 September 2014**
By:	**Director of Adult Social Care and Health**
Title of Report:	**Better Care Fund**
Purpose of Report:	**To inform the Board of the revised Better Care Fund submission**

RECOMMENDATIONS

The Health and Wellbeing Board is recommended to:

1. **note the revised Better Care Fund submission**
2. **agree to receive further updates on health and social care transformation through the East Sussex Better Together programme which will include, when appropriate, details about the Better Care Fund**

1 Background

1.1 The Health and Wellbeing Board received a report on 13 February 2014 about joint working between the East Sussex Clinical Commissioning Groups (CCGs) and East Sussex County Council, which included proposals for the Better Care Fund. This set out a strategic vison to transform health and social care to deliver the best possible outcomes for local residents and ensure clinical and financial sustainability in the future. To take this work forward the Health and Wellbeing Board agreed to the setting up of an East Sussex Better Together Programme, which would report to the Board. This report is attached at Appendix 1.

1.2 As planned the East Sussex Better Care Fund plan was submitted in April and the Board received an update at its last meeting.

2 Supporting Information

2.1 In July the Department of Health and Department for Communities and Local Government announced changes to the Better Care Fund which signalled a more explicit requirement for plans to deliver a guideline reduction of at least 3.5% in emergency hospital admissions. As a consequence the East Sussex CCGs and ESCC submitted a revised plan on 19 September 2014, which is now subject to an assurance process. The new process required sign-off from CCG Chief Officers, Director of Adult Social Care and Chair of the Health and Wellbeing Board. The East Sussex Better Care Fund submission is attached at Appendix 2. As there is also significant supporting information, printed copies of this will be available at the meeting of the Board.

2.2 The East Sussex Better Together Programme is responsible for leading the transformation of health and social care in the county, taking into account the full available joint investment of approximately £1b. Within this context the deployment of the Better Care Fund is one part of a much broader programme. The current proposal is that the Better Care Fund in East Sussex will consist of £11.4m in 2014/15 and £42.2m in 2015/16. It is important to stress however that although the Better Care Fund submission

will only contain this level of resource, for reporting purposes, the broader objectives of whole system transformation are detailed.

2.3 The submission of 19 September 2014 is consistent with the approach set out through the East Sussex Better Together Programme. The development of detailed plans for the delivery of health and social care transformation will continue with full engagement with all stakeholders and will be governed through CCG Boards, County Council Cabinet and Health and Wellbeing Board.

3. Conclusion and Reason for Recommendation

3.1 The Health and Wellbeing Board is asked to note that the revised Better Care Fund submission is consistent with the approach set out through the East Sussex Better Together Programme for health and social care transformation. The Board is also asked to agree that the reporting on the Better Care Fund is undertaken through the broader East Sussex Better Together Programme.

KEITH HINKLEY
Director of Adult Social Care and Health

Contact Officer: Sally Reed – Joint Commissioning Manager (tel no: 01273 481912)

Local Member(s): All

Background Documents: None

Appendix 1

Report to:	**Health and Wellbeing Board**
Date:	**13th February 2014**
By:	**Director of Adult Social Care and Health, East Sussex County Council**
Title of Report:	**Joint working between the Clinical Commissioning Groups (CCGs) in East Sussex and East Sussex County Council (ESCC)**
Purpose of Report:	**To provide the Health and Wellbeing Board with proposals for joint working between the CCGs in East Sussex and ESCC and for the deployment of the Better Care Fund**

Recommendations:

Health and Wellbeing Board is recommended to:

1. **agree proposals, as set out in the report, for joint working between CCGs in East Sussex and ESCC which commits each organisation to work in partnership to develop a clinically and financially sustainable local health and social care system;**
2. **agree the proposals set out in the report for the use of the Better Care Fund; and**
3. **agree to receive a further report if there are any significant changes to the Better Care Fund proposals through the NHS assurance process.**

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1. Financial Appraisal

1.1 The total health and social care spend in East Sussex is approximately £1b. Responsibility for commissioning sits with three CCGs, the NHS Area Team and East Sussex County Council. The key providers of services are NHS Trusts, the County Council and the private, voluntary and community sectors. The majority of health services are delivered by NHS Trusts and social care services through external providers. East Sussex faces significant challenges through increased demand for support caused by demographic changes, major reductions in local authority funding and the need to establish clinically and financially sustainable health care, which will require a shift in investment from acute to community and primary care services.

1.2 The Government has introduced the Better Care Fund (BCF) with a significant element coming into effect in April 2014, and full implementation by April 2015. The purpose of the BCF (formerly known as the Integrated Transformation Fund) is to achieve greater levels of integration across health and social care to improve outcomes, shift investment from acute to community and primary care and deliver greater efficiency and value for money. Details about the BCF are attached at **Appendix 1.** Although this is a new fund, the money is drawn primarily from existing NHS funding streams. Locally the BCF revenue allocation will rise to £36.551m in 2015/16 from a total national allocation of £3.8b. This does, however, include £2.155m new money to "accelerate transformation" to integrated community and primary based care. The fund also includes £9.25m which was previously the NHS transfer to social care and which is already included in the Adult Social Care medium term financial plan. Current proposals, which are set out in the required templates, are attached at **Appendix 2 and 3.**

1.3 The release of approximately half of the BCF funding in 2015/16 will be dependent on meeting agreed performance targets in 2014/15, with some set nationally and some locally. The national targets will include areas of longstanding challenge, such as emergency admissions to hospital, which will present a significant risk that not all of the BCF monies will be released in East Sussex.

2. Background and Supporting Information

2.1 There is a very strong local and national evidence base that integrated care improves outcomes for the population and increases patient and client satisfaction. The evidence that integrated working delivers overall savings is much less clear. There has been a strong local commitment to increasing integration and a range of joint health and social care commissioning strategies have been developed. Alongside integrated joint commissioning we have a wide range of integrated services and initiatives, including the

Joint Community Re-ablement Service, Integrated Community Equipment and Neighbourhood Support Teams.

2.2 Although there is a commitment across all health and social care partners to use the BCF to support integration, there is a more significant recognition by all partners that the scale of the challenge faced in East Sussex requires a broader level of transformation to deliver a clinically and financially sustainable health and social system. These challenges include a significant reduction in local government funding, budget deficits and constraints in the health economy and the need to shift health investment from acute to community and primary care. The local health and social care system will need to initiate an urgent and fundamental review focussed on the needs of the whole population, evidence of best practice and the totality of available resources across health and social care. The review, which will include full engagement with East Sussex residents, will determine how resources should be deployed to achieve the best possible outcomes for local people. This will enable consideration of the best models of care and organisational arrangements to meet health and social care need now and in the future.

2.3 It is proposed that an agreement is reached on how transformation will be managed through a formal programme entitled East Sussex Better Together, involving all of the East Sussex CCGs and ESCC. This programme will ensure a common approach within East Sussex but will lead to the development of services which reflect the individual characteristics of each CCG area and the requirements of their respective Boards.

2.4 The proposals for the BCF seek to promote integration and the transformation of health and social care services across the whole of East Sussex. The proposed plan builds on the work already being undertaken and agreed through joint commissioning strategies but also takes account of the need for flexibility for 2015/16 and beyond, when a broader more radical approach will be put in place through the East Sussex Better Together. **Appendix 2, Annex C** provides a more detailed description, which will be included in the BCF submission, of how transformation will be managed within East Sussex.

2.5 It should be noted that the BCF includes an element of Disabled Facilities Grant capital funding from 2015/16, which is currently contained within Borough and District Council budgets. This funding is already deployed in an area of support that is critical in enabling vulnerable people with complex needs to live independently within their own homes. It is not the intention to redirect this investment as it will have an adverse impact on the whole system of support for East Sussex residents. This is also now acknowledged in the latest guidance which emphasises passing this allocation to Borough and District Councils in a timely manner.

2.6 Although the focus of the BCF is on adult health and social care services it is essential that the benefits of integrated working also include children's services and children's mental health services across East Sussex.

3. Conclusion and Reason for Recommendations

3.1 The proposals outlined in this report set out an approach to working across health and social care which is transformational and requires closer partnership and joint management of significant programmes of change. There will be risks attached to delivery of the programme and these will be managed through core CCG and ESCC processes. Given the scale of the challenges we face in East Sussex and the interdependence of health and social care a partnership approach is the most effective way of delivering the transformation required whilst meeting Government expectations on integration and performance across the whole health and social care system.

3.2 The BCF proposals set out in the report will enable the ongoing transformation of health and social care in East Sussex and the development of more integrated services. It is important to note however that the plans for 2015/16 and beyond are likely to see a more radical approach based on the specific challenges faced in each area within East Sussex and the work to be undertaken in partnership.

3.3 The BCF proposals have been agreed by each East Sussex CCG and ESCC. There is however an assurance process requiring agreement from the NHS Area Team with potential further oversight by the Department of Health. If, as a result, there are any significant changes to the BCF a further report will be made to the Health and Wellbeing Board.

Keith Hinkley, Director of Adult Social Care and Health, East Sussex County Council

Better Care Fund planning template – Part 1

Please note there are two parts to the Better Care Fund planning template. Both parts must be completed as part of your Better Care Fund Submission. Part 2 is in Excel and contains metrics and finance.

Both parts of the plans are to be submitted by 12 noon on 19th September 2014. Please send as attachments to bettercarefund@dh.gsi.gov.uk as well as to the relevant NHS England Area Team and Local government representative.

To find your relevant Area Team and local government representative, and for additional support, guidance and contact details, please see the Better Care Fund pages on the NHS England or LGA websites.

1) PLAN DETAILS

a) Summary of Plan

Local Authority	**East Sussex County Council**
Clinical Commissioning Groups	**NHS Eastbourne, Hailsham and Seaford CCG**
	NHS Hastings and Rother CCG
	NHS High Weald Lewes Havens CCG
Boundary Differences	Commissioning across all three Clinical Commissioning Groups (CCGs) in East Sussex has taken account of boundary differences. Ensuring people are able to access services regardless of boundary differences has been a long standing feature of commissioning arrangements, such that people do not suffer disadvantage as a result of our administrative arrangements. Plans will reflect that some of the population of East Sussex access acute services outside of the county This is a specific consideration in planning services for residents in the High Weald Lewes Havens CCG area who routinely use acute services at Brighton & Sussex University Hospitals NHS Trust and Maidstone and Tunbridge Wells NHS Trust.

Date agreed at Health and Well-Being Board:	**19/19/14**
Date submitted:	**19/09/14**
Minimum required value of BCF pooled budget: 2014/15	**£11,409,000**
2015/16	**£36,551,000**
Total agreed value of pooled budget: 2014/15	**£11,409,000**
2015/16	**£42,214,000**

b) Authorisation and signoff

Signed on behalf of the Clinical Commissioning Group	**NHS Eastbourne, Hailsham and Seaford CCG**
By	Amanda Philpott [redacted]
Position	Chief Officer
Date	19/09/14

Signed on behalf of the Clinical Commissioning Group	**NHS Hastings and Rother CCG**
By	Amanda Philpott [redacted]
Position	Chief Officer
Date	19/19/14

Signed on behalf of the Clinical Commissioning Group	**NHS High Weald, Lewes, Havens CCG**
By	Wendy Carberry [redacted]
Position	Chief Officer
Date	19/09/14

Signed on behalf of the Council	East Sussex County Council
By	Keith Hinkley [redacted]
Position	Director of Adult Social Care and Health
Date	19/09/14

Signed on behalf of the Health and Wellbeing Board	East Sussex Health and Wellbeing Board
By Chair of Health and Wellbeing Board	Councillor Glazier [redacted]
Date	19/09/14

c) Related documentation

Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition.

Document or information title	Synopsis and links
Appendix 1: Current and Future State	PWC analytical review of the current and future state of the East Sussex health and social care economy. Attached to this document
Appendix 2: Evidence Base	PWC generated review of evidence based on UK, European and worldwide examples of best practice and benchmarking analysis. Attached to this document.
Appendix 3: Improvement Opportunities	PWC analytical review of improvement opportunities based on the current state of the East Sussex health and social care economy and drawing on the evidence base. Attached to this document.
Appendix 4: Provider Impact Analysis	Analysis of the planned impact in terms of activity and cost on the main providers of acute services to East Sussex residents. Attached to this document.
Appendix 5: Governance – Supporting Documents	Terms of reference of the established strategic planning and delivery groups underpinning the governance structure of East Sussex Better Together and the BCF
East Sussex JSNA	See appendix 6
East Sussex JHWS	See appendix 7
Eastbourne Hailsham Seaford CCG 2 year and 5 year Plans	The operational and strategic plans of the CCG submitted to NHS England which demonstrate alignment to the East Sussex Better Together programme and Better Care Fund. These are available at: http://www.eastbournehailshamandseafordccg.nhs.uk/about-us/plans-and-strategies/
Hastings & Rother CCG 2 year	The operational and strategic plans of the CCG submitted

and 5 year Plans	to NHS England which demonstrate alignment to the East Sussex Better Together programme and Better Care Fund. These are available at: http://www.hastingsandrotherccg.nhs.uk/about-us/plans-and-strategies/
High Weald Lewes Havens CCG 2 year and 5 year Plans	The operational and strategic plans of the CCG submitted to NHS England which demonstrate alignment to the East Sussex Better Together programme and Better Care Fund. These are available at: http://www.highwealdleweshavensccg.nhs.uk/about-us/publications/?categoryesctl9318444=11898
ESCC Plan	ESCC sets out it planning assumptions within its Reconciling Planning, Performance Resources process. The authority presented to Cabinet in July its "State of the County" report available at: http://www.eastsussex.gov.uk/yourcouncil/about/committees/meetingpapers/cabinet/2014/22july.htm

2) VISION FOR HEALTH AND CARE SERVICES IN EAST SUSSEX

Please note Appendix 1, 2 and 3 provide detailed analytics and further information in support of this return.

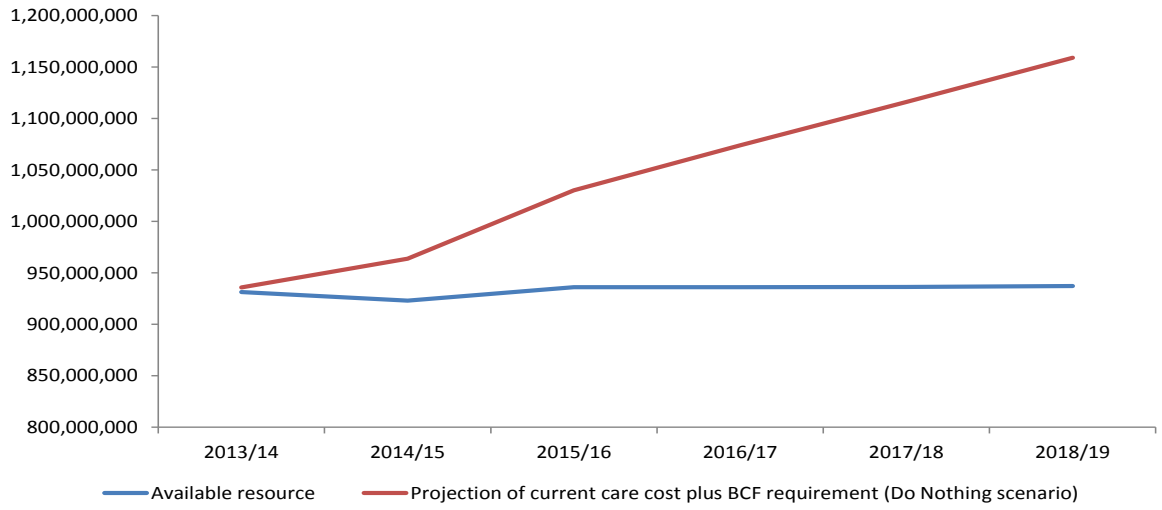
Current Position

Health and social care services across East Sussex are complex, with the needs of patients and service users – and the services required to support them – forming a continuum rather than discrete blocks.

Historically, the roles and services of different organisations within our health and social care economy (including the county council, community healthcare trust, primary care, acute trusts, and mental health trust) have been used as a framework from which to plan future strategies. This approach has, however, tended to reinforce rather than surmount existing organisational boundaries and through this a fragmented response to population need.

East Sussex is also recognised as a challenged health economy. Significant deficits were reported in 2013/14 by Eastbourne, Hailsham and Seaford CCG and its main acute provider East Sussex Healthcare NHS Trust, while other organisations met their financial targets using short term, non recurrent funding.

The anticipated demographic driven growth in demand for services during a period of expected low growth in NHS funding and reductions in social care budgets opens a significant gap between the resources required and funding available over the next 5 years. The graph below demonstrates an overall health and social care gap in region of £240m by 2018/19 if no action is taken.



In 2013/14 the 3 CCGs and East Sussex County Council spent £932m on health and social care services. Detailed analysis shows that:

- More than half of total spend is for people over 65 years and this is set to increase with an aging population.
- From separate analysis we know that over 70% of health spend is for people over 65 or with LTCs.

- Around 55% of health spend is for acute services, with emergency admissions for older people being a particular 'hot spot'.

Detailed modeling indicates that spend could increase to £1.124bn under a do nothing scenario resulting in a gap of £240m compared to expected funding.

East Sussex Better Together (ESBT) is our strategic solution

East Sussex Better Together is a programme of work that will see health and social care working together to transform local services. Commissioners from health and social care will work with local people, service providers and other stakeholders to plan and shape how these services look in the future.

In order to provide a more effective basis from which to develop strategic options – that is, one that directly reflects the peoples' needs whilst supporting the integration of care – The three CCG's and the local authority (Children's and Adults Services) have embarked on an ambitious major strategic change programme which will aim to ensure wherever possible we avoid hospital or institutional care admission by enabling healthy and safe communities which maintains people's independence.

Working together stakeholders are designing a high level operating model which features a fully integrated health and social care commissioning and operational structure that commissions services based around 8 commissioning domains (known as the 6 plus 2 model) as areas where there are significant opportunities to improve quality and outcomes and to contribute to overall financial sustainability.

The system vision for East Sussex to 2018/19:

By 2019 there will be a fully integrated health and social care economy in East Sussex that ensures people receive proactive, joined up care, supporting them to live as independently as possible and achieving the best outcomes

In East Sussex we have a vision. Our common strategy elements and Better Together programmes are the enablers to deliver it.

We have been working together as commissioners across the East Sussex care economy for some time to refine our shared vision. We recognise that we cover a large geographic area and that the needs of our communities differ. Then we also recognise where we need to act together to deliver meaningful improvements in outcomes in response to local need and what our residents have told us is important to them. Our unified approach is based on delivering "excellent sustainable services with a local focus" and we have committed much of our leadership energies as a system to delivering this, working through it consistently since the Clinical Commissioning Groups (CCGs) in our area were formed.

Everything we do is based squarely on a consistent strategic framework which links directly to:

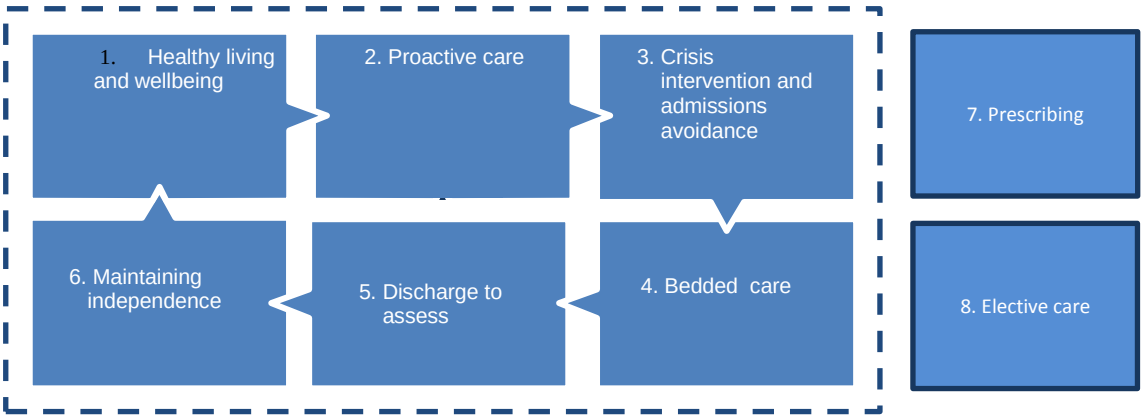
- Our detailed knowledge of the changing needs and demands for our services – encapsulated in our Joint Strategic Needs Assessment (JSNA);

- The shared priorities we have agreed through our Health and Wellbeing Board – encapsulating what we will do in all key population groups;
- The components of the new system we need to deliver and the enablers required to get us there; and
- The activity we need to undertake now through clear strategies for primary care, integrated service, dementia and a range of other strategic plans, which are practically based.

Our vision statement:

Our vision is to create a sustainable health and social care system that promotes health and wellbeing whilst addressing quality and safety issues, in order to prevent ill health and deliver improved patient experience and outcomes for our population. This will be delivered through a focus on population needs, better prevention, self-care, improved detection, early intervention, proactive and joined up responses to people that require care and support across traditional organisational and geographical boundaries.

To deliver the vision we have developed the following framework which describes how people use services



We have worked and will continue to work with partners and local people to develop our plans for the next five years:

- We have already undertaken a wide ranging programme of engagement with system stakeholders to develop our approach which includes care design groups, shaping health events and partnership boards

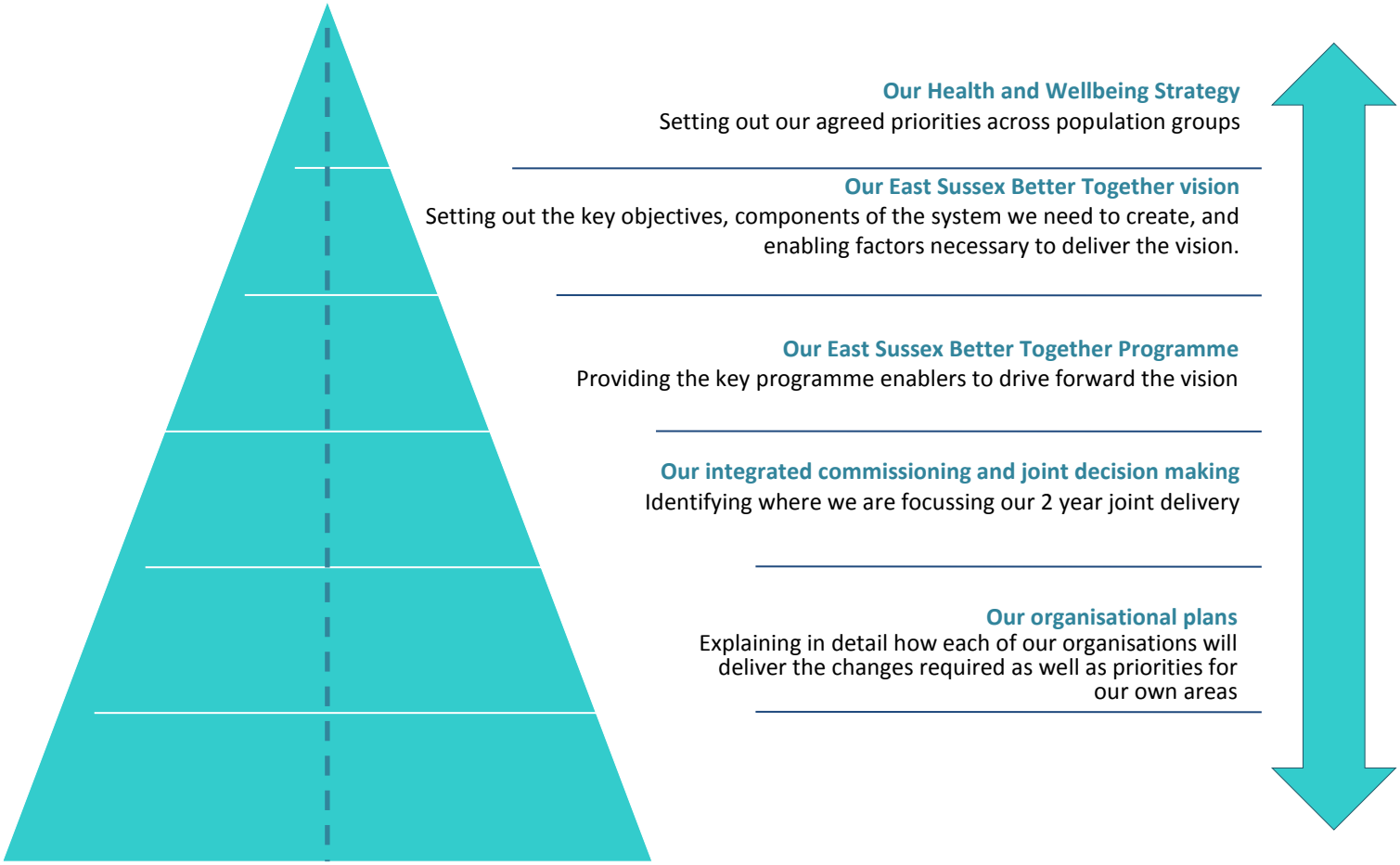
- Building on this we are committed to involving our partners and local people in shaping future services. We need to have an open and honest conversation about how we can meet the challenges that we face. We need to make sure that we do what is best for the population of East Sussex as a whole.

- We are involving our partners and local people in developing our overarching approach to make sure it is right first, before we begin developing more detailed implementation plans with them, to ensure that they reflect and meet the needs of the distinct populations served by each commissioner.

Our strategic planning framework

Our strategic framework links Health and Wellbeing Board priorities to local delivery. Our strategic planning framework, along with the strategies of the three CCGs and the East Sussex County Council, are based on what our residents have told us they want. There is a direct link between our understanding of local need and what we as individual organisations in the care economy will deliver to meet this need.

Running alongside this framework are key areas of national guidance for the NHS and local government.



b) What difference will this make to patient and service user outcomes?

How the East Sussex vision delivers sustainability and improvements in outcomes

Our vision addresses all domains of the NHS, ASC and PH outcomes frameworks. The vision is to secure additional years of life for the population of East Sussex by moving towards a more proactive model of care that will empower people to make positive lifestyle and health choices to improve their overall health. This proactive approach will also help people to improve their quality of life and, alongside this, care will be delivered closer to home and in the community with new models of integrated care that deliver health and social care support outside of an acute setting wherever possible. The new model will be seamless to the citizen and improve their experience both inside and outside of hospital. A transformed Primary Care system better aligned with community and acute care will contribute to this shift of activity away from the hospital. Urgent care will also be transformed to contribute to the reduction of avoidable deaths due to poor care.

Improved local outcomes will be achieved through a variety of interventions across the health and social care economy that are characterised by the principles we have set. Each CCG has developed their individual metrics and targets for the next five years in relation to their local ambitions.

There is commitment across East Sussex to reduce health inequalities in local populations by targeting the health and wellbeing of people with the greatest health needs. The CCGs' 5 year strategic plans link directly to the findings of the Joint Strategic Needs Assessment which is continually refreshed and presented to Health and Wellbeing Boards and governing bodies. This evidence base and changes in health inequalities – including improvements on specific targets and issues – inform our strategic commissioning intentions. CCGs will continue to focus targeted interventions at practice level based on ward level understanding of deprivation and use of secondary care services and key outcome measures such as cancer survival rates, with the support of Public Health teams. In addition, we are using the EDS2 tool that supports CCG's Statutory Duties under Equality and Human Rights legislation (Equality Act 2010, Human Rights Act 1998) and the Health and Social Care Act (2012) and requires equality & diversity to be embedded within organisation's mainstream processes to support:

- Better health outcomes
- Improved patient access and experience
- A representative & supported workforce
- Inclusive leadership

As well as improving outcomes, we will improve the quality of all services commissioned for patients and service users by, for example, ensuring that recommendations from the Francis, Berwick and Winterbourne reviews are appropriately reflected in the contracts we agree and ensuring patient and service user safety is central to clinical decision making and service planning. We will continue to work closely to support frontline staff so that they are aware of how to raise a safeguarding concern and make sure that effective systems are in place to support this. We remain committed to the importance of gathering and acting on patient and service user experience and supporting clinical leadership to develop a compassionate and caring workforce.

To achieve a good quality service the values and behaviours of those working in local health and care services need to remain focussed on people first. Organisations that truly put people first will

be ones that embrace and nurture a culture of open and honest cooperation. This is the approach being adopted across East Sussex.

c) What changes will have been delivered in the pattern and configuration of services over the next five years, and how will BCF funded work contributes to this?

What the East Sussex care economy will look like in five years:

The outcome of ESBT will be high quality safe and effective, sustainable health and social care with a local focus.

The changes to service delivery are described below in terms of the 6 plus 2 model

	Objective	Intervention	Benefits
Healthy living and wellbeing	Preventing ill health in the first place, focused on those most at risk	Targeted and evidence-based primary and secondary prevention models	Reduced emergency admissions and other aspects of unplanned care.
		Supplementing national public health campaigns with local initiatives to achieve well-coordinated, cohesive campaigns via multiple channels in the local community but without creating duplications	
		Improving awareness and making preventive services easy to access	
Proactive care	Targeting those at risk due to long-term conditions or infirmity and supporting health and independence for as long as possible	Risk stratification	Reduced emergency admissions and A&E attendances
		Better information across ES to activate partnership responses where required	
		Effective self-management, including building individual and community capability	
		Targeted local partnership models focussed on those most at risk	
		Integrated packages of care based on personalisation principles	

	Objective	Intervention	Benefits
		Comprehensive and accessible primary care offering	
		Effective case management	
Crisis intervention and admissions avoidance	Targeting the right services in the right place at the right time to help people regain their independence and wellbeing quickly following a crisis.	Recognising crises early and intervening at the earliest point in a crisis through co-ordinated care	Reduced emergency admissions where a crisis can be managed in community or A&E Conversion from long-stay to short-stay admissions if crises is managed in admissions unit
		Matching interventions to evidence and predictions about probability	
		Delivering personalised intermediate care services focussed on reablement	
		Integrating community and other support services around people	
		Focus on personal support networks Integrated Night Service to support redirection from A&E	
Bedded Care	Making sure that only people who require in-hospital care receive it	Access to appropriate bedded care made simple	Reduced length of stay and care in the right setting 6 plus 2 box model supports providers to deliver their efficiency requirement
		Clinicians to deliver interventions beyond bedded settings	
		Delivering high standards of care (quality and productivity) in acute settings, regardless of the time or method of entry	
Discharge to assess	To minimise lengths of stay in bedded care by building capacity in alternative settings downstream on the care pathway	Early MDT assessments to plan for appropriate planned discharge	Reduced length of stay and care in the right setting 6 plus 2 box model supports providers to deliver their
		Working in partnership with community discharge services to plan for and deliver effective, planned exits	

	Objective	Intervention	Benefits
		Seven-day working across health and social care teams receiving people discharged from hospital.	efficiency requirement Commissioner benefit from lower need for permanent care packages and placement
		Post-discharge support to allow single MDT assessment in an appropriate environment	
		Reconfiguration of services to allow for effective recovery, rehabilitation and reablement	
Maintaining independence	Normalising health and independence following exit from a care pathway	Supporting carers, including through respite breaks and support to access to information and navigate services	Lower need for permanent care packages and placement
		Care-coordinators / Neighbourhood Support Teams	
Prescribing	To minimise spending on prescribed drugs without compromising patient benefits	Pharmacists as part of primary care team with good communications to other professionals	More effective prescribing Improved compliance
		Targeted switches to promote use of cost-effective medications	
		Targeted medication reviews for people with complex needs	
		Aligned formularies and treatment guidelines	
Elective Care	To reduce elective care volumes through appropriate referral management and interventions within primary care	Manage referral volumes through peer review and secondary opinions for primary care referrals	Increase in appropriateness of referrals Improved patient outcomes
		Develop means of providing consultations without the need for people to be seen in person	

	Objective	Intervention	Benefits
		Introduction of shared decision making	
		Internal GP referral system	

In delivering this vision, we will see services

- Move from acute to community settings
- Provided by multidisciplinary teams working across health and social care
- Targeted for patients and service users based on a risk stratification approach
- Transformed within the 5 year planning period.

Collectively it will achieve these outcomes

- Measurably improved outcomes for patients and users
- Improved patient and service user experiences
- Affordable and sustainable services
- Engaged and empowered staff
- Engaged and responsible people

The initiatives identified in our **Better Care Fund (BCF)** will be delivered through our East Sussex Better Together programme under the auspices of the Health and Wellbeing Board. The enabling initiatives include a **Single Point of Access (SPOA),** Multi-Disciplinary **Neighbourhood / Locality Support Teams (NSTs)** based around our localities **Integrated Commissioning** and **IM&T infrastructure**. We see the BCF plan, therefore, as the key means by which we will deliver our ESBT programme which aligns with the CCGs' 5 year strategies.

3) CASE FOR CHANGE

Please set out a clear, analytically driven understanding of how care can be improved by integration in your area, explaining the risk stratification exercises you have undertaken as part of this.

The East Sussex Case for Change

In East Sussex we are very clear on both the need and the opportunity to improve services through greater integration. The CCG's and East Sussex County Council are committed to commissioning a range of services to improve the health of people in East Sussex. Services must work together so people receive seamless health and social care and treatment that is designed around their individual needs. We will build on the existing skills and expertise in the community based teams and local people to deliver services that meet the specific health needs and geography for the people of East Sussex. This understanding has been determined through;

- Evidence from existing integrated and collaborative commissioning across health and social care in East Sussex
- Programme reviews to compare service outcomes and levels of investment – ie. Spotlight those with relatively low outcomes yet relatively high spend
- The demographic trajectory of the population will require a greater focus on joined up care as more people live longer facing more co-morbidities and complex care needs.
- Understanding the opportunity to reduce the incidence of unplanned care in the form of attendances at A&E departments and emergency admissions to acute hospitals.
- Preventing or minimising people reaching a crisis that requires acute or unplanned interventions when it could be avoided is the right thing to do.

Our plans need to address the overall health and social care gap which is in the in region of £240m by 2018/19

- Initial health gap of £69m
- Plus £35m due to BCF increasing gap to £104m
- Plus £19m due to non-recurrent headroom, contingency and surplus requirement increasing gap to £123m
- Remainder of £118m due to social care squeeze

Key assumptions for health

- Health resource growth as notified for 14/15 and 15/16; then 1.8% and 1.7% as per NHSE guidance
- Provider inflation (2.8-4.4%) and provider efficiency (4.0%) as per NHSE guidance
- Other inflation at 2% in line with OBR guidance
- Local population growth estimates (~4% overall growth, but ~11% for elderly)
- Other cost pressures in line with Any Town model and Nuffield Trust projections at 2%

Key assumptions for social care

- Cash reductions as per LA medium term plan (-5% p.a.)
- Inflation and demographic growth as for health

As part of the preparation for developing the East Sussex Better Together plans, detailed analysis and modelling has been undertaken. This gives us a clear view of the current pressures in our

system and the financial challenge over the next 5 years. We are seeking to engage all providers in the development of our plans and engaged in the leadership of the strategic priorities for East Sussex through our Better Together programme. Analytical work continues to iterate the impacts of BCF plans and proposed transformational interventions. As further detail is developed there will be on-going engagement on how a change in settings for care and reconfiguration of services can be worked through in such a way that supports providers to transition and be adaptable. A focus on organisational development and supporting the workforce for the required changes are important and initial planning around this is underway. Central to this have been planned health and social care economy events which have engaged governing bodies, clinicians, staff, people who use our services and leaders in the development of planned activity. These have been supplemented by Care Design Group workshops attended by a mixture of the above. These events focused on the interventions required in proactive, urgent and elective care and included representatives of the public and third sector organisations in contributing to ideas for system-wide change, supporting sustainability and agreeing on impacts, benefits, challenges and how risks will be mitigated.

A detailed analysis of the current position across East Sussex has been carried out, illustrating the current resource use and highlighting the challenges and opportunities. This includes a range of information pertaining to the following:

- Current activity and resource profile stratified by commissioner, by age, care type and provider;
- Predicted required health and social care resource vs available spend in a 'do nothing' scenario for each commissioner;
- Inequalities in health and unmet need;
- Opportunities for improvement based on best practice examples
- Benchmarking information supporting savings targets across secondary care and prescribing
- Initial savings targets and reinvestment levels
- Savings and reinvestment profiles and resulting surplus/deficit positions

The outcome of this analysis is provided in Appendices 1,2 &3

Age Group	A&E	Regular emergency admissions	Short-stay emergency admissions	Maternity & other NEL admissions	Outpatient	Day cases	Elective admissions	Ambulance	Other Acute	Community	Mental Health	Prescribing	Continuing care	Other programme spend	Running costs	Total	Social care	Total health and social care spend
0 - 4	889,103	3,616,890	0	1,170,035	2,222,452	698,214	266,465	905,741	2,753,897	2,251,047	0	3,223,665	0	832,612	373,980	19,204,100	18,800,887	38,004,987
5 - 9	527,495	1,152,224	0	26,478	1,609,365	669,780	155,342	287,019	1,237,082	1,284,097	81,000	2,328,966	0	436,651	195,262	9,990,762	19,244,440	29,235,203
10 - 14	754,325	1,280,841	0	22,541	2,321,877	611,162	175,242	318,858	1,532,912	795,441	495,061	3,358,873	0	542,377	242,937	12,452,447	19,560,283	32,012,731
15 - 19	941,968	1,458,712	47,264	452,232	2,535,441	843,438	444,372	363,187	1,981,787	535,563	1,716,171	3,660,448	0	696,785	311,885	15,989,252	21,514,389	37,503,641
20 - 24	1,003,629	1,685,150	340,799	1,616,787	2,004,545	1,122,807	548,756	421,725	2,500,662	477,823	3,907,081	2,871,154	0	858,748	384,358	19,744,024	6,056,062	25,800,087
25 - 29	805,144	1,463,500	305,279	2,508,998	2,374,699	1,247,901	680,934	364,764	2,788,657	481,106	3,217,037	3,396,303	0	909,239	407,384	20,950,945	7,406,930	28,357,875
30 - 34	694,585	1,358,064	269,487	2,553,482	2,540,731	1,405,561	798,760	339,441	2,857,485	543,579	2,986,743	3,629,715	0	928,587	415,122	21,321,343	5,633,907	26,955,251
35 - 39	640,727	1,448,003	302,727	1,475,503	2,455,409	1,456,619	1,082,559	361,662	2,609,784	455,118	3,065,220	3,507,227	0	881,185	393,194	20,134,937	5,077,877	25,212,815
40 - 44	761,139	2,145,825	345,916	488,429	3,033,189	2,233,366	1,575,597	536,553	3,116,380	567,958	3,665,371	4,332,124	0	1,067,791	476,188	24,345,826	8,268,518	32,614,343
45 - 49	838,379	2,727,703	447,208	109,548	3,824,335	3,344,777	2,243,819	679,775	4,010,118	558,278	5,172,201	5,477,940	0	1,373,346	613,481	31,420,908	9,977,099	41,398,007
50 - 54	785,457	3,381,800	436,078	142,378	4,061,510	3,561,578	3,054,243	844,248	4,593,827	834,412	4,265,693	5,823,274	0	1,479,128	661,646	33,925,271	9,288,997	43,214,268
55 - 59	692,610	3,451,475	420,564	122,028	4,157,277	3,695,892	3,435,194	861,631	4,751,387	984,114	3,020,308	5,961,842	0	1,468,352	656,815	33,679,489	9,060,098	42,739,587
60 - 64	704,856	4,665,266	471,608	174,122	4,934,309	4,530,041	5,025,716	1,162,684	6,110,562	1,486,679	3,982,557	7,084,228	0	1,872,559	838,674	43,043,860	10,844,421	53,888,281
65 - 69	845,201	6,186,332	588,004	339,951	6,632,189	5,549,476	7,612,451	1,541,784	8,244,907	2,479,204	4,280,355	9,509,328	4,548,010	2,504,809	1,210,490	62,072,489	10,847,193	72,919,682
70 - 74	736,016	6,631,354	563,221	214,681	5,773,093	4,695,946	6,977,924	1,657,403	7,752,359	3,225,516	4,732,403	8,273,265	4,813,483	2,380,415	1,160,763	59,587,843	7,699,626	67,287,469
75 - 79	841,089	9,532,053	673,197	236,671	5,889,660	4,539,113	6,221,673	2,383,206	8,551,097	5,285,607	3,911,640	8,457,609	6,883,689	2,629,766	1,313,797	67,349,867	10,889,315	78,239,182
80 - 84	936,973	12,662,415	814,146	249,988	4,840,742	3,142,536	4,178,031	3,171,802	8,441,226	8,236,416	5,193,591	6,938,524	9,093,367	2,740,911	1,406,607	72,047,276	20,483,065	92,530,342
85+	1,508,749	22,290,412	1,462,483	297,394	4,548,737	2,351,861	2,671,197	5,590,144	11,399,992	18,792,720	5,225,230	6,531,320	15,922,027	3,855,960	2,041,931	104,490,156	60,073,358	164,563,515
13/14 total spend	14,907,445	87,138,019	7,487,981	12,201,245	65,759,560	45,700,067	47,148,274	21,791,630	85,234,119	49,274,679	58,917,664	94,365,807	41,260,576	27,459,219	13,104,512	671,750,797	260,726,467	932,477,264

- East Sussex CCGs, Adults Social Services and Children Services spend around £932m p.a. Over average we spend £1,738 per person and £8,326 per person over 85
- More than half of total spend is for people over 65 years. For health spend alone it is already ~54% and set to increase with an aging population
- From separate analysis we know that over 70% of health spend is for people over 65 or with LTCs
- Around 58% of health spend is for acute services, with emergency admissions for older people being a particular 'hot spot'

Future Heat Map

Age Group	A&E	Regular emergency admissions	Short-stay emergency admissions	Maternity & other NEL admissions	Outpatient	Day cases	Elective admissions	Ambulance	Other Acute	Community	Mental Health	Prescribing	Continuing care	Other programme spend	Running costs	Total	Social care	Total health and social care spend
0 - 4	1,004,029	4,082,455	0	1,322,001	2,508,652	788,699	301,009	1,022,316	3,108,365	2,528,166	0	4,827,916	0	1,079,418	412,904	22,985,928	22,074,864	45,060,792
5 - 9	628,168	1,371,367	0	31,766	1,920,010	796,681	185,491	341,602	1,474,847	1,519,458	95,983	3,689,960	0	596,451	215,585	12,867,370	23,815,815	36,683,185
10 - 14	849,500	1,442,711	0	25,364	2,616,198	687,633	197,000	359,129	1,726,011	891,183	554,425	5,023,324	0	701,114	268,222	15,341,814	22,899,646	38,241,461
15 - 19	919,235	1,428,704	46,099	434,773	2,464,220	832,068	434,097	355,586	1,922,343	522,732	1,659,049	4,705,806	0	783,952	344,346	16,853,009	21,858,148	38,711,158
20 - 24	1,012,152	1,701,198	343,506	1,627,478	2,020,012	1,133,723	555,175	426,045	2,531,686	475,012	3,910,009	3,836,433	0	994,484	424,363	20,991,273	6,350,096	27,341,369
25 - 29	913,654	1,656,727	345,878	2,843,097	2,699,855	1,418,720	773,494	413,031	3,165,370	541,709	3,624,811	5,117,990	0	1,186,782	449,784	25,150,902	8,747,093	33,897,995
30 - 34	761,276	1,490,524	296,132	2,795,697	2,781,440	1,539,896	875,850	372,376	3,125,911	595,021	3,259,406	5,278,511	0	1,166,227	458,328	24,796,593	6,415,701	31,212,295
35 - 39	750,296	1,694,788	354,550	1,730,840	2,878,570	1,706,639	1,268,076	423,281	3,054,820	530,792	3,568,416	5,453,435	0	1,186,303	434,118	25,034,924	6,186,768	31,221,692
40 - 44	697,594	1,964,784	316,459	450,140	2,788,581	2,054,015	1,444,803	491,408	2,859,180	518,185	3,339,750	5,277,404	0	1,128,027	525,750	23,856,082	7,899,291	31,755,373
45 - 49	824,558	2,680,160	439,679	107,151	3,765,980	3,297,181	2,207,768	667,917	3,941,390	547,324	5,057,079	7,151,189	0	1,554,287	677,333	32,918,996	10,218,451	43,137,448
50 - 54	928,538	3,993,464	515,498	168,057	4,804,430	4,215,259	3,607,267	996,760	5,418,661	984,760	5,014,238	9,135,116	0	2,010,044	730,510	42,522,603	11,429,252	53,951,855
55 - 59	854,406	4,253,802	518,704	150,074	5,131,776	4,565,333	4,240,990	1,062,087	5,864,621	1,206,477	3,702,805	9,759,200	0	2,082,250	725,177	44,117,702	11,630,140	55,747,842
60 - 64	763,121	5,054,720	510,728	188,481	5,340,840	4,903,101	5,438,451	1,259,642	6,614,140	1,601,001	4,287,959	10,178,369	0	2,325,943	925,964	49,392,460	12,203,579	61,596,040
65 - 69	851,944	6,228,187	591,488	343,610	6,696,114	5,606,341	7,683,746	1,552,038	8,297,636	2,493,480	4,286,445	12,724,657	5,251,075	2,907,642	1,336,478	66,850,880	11,381,959	78,232,839
70 - 74	1,072,696	9,681,201	822,345	311,375	8,402,335	6,837,977	10,167,933	2,419,540	11,315,770	4,667,457	6,869,930	16,003,094	8,082,123	3,970,874	1,281,576	91,906,227	11,658,844	103,565,070
75 - 79	962,938	10,912,957	769,092	272,820	6,745,146	5,199,711	7,125,979	2,727,788	9,764,964	6,038,352	4,447,303	12,842,065	9,045,881	3,463,799	1,450,538	81,769,334	12,964,041	94,733,375
80 - 84	1,057,384	14,284,632	917,889	282,027	5,458,734	3,543,885	4,709,863	3,576,721	9,494,628	9,282,089	5,828,890	10,386,751	11,798,312	3,549,403	1,553,007	85,724,215	24,017,200	109,741,415
85+	1,842,551	27,223,522	1,782,292	369,995	5,563,089	2,875,502	3,270,380	6,826,699	13,889,288	22,858,506	6,316,936	10,573,499	22,268,624	5,436,246	2,254,456	133,351,587	76,261,633	209,613,220
18/19 projected spend	16,694,040	101,145,901	8,570,339	13,454,746	74,585,983	52,002,364	54,487,373	25,293,967	97,569,631	57,801,703	65,823,434	141,964,718	56,446,015	36,123,246	14,468,440	816,431,901	308,012,521	1,124,444,422

- By 2018/19 £1.124bn will be spent on health and social care for East Sussex residents
- This will result in a gap of £240m compared with expected resources
- Our growing and ageing population will make unplanned care and emergency admissions for older people an even greater priority in the future.

Delivering on our vision: we recognise that the "how" is just as important as the "what"

Our integrated approach is based on a set of key principles which have been agreed by our East Sussex Better Together Board.

Chief amongst these are our shared commitments to:

- Deliver wholesale change – we are adopting a phased approach to delivering the changes required;
- Build on evidence about what works – both learning from our experience locally, as well as from elsewhere (nationally and internationally);
- Develop services based on a 'You said, we delivered' approach;
- Deliver consistently high quality services and outcomes across the county – with locality based delivery solutions based on local need;
- Invest in community and primary care as the keys to shifting finite resources out of acute care; and
- Use a phased approach – including using the Better Care Fund (BCF) as one of our key mechanisms for delivering high quality, safe and sustainable care at scale and pace.

Improvement opportunities from the 6+2 box model

The 6+2 box model of care provides a framework and methodology to capture disease specific and systemic improvement opportunities for unplanned care. The opportunities have been agreed through a series of engagement and consultation events run during March 2014.

A modern model of integrated care for East Sussex

The East Sussex health and social care economy (CCGs, local authority, practices and people) has come together to develop a vision for seamless integrated care which is focused on providing proactive, holistic and more responsive services for local communities. The Better Care Fund is

important to our aspirations in this area and will provide the key means by which we will drive through the building blocks for the new model. Initial integration work has focused on older people and a model has been designed to maintain independence where possible and manage crises effectively when necessary. The focus over the 5 years of the strategic plan is to improve the patient and service user experience and commission services innovatively to reduce admissions to secondary care and prevent avoidable admissions as well as working to improve the ability of services to facilitate timely and safe discharges through whole system reconfiguration.

The approach to integration builds on the ESBT vision and its characteristics. The model reflects the requirement for integrating provision at a local level (as a result at CCG level there is a tailoring of services within the overall agreed framework to suit local arrangements) whilst acknowledging the demands of acute providers shared by multiple commissioners. These priorities are reflected in the BCF schemes around the development of the Single Point of Access (SPOA) and multi-disciplinary teams (MDTs). Our ambition throughout is that people are only admitted to hospital if that is where they need to be rather than because alternative community based services are not available when they are needed. We will deliver better discharge by assessing people for on-going long term care needs after a hospital stay in their own homes rather than in the hospital and give them time to recover sufficiently before these longer term decisions are made, as part of our reablement and intermediate care approach. In relation to children and young people, we will deliver a county-wide integrated and sustainable model of children's care delivery via a network of community based services for children and young people with acute and additional health needs including disability and complex needs. The services include community and acute specialist paediatric nursing and therapy services. Mental health is also an area where there is a commitment to improve outcomes and support greater integration of service provision for the population. Integration to support earlier and increased diagnosis rates for dementia and also help in achieving 'parity of esteem' is also in its early stages.

4) PLAN OF ACTION

a) Please map out the key milestones associated with the delivery of the Better Care Fund plan and any key interdependencies

Our proposed vision is to create a sustainable health and social care system that promotes health and wellbeing whilst addressing quality and safety issues, in order to prevent ill health and deliver improved patient experience and outcomes for our population. This will be delivered through a focus on population needs, better prevention, self care, improved detection, early intervention, proactive and joined up responses to people that require care and support across traditional organisational and geographical boundaries.

System Outcome 1

Measurably improved outcomes for patients and users

System Outcome 2

Improved patient and user experiences

System Outcome 3

Affordable and sustainable services

System Outcome 4

Engaged and empowered staff

System Outcome 5

Engaged and responsible citizens

Our vision and system objectives will be delivered through a series of programmes in these areas:

Maintaining health and wellbeing:
Preventing ill health in the first place, focused on those most at risk

Proactive care:
Targeting those at risk due to long-term conditions or infirmity and supporting health and independence for as long as possible

Crisis intervention and admissions avoidance:
Targeting the right services in the right place at the right time to help people regain their independence and well being quickly following a crisis

Bedded care:
Making sure that only people who require in-hospital care receive it

Discharge to assess:
Minimising lengths of stay in bedded care by building capacity in alternative settings downstream on the care pathway

Maintaining independence:
Normalising health and independence following exit from a care pathway

Prescribing:

Minimising spending on prescribed drugs without compromising patient benefits

Elective care:
Ensuring that only patients who require elective care are referred to it.

These are the areas that we believe can make the greatest contribution to improving outcomes and creating a sustainable health and social care economy.

With the following governance and engagement arrangements:

- An East Sussex Better Together Programme Board
- Close engagement of care professionals
- Close engagement with Healthwatch, Public Health, and other relevant organisations
- A sharp focus on public involvement in both

Measured through these success criteria:

- Sustainability of the care economy
- Achieving our outcome ambitions up to 2018/19
- Achieving our Better Care Fund outcome

System values and principles

- Promoting health and wellbeing
- Delivering system change – not a series of discrete programmes
- Delivering integrated health and social care services through a county-wide strategy with a local focus
- Appreciating the different needs of the three CCGs' local communities
- The full engagement of our people as the bedrock of change

High-level risks to be mitigated

- Maintaining and improving service quality through a period of significant change
- Challenges inherent in implementing complex, interdependent, system-wide change

b) Please articulate the overarching governance arrangements for integrated care locally

Cross-organisational governance

East Sussex Better Together has devised governance structures and processes that will enable all future plans to be developed in collaboration with our key stakeholders

We are conscious of the need to balance effective county-wide governance across ESBT, fit for purpose to manage a transformational programme of its size and scope, with an approach that allows the development of services to reflect the individual characteristics of each CCG and the requirements of their governing bodies and the localities they serve.

Decisions about strategy and direction of travel, and about investment and disinvestment, will continue to be made by CCG governing bodies and the Local Authority as the accountable organisations. This will be in line with our CCG's and East Sussex County Council's current governance processes.

The partners, however, delegate delivery of the relevant components of their strategies to the East Sussex Better Together Programme Board. This board provides the thinking space for senior commissioning managers and work as a programme board for the East Sussex Better Together Programme, including the Better Care Fund. It comprises of senior representatives from East Sussex County Council (including from Adults' Services, Children's Services, Strategy and Commissioning, and Public Health) along with senior managers and clinical representatives from the CCGs. The programme director also sits on this board. We also recognise the role of district and borough councils and other council departments in developing whole system agenda and as such they will be engaged as the ESBT programme develops.

To ensure that strategy development benefits from full inputs from our full range of stakeholders, current Partnership Boards and Clinical Networks will be augmented by two reference groups in the design and delivery of the strategy:

- Service User Reference Group (to include East Sussex Healthwatch); and
- Clinical Leaders' and Professionals' Reference Group.

This combination of people provides the strategic, organisational, front-line, and user experiences vital to drive this programme forward and deliver the best outcomes for the people of East Sussex.

The three CCGs will also provide input to the Programme Board through the East Sussex Accountable Officer Leadership Group and their on-going dialogue with the NHS England Area Team.

There will also be appropriate links made through these two bodies to the governance surrounding the Challenged Health Economy work in East Sussex to ensure alignment of the work to best benefit East Sussex. This work is under development.

The ESBT Programme Board will be serviced and supported by a wide range of sub-groups with expertise in areas relating to our transformation programme, including HR and workforce development, organisational development, governance, and communications and engagement.

The sub-groups will in turn interact with our three care networks; for integrated care, planned care, and urgent care. Public Health will interact with this governance structure primarily through the sub-groups.

Both the sub-groups and the care networks will maintain close contact with our full range of providers.

The East Sussex Health and Wellbeing Board will monitor delivery of the East Sussex Better Together programme, whilst also providing leadership for the strategy and an additional forum for debate and challenge. Its role will also allow the programme board to draw in further contributions from East Sussex Healthwatch.

Further consideration is currently being given to the role of East Sussex County Council's Health Overview and Scrutiny Committee and other relevant scrutiny committees.

We also acknowledge that a programme of this size and scope will require a significant amount of capacity and capability to deliver and may require specialist skills in managing transformational change. We intend to audit the capacity and capability that exists across the system and deploy resources accordingly. We need to ensure that we better align our existing structures to enable this to happen.

The draft governance structure is represented in the diagram below:

DRAFT Governance Structure
East Sussex Better Together V.2

Legend:

1. Thought Leadership
2. Decision Making
3. Delivery Mechanisms
4. Assurance

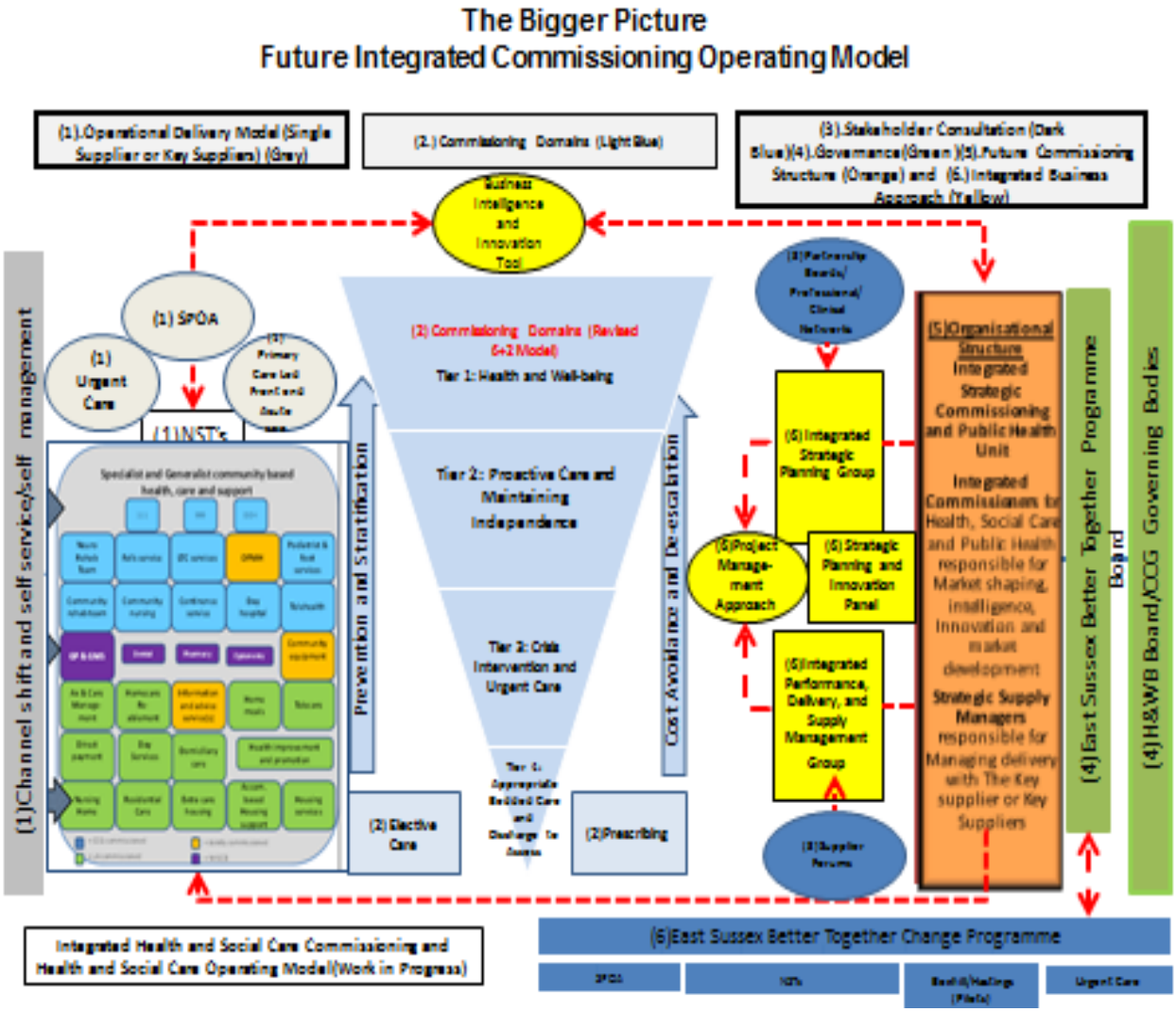
c) Please provide details of the management and oversight of the delivery of the Better care Fund plan, including management of any remedial actions should plans go off track

The health and social care economy (CCGs, local authority, practices and citizens) has come together to develop a vision for seamless integrated care which is focused on providing proactive, holistic and more responsive services for local communities.
The Better Care Fund is important to our aspirations and will provide the means by which we will drive through the building blocks for achieving the vision and aspirations of East Sussex Better Together.

The detailed initiatives identified in the BCF are currently being designed and will be delivered through our East Sussex Better Together Programme and associated governance arrangements. In particular, the Strategic Planning Group has been tasked with ensuring the proposals are worked up into detailed plans for approval at the Programme Board whilst the Strategic Performance and Delivery Group will oversee implementation as per the agreed project milestones. This group will also be responsible for performance monitoring the effectiveness of each intervention. The terms of reference of these groups is provided in Appendix 5.

The illustration below describes the future management and infrastructure of the ESBT approach including:

1) The proposed operational delivery model
2) The Commissioning Domains
3) Stakeholder Consultation Networks
4) Governance
5) The Proposed future Commissioning Structure
6) The integrated business approach



The Delivery Model (Operational Target Date: Core Business Now)

The delivery model will see locality focused Integrated Support teams centred around GP practices and including a broad range of community based services which will seek to deliver our ambitions of enabling people to maintain their independence at home. Packages of support will focus on preventing hospital admission or re-abling people to return to their homes quickly following a period of acute care.

The 6 +2 model (or commissioning domains) will be the key focus of all our activity and joint investment including the deployment of the BCF which will enable us to pump prime new community based services whilst decommissioning services that no longer meet our aspirations or peoples needs

Stakeholder Consultation Networks (Operational Target Date: Core Business Now with an aim to review and Integrate Consultation structures by December 2014)

Stakeholder's networks will be an important feature of our consultative model not only in achieving the changes but also in developing innovation and new ideas to support the integrated commissioning model. Equally we will seek to reshape commissioning relationships with providers by deploying supplier relationship management techniques to maximise the procurement and contracting process

Governance (Operational Target Date: Core Business Now)

The East Sussex Health and Well Being Board and the governing bodies of the three CCGs are ultimately responsible for the delivery and management of risk of the ESBT Programme and the Better Care Fund. In practice the development of new strategic planning activity and the management of existing contracts will be overseen by the ESBT Programme Board and will be project managed by two operational commissioning sub groups (Integrated Strategic Planning Group(ISPG) and The Integrated Performance and Delivery Group (IPDG)and supported by an integrated Innovation panel and new business Intelligence tools
The ESBT Programme Board will receive monthly Highlight reports from the operational commissioning groups and all programmes of work will be the subject of escalation procedures including those funded through BCF if they are not performing as intended.

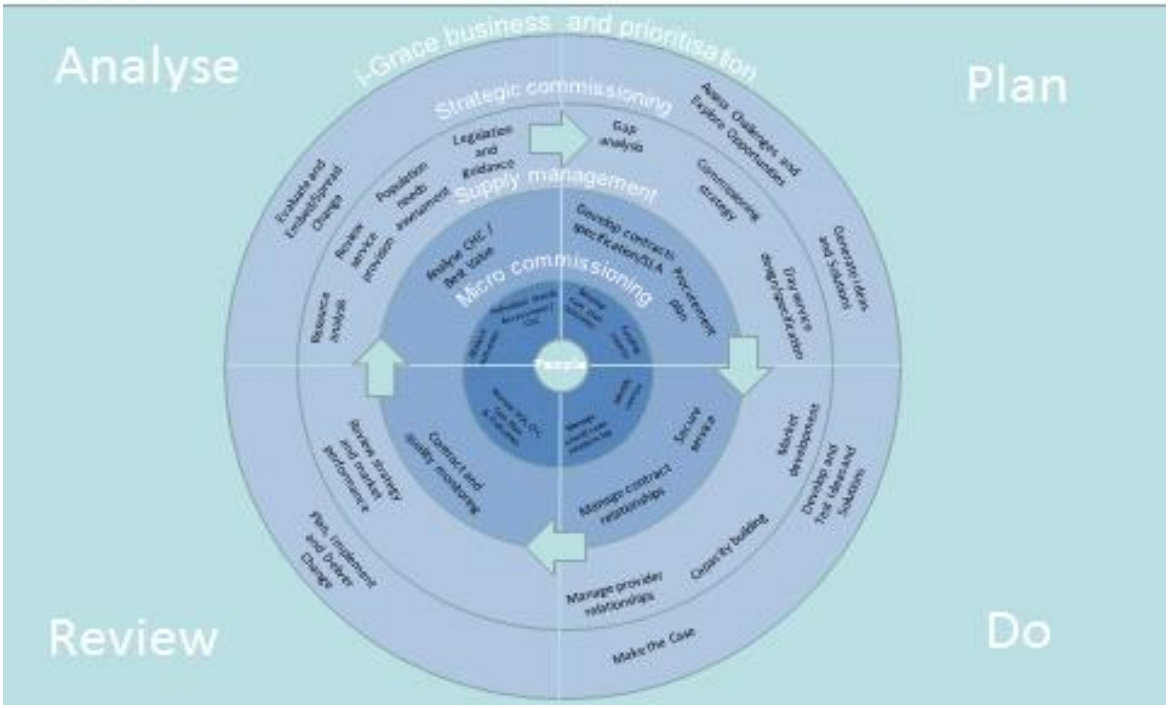
The future commissioning structure(Operational Target Date: April 2015)

The three CCGs have already enabled Joint Commissioning for Children and Young People, and adults with Mental Health, Physical Disabilities and Long Term Conditions which are currently managed on their behalf by East Sussex County Council. However there is an aim to fully integrate all commissioning, strategic and supply management functions, This will include the day to day management of strategic planning development, Performance Evaluation, Business Intelligence, Supply and Contract Management, procurement and micro- commissioning.

The integrated business approach (Operational Target Date: Core Business Now)

Our current business approach is being developed under the ESBT Programme however our aim is to develop a whole systems which can be illustrated as follows:

The process of Future Commissioning



In practice this will mean

- New Ideas and developments will be generated through partnership forums and other events with clinical and non-clinical input and reviewed by a Innovation Panel
- The Innovation Panel will make recommendations to the Integrated Strategic Planning Group of programmes of work that meet the objectives of the ESBT Programme (including the BCF elements)
- The Board will approve those projects they wish to see going forward. The integrated Strategic Planning Group will generate the business case for the programme of work and manage the process to approval and identification of the service or product specification
- The integrated Performance and Delivery Group will be responsible for the procurement of suppliers and the overall oversight of the contracted service including responsibility for making recommendations to the ESBT board to decommission services or take management action where services are not performing to target

d) **List of planned BCF schemes**

Please list below the individual projects or changes which you are planning as part of the Better Care Fund. Please complete the *Detailed Scheme Description* template (Annex 1) for each of these schemes.

The 3 CCGs and ESCC have agreed the ESBT programme which will transform health and social care services within East Sussex. High level analysis (Appendix 1) has been developed for the programme areas and a number of key interventions (schemes) have been identified. Detailed plans for each invention will be completed by January 2015 so that 15/16 plans are delivered in full.

The work programme will be overseen by the integrated strategic planning group within the ESBT programme

Ref no.	Scheme
1	Proactive Care
2	Crisis Intervention
3	Discharge to Assess
4	Demand Management – Day Case and EL
5	Demand management – OP
6	Prescribing

5) RISKS AND CONTINGENCY

a) Risk log

Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers and any financial risks for both the NHS and local government.

There is a risk that:	**How likely is the risk to materialise? (1)**	**Potential impact (2)**	**Overall risk factor** *(likelihood xpotential impact)*	**Mitigating Actions**
Schemes do not deliver the planned shift of resources required in the timeframe required to secure funding for future transformation.	3	5	15	Delivery of interventions to sufficient scale and agreed timelines overseen by established ESBT governance arrangements
Shifting of resources to fund new integrated care schemes will adversely affect providers, particularly the acute sector to a degree that they are not able mitigate against	3	3	9	The development of the plans for 2015/16 will be set within the context of the Better Together programme allowing for a holistic assessment of impact on all our providers Plans and investment profiles / trajectories have been shared with all major providers. Dialogue will be on-going as part of planning and contracting process.
The Care Act will result in	3	3	9	Governance structure in place

significant cost pressure that is not fully quantifiable and will impact on the sustainability of investment plans				to support the implementation of the Care Act. BCF has identified £1.4m, together with other LA funding streams to ensure effective implementation. We will regularly review the impact of the Act on investments/ disinvestments as part of the East Sussex Better Together programme
The Better Care Fund plans are not achieved due to providers not being able to mobilise required workforce capacity and capability	3	3	9	The East Sussex Better Together Programme will have a work - stream specifically focused on workforce planning and development.
Planned implementation of IT systems by providers (NHS/ASC) do not support integrated working	2	2	4	The East Sussex Better Together Programme will have a work - stream specifically focused on Information Management & Technology
The Challenged Health Economy or other externally led programmes divert resources or focus	2	2	4	Challenged health Economy Programme Board in liaison with East Sussex Better Together.

Governance arrangements underpinning the pooled budget are not agreed by partners.	3	4	12	• East Sussex Strategic Programme has been agreed by partner organisations. • Timetable developed to finalise pooled budget arrangements including risk share.
Identified interventions do not result in modelled activity reductions	4	4	16	• Modelling based on PWC national and international benchmarking and evidence base. • PWC model interventions and impact analysis used to generate forecast activity reductions.
Investment required to implement interventions and new care pathways is greater than planned.	4	4	16	• PMO function to review investment appraisals to ensure robust assumptions. • Contingency held by partners to support additional investment if required.
Operational plans fail to deliver expected changes in activity flows.	4	4	16	• PMO function agrees milestones for delivery and provides scrutiny and oversight. • Individual partner

				organisations accountable for delivery of plans and resources identified to support this.
Assumptions underpinning model in respect of demographic growth, inflation and funding are incorrect.	2	4	8	• Assumptions validated against PWC benchmarks. • Sensitivity analysis used to quantify impact. • ESBT model subject to regular review and update.

(1) Scale of 1-5 with 1 being very unlikely and 5 being very likely
(2) Scale of 1-5 with 1 being a relatively small impact and 5 being a major impact

b) Contingency plan and risk sharing

Please outline the locally agreed plans in the event that the target for reduction in emergency admissions is not met, including what risk sharing arrangements are in place i) between commissioners across health and social care and ii) between providers and commissioners

The analysis of our ESBT programme indicates that the pooled fund needed to reinvest In transforming out of hospital services is £49.6m by 2018/19. This will require an addition CCG contribution of £7.4m over the same period.

In 2015/16 the fund will total £42.2m which reflects the CCGs minimum contribution of £36.6m, DH capital grants of £4.5m and additional LA carers funding of £1.1m.

In 2015/16, our commitments against the fund in total is £21.5m of which £9.6m protects adult social care services, £4.7m support for carers, £4.5m for capital grants, £1.5m for additional Care Act funding and £1m for reablement schemes and £0.2m for other enabling schemes. We are also committing £8.1m to invest in schemes to deliver the 2015/16 transformations set out in ESBT totalling £37.9m.

This creates a baseline contingency within the Better Care Fund of £12.6m in 2015/16 which will be subject to risk share arrangements agreed between the partners.

In 2015/16, financial risks of the ESBT programme of work are estimated to be £13m against a total reductions target of £37.9m. This includes risk associated with the reduction in emergency admissions as part of the non-elective savings / performance fund. Sensitivity analysis has quantified this element of risk at £513k against the target of £2.6m.

As part of the ESBT governance work stream we are developing a risk share framework which addresses the treatment of global or variable shortfalls against reduction targets. It has been identified that the overall fund has sufficient contingencies to mitigate current identified risk within the pool but further work is required to ensure the fund minimises risk to individual partnership organisations.

The s75 agreement will formalise arrangements around:

- Treatment of over and underspends within individual BCF schemes.
- Treatment of global over and underspends on the BCF.
- Treatment of under achievement of planned savings and KPI's
- Implementing a performance and delivery framework.

6) ALIGNMENT

a) Please describe how these plans align with other initiatives related to care and support underway in your area

The Better Care Fund plans for East Sussex are fully aligned to and support the delivery of the East Sussex Better Together programme.

Additional co-dependent plans include:

- East Sussex Primary Care Strategies
- Hastings and Rother Health Inequalities plan
- 2014/15 Operational Capacity and Resilience Plans

The East Sussex Better Together Programme Board will oversee delivery of all the plans, ensuring oversight and management the inter-dependencies. . All programmes of work generated by these strategies will be managed by the Integrated Strategic Planning Group and delivered by the Performance and Delivery Group thus ensuring that all inter-dependencies are identified.

Interlinked is the current 'Challenged Health Economy' review that is centred on acute services provided by East Sussex Healthcare NHS Trust. This aligned through organisational involvement and representation at Chief Officer / Director level. The findings and recommendations from this work will be used to inform the East Sussex Better Together Programme.

In addition there is full alignment with the plans by Brighton and Sussex University Hospitals NHS Trust for the redevelopment of the Royal Sussex County Hospital in Brighton, the '3Ts' project.

b) Please describe how your BCF plan of action aligns with existing 2 year operating and 5 year strategic plans, as well as local government planning documents

The same financial and activity modelling has been used for ESBT / BCF and the CCG's 2 year and 5 year plans, as well as East Sussex County Council Plans. This is to ensure consistency of plans. There will be one set of interventions and detailed schemes to deliver our planned changes. Links to the strategic documents have been provided elsewhere.

c) Please describe how your BCF plans align with your plans for primary co-commissioning

- For those areas which have not applied for primary co-commissioning status, please confirm that you have discussed the plan with primary care leads.

Plans for primary co-commissioning have been developed in close consultation with our general practices and colleagues in other areas of primary care, acute/mental health

care, social care and children's services. It sets out eight key areas for achievement over the next five years, as follows:

- **Improving our quality and consistency as practices**. You can expect to see a continuing local emphasis on excellence, and support for practices to achieve it.
- **More services in the community**. You can expect to see a continuation of the shift of services out of hospital, with new opportunities for practices as providers as well as commissioners.
- **A focus on vulnerable people**. You can expect to see more resources devoted to the neediest groups, building on the doctor /patient relationship that is the cornerstone of what we do.
- **Building services around people at locality level.** You can expect to see a greater emphasis on populations of about 50,000 (this number is flexible), more collaboration between practices, a greater alignment of community health and social care services at locality level and better coordination with out of hours services.
- **Involving people in their own care**. You can expect to see increasing time and effort devoted to health promotion, self-care and people taking more responsibility for their own health.
- **A greater voice for people.** You can expect to see us build on our PPGs and make the phrase: "No decision about me without me" more and more meaningful.
- **A reshaping of our culture, IMT, workforce and premises.** You can expect greater levels of involvement in the CCG and its work; IMT to enable the changes above to happen efficiently and safely; increased efforts to recruit and retain the best staff in primary care; and more flexible use of premises to make these ambitions a reality.
- **Reflecting all of this in our financial investments.** You can expect a greater proportion of the CCGs' budgets to be spent on services outside hospital.

The strategy was developed at the same time as the East Sussex Better Together initiative was getting underway and the two processes fed off each other. The Better Care Fund's focus on Locality Support Teams, a Single Point of Access and ROCI can be clearly linked to bullet points 2, 3, 4, 5 and 7 above.

The two CCGs' joint submission for Co-Commissioning has been received favourably by the Area Team and deemed as Category B. The proposals that guide our stance on Co-Commissioning are as follows:

- **A focus on people and communities**
- **Good Governance (transparency, appropriate management of conflicts of interest)**
- **Liberating the innovation that is characteristic of so much of primary care (and which is the raison d'etre of CCGs)**
- **Clarity and alignment of the roles of the different organisations that commission and support primary care**
- **Membership trust, support and engagement**
- **Making East Sussex an attractive place for the best staff to come and work**

In practice, the five areas where we think Co-Commissioning can help to support our

strategic ambitions are:

- **Clinical Service Redesign -** to redesign some aspects of nationally-set primary care contracting, when this is in peoples' interests
- **Practice Support and Development -** to develop a clearer pathway for improvement for struggling practices, beginning with active support from the CCG and ending (where necessary) in formal interventions under the contract by the Area Team
- **Reconfiguration of practices –** to develop plans for smaller/struggling practices to work collaboratively with other local practices or consider formal merger and to have a strong voice in decisions on practice boundaries and list closures, to make sense of local need and service configuration
- **Premises -** Our commissioning influence may enable us to free up financial resources that can be used to create the revenue funding streams that are needed to develop our primary and community estate, in line with our strategy
- **Community Pharmacy and Optometry –** to develop a more flexible and targeted approach to the use of Medicines Usage Review and the New Medicines Service and a similar approach to community optometry, building in both cases on our existing portfolio of enhanced services.

At the heart of our strategy is the development of integrated out of hospital services, that serve populations of 25,000 – 100,000 people, meeting their needs for health and social care, proactive and urgent care and both providing and commissioning on their behalf. To achieve this, we will need to combine health and social care funding and have as much local flexibility as possible. East Sussex Better Together will therefore be enabled and facilitated by a combination of our primary care strategy, our informatics strategy (see below), Co-Commissioning and the Better Care Fund.

7) NATIONAL CONDITIONS

Please give a brief description of how the plan meets each of the national conditions for the BCF, noting that risk-sharing and provider impact will be covered in the following sections.

a) Protecting social care services

i) Please outline your agreed local definition of protecting adult social care services (not spending)

We aim to ensure the protection of social care services in East Sussex by ensuring that the legal responsibilities and duties required in Law and regulation are represented in any future operating models defined in the ESBT Programme, namely:

- Adult social care means the care and support provided by local social services authorities pursuant to their responsibilities towards adults who need extra support.
- The Local Authorities responsibilities towards adults who need extra support are set out in a list of statutes in the NHS and Community Care Act 1990, where they are referred to as assessment for and arrangement of community care services.
- Social work is a community care service.
- Community care services are those which local social service authorities are required to provide if assessed as needed.
- Relevant social work in adult social care is that which is required to be provided by local social services authorities if assessed as needed.
- Registered social workers are trained to undertake relevant social work and are registered as capable of so doing.

Social work in adult social care consists of a relationship which goes beyond customer boundaries in order to promote or contribute to the wellbeing of a person in need of extra support. The social work relationship, as with all adult social care (Children's Social Care is defined by law), is governed by a set of principles which have been set out by the Law Commission. The relationship becomes social work when the following subset of those principles needs to be applied.
The principles are that social work must:

- recognise when the individual may not be the best judge of their own wellbeing in that they might lack the mental capacity to make relevant decisions
- recognise when it may not be appropriate to follow the individual's views, wishes and feelings
- achieve a balance with the wellbeing of others, if this is relevant and practicable
- safeguard adults wherever practicable from abuse and neglect
- use the least restrictive solution where it is necessary to interfere with the individual's rights

and freedom of action wherever that is practicable.

Year on year we continue to support people to remain living independently in their own homes, with maximum choice and control over the support they receive. Within the context of growing demand and significant budgetary pressures we want to continue to develop personalised services by approaching them in a more innovative way. We want to help more people to help themselves , as well as focusing on reablement and more proactive support to ensure people remain well, are engaged with self-management , and where ever possible improve people's independence so they can stay within their own home and avoid admission to hospital and/or institutional care

The ambition is to ensure that all partner organisations recognise the value of social work and social services and the key role they play in the management of services that are focussed on prevention, cost avoidance and maintaining independence

ii) Please explain how local schemes and spending plans will support the commitment to protect social care

NHS funding for social care has been used in East Sussex to enable the local authority to sustain the current level of eligibility criteria. It is also being used to continue to provide capacity within the range of social care services outlined below:

Health funding for Social Care 2014/15

Health funding for Social Care Categories	**Commentary - service and activity**	**Area Team Subjective Codes**	**14/15 Planned £'000**
Telecare	Telecare/Telehealth	52131016	301
Integrated Crisis and Response	Integrated Night Service	52131017	62
Re-enablement Services	Including JCR and ICAP	52131019	1,165
Bed Based Intermediate Care	Including Milton Grange and Firwood	52131020	451
Early Supported Hospital Discharge Schemes	Including hospital teams	52131021	636
Mental Health Services	Including Assessment and Care Mgt	52131022	1,604
Other Preventative Services	Including stroke support and Living Well	52131023	134

Other		n/a	-
Community Equipment and Adaptations		n/a	-
Maintaining Eligibility Criteria	Eligibility maintained at Substantial and Critical	52131018	5,343
Total Investment of Health funding for Social Care			**9,696**

A commitment remains not to destabilise current investment patterns, whilst the plans are formulated for a major systems transformation in 2015/16 and beyond.

For illustration of how local demographic change will impact upon social care, **please refer to Section 3) Case for Change**

iii) Please indicate the total amount from the BCF that has been allocated for the protection of adult social care services. (And please confirm that at least your local proportion of the £135m has been identified from the additional £1.9bn funding from the NHS in 2015/16 for the implementation of the new Care Act duties.)

As illustrated above, the total amount that has been allocated from the BCF for the protection of adult social care services is £9,696,000.

The local proportion of the £135m has been identified as £1,486k in 2015/16 for the implementation of the Care Act duties.

iv) Please explain how the new duties resulting from care and support reform set out in the Care Act 2014 will be met

ESCC has established a Care Act Board, chaired by the Director of Adult Social Care and Health, to oversee implementation of the Care Act 2014. The Board reports to the Corporate Management Team and is aligned to the East Sussex Better Together Governance structure. There is a Care Act Implementation Group that reports to the board with responsibility for ensuring the new legal duties. The new duties, draft regulations and guidance in the Care Act have been analysed and benchmarked against current policy and practice in East Sussex and existing priorities so that we have a clear understanding of the risks and gaps.

As a result the Implementation Group has designed a work programme to manage the implementation of the new duties through discrete areas of work and major projects that include information and advice, funding reform and assessment. They are also considering the policy and practice changes required across communications and engagement, workforce and training, business systems and staff information. The local Care Act Implementation Grant is being utilised to add capacity where necessary to manage the change and local modelling of activity and cost is underway to gain a better understanding of potential resource and funding gaps that result from

the new duties.

A self-funder reference group has been set up to complement existing client and carer engagement mechanisms to ensure that local implementation of the reforms are co-designed and tested with this core stakeholder group.

v) Please specify the level of resource that will be dedicated to carer-specific support

In 2015/16, the agreed level if resource for carers is £4.729m

How this funding will be used to support improved outcomes for carers?

Carers Services commissioned through 2014 Commissioning Grants Prospectus: Information & Advice, Emotional Support, counselling, casework, engagement, employment support, short term & crisis intervention, targeted support for carers of people with dementia, functional mental health & ABI.

Specific support to carers around end of life care & hospital discharge; assistance with choosing residential/nursing care; Advance Care Planning; fast track response to facilitate prevention of admission/discharge; free emergency respite service; free respite for carers to attend healthcare appointments; "GP Carer Prescriptions" – direct referral for carer support;

The Carers Breaks Dementia Engagement Team works with the person with dementia to explore with them what activity they would like to take part in.
Following the successful introduction of an activity the service works with the carer to secure funding and provide a phased handover providing the carer with a regular break.

Stronger focus on short term interventions with sustainable outcomes & access to peer support; pathways between services e.g. Home from Hospital/Take Home & Settle/British Red Cross carers' service

Evidence base for carer investment

It is estimated that carers save the nation £119 billion pounds a year, which equates to £961.7 million in East Sussex alone and is the equivalent of *£18,500 for every carer in the UK*.[1]

Evaluation of the DH national Demonstrator Sites by Leeds University identified the potential for carer support to deliver cost savings including preventing hospital or residential care admissions and efficiency savings in GP practices.

Carers Breaks Dementia Service study demonstrated that with an annual investment of £350K (2010/11) identified net savings to health and social care of almost £2m.

The evidence from research[2] [3] shows that effective support to carers usually goes beyond a single intervention and encompasses good quality mainstream services, and sensitive and carer-aware professional practice (across health, social care, education and all local services).

[1] Buckner L, Yeandle S. *"Valuing Carers 2011. Calculating the value of carers' support"*. Carers UK 2011

[2] Kings Fund (2006) *Informal Care in England*

A survey of carers of older people found that problems associated with the carer contributed to readmission of patients in 62% of cases and the carers of people readmitted were more likely than other carers to be experiencing ill-health, fatigue and interrupted sleep.[4]

A study of people aged over 75 years old, found that 20% of those needing care were admitted to hospital because of the breakdown of a single carer on whom the person was mainly dependent.[5]

There is an evidence base to support the claim that carer support can create savings for adult services.
• Considering carer support in the context of major care pathways such as hospital discharge, falls, dementia and stroke could generate systems-wide efficiencies.
• Systematic information collection from service users and carers would improve the evidence base and improve the investment of limited resources in both health and social care.[6]

Sadly, the built up pressures of caring may mean once someone has been admitted to hospital, a refusal of their carer to allow them to return home can be "a common point of admission" to nursing care[7]

The types of services being commissioned and how the experience will be different from the perspective of a carer

Alzheimer's Society provides Carer Information and Support Programme aims to improve the skills and understanding of those caring for a person with dementia, by providing support and up-to-date, relevant information. The Dementia Support Service will provide support to carers of people affected by dementia.
Singing for the Brain is a fun and relaxing social activity that can help promote confidence.

Association of Carers Computer Help at Home provides Carers with support to learn to use their own computer, in ways that will support them in their caring role, without having to leave the person they look after.

Respite and Befriending Provides a free, volunteer-led respite service to Carers, identifying a volunteer to form a befriending relationship with the person they look after and spend time with them each week. Carers receive emotional support and develop a long-term befriending relationship through regular phone calls with the same, trained volunteer (often a former Carer). Carers experiencing complex issues receive short-term professional counselling via Skype / telephone.

British Red Cross provides short term and crisis intervention - We promote health and well-being to carers and support this through companionship, conversation and practical support and/or enabling carer to take short break whilst we support the cared for. Trained volunteers actively

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[3] Audit Commission (2004) *The effectiveness and cost effectiveness of support and services to informal carers of older people*

[4] Williams, E, Fitton, F (1991), „Survey of carers of elderly patients discharged from hospital". British Journal of General Practice, 41, 105-108.

[5] Castleton, B (1998), Developing a whole system approach to the analysis and improvement of health and social care for older people and their carers: A pilot study in West Byfleet, Surrey. Unpublished. Referenced by Banks, P (1998) „Carers: making the connections". Managing Community Care, vol 6, issue 6

[6] Supporting Carers – Early Interventions and Better Outcomes PRTC & ADASS May 2010

[7] **Bebbington, A, Darton, R, Netten, A.** Care Homes for Older People Volume 2Admissions, needs and outcomes. PSSRU. 1996

support carers to find opportunities to attend social groups, training or help seek employment through networking, if desired.

Care for the Carers will deliver information, advice and support, engagement and volunteering opportunities for carers raise awareness, provision of counselling and peer mentoring, carers groups, activities and training.

Wellbeing Recovery Action Planning (WRAP) for Carers aims to support and encourage people to create positive change in their lives through Wellness Recovery Action Planning (WRAP). Groupwork is at the heart of delivering WRAP. As trained facilitators we create a safe, trusting environment so people feel supported, heard and informed.

The MNDA Carers Support is specifically designed to provide care, support and respite care to carers who are working day and night to support care and help those living with MND. They are never "off duty" and our project will help to relieve, albeit for a small amount of time, them from their daily tasks at home.

Headway Hurstwood Park This project provides a range of services for carers of people with acquired brain injury that to include: Peer support and understanding of the demands of caring for a brain injured person; the opportunity and encouragement to invest in their own health and wellbeing to sustain them in their role.

ICE Project The service works with carers of people with functional mental health problems offering a variety of information via training courses, booklet and website.

Southdown Housing Association A skilled Vocational Specialist will work alongside individuals to identify and achieve their employment, educational and volunteering ambitions. Support is available in group settings, via telephone/email or at one-to-one meetings.

vi) Please explain to what extent has the local authority's budget been affected against what was originally forecast with the original BCF plan?

The amount of funding for the local authority's budget has not been affected by the change from the original BCF plan.

b) **7 day services to support discharge**

Please describe your agreed local plans for implementing seven day services in health and social care to support people being discharged and to prevent unnecessary admissions at weekends

East Sussex has a good record of investing in community services that deliver "7 day working" in an integrated delivery model. This includes our integrated services such as the Joint Community Rehabilitation Team, Integrated Community Access Point, Integrated Night Service as well as a range of other core services including the District Nursing teams and homecare providers. There is however more that we can do to ensure there is a systematic whole system approach to 7 day service delivery with the clear objective benefit of admission avoidance and timely discharge from inpatient settings.

NHS Improvement has identified four levels to assess and plan the delivery of seven day services[8]. This provides a framework for service models to be reviewed against and identify further areas where seven day working will support admission prevention, early diagnosis and intervention and/or early supported discharge. We will work with the Academic Health Sciences Centre Network and our Public Health team to review the evidence base and plan improvements.

The plans to develop a single point of access and locality teams will ensure a consistent 24/7 community offer to support admission avoidance and discharge from hospital including at weekends. The locality model will provide a systematic approach to understanding service gaps within local areas to inform future commission intentions. In addition, further work with stakeholders is planned within 2014/15 to ensure the planned service developments support effective and efficient hospital discharges at weekends as well as during the week.

The East Sussex Better Together programme will be driving forward these and further development of 7 day services to meet local requirements. This will include building in contractual provisions in the form of Service Development and Improvement Plans (SDIP) with providers where appropriate. Plans and trajectories for implementing interventions that will support 7 day services across the planning period will be developed and described through East Sussex Better Together.

The key risk to 7 day services is the availability of workforce. This risk is recorded on the risk register and a specific work stream within the East Sussex Better Together programme will concentrate on workforce.

c) Data sharing

i) Please set out the plans you have in place for using the NHS Number as the primary identifier for correspondence across all health and care services

The CCGs have established a Joint East Sussex Informatics Group, which includes the three East Sussex CCGs, the Council, the Ambulance Service, the Out of Hours GP service, the local mental health trust and the local acute/community services trust. The group has developed a joint Informatics Strategy, which sets out the principles for information sharing, a five year vision/five year goals and a series of short term milestones to be achieved by 31.3.15. All of our key

[8] Equality for all: delivering safe care- seven days a week

providers are being asked to sign up to the principles and vision. On the strength of this, the CCGs and the Council have agreed to implement the ROCI solution (Read Only Care Information), by which relevant providers have read-only access to each other's care records, within the boundaries of their role and of people's consent.
The answers given below are taken from and should be seen in the context of that strategy.

All health and social care services will use the NHS Number subject to resolution of national information governance issues. The NHS number is regularly matched to Social Care records held on CareFirst. It is expected that this will be fully in place by April 2016. The Informatics strategy sets the goal of "all GP referrals to contain NHS number as standard" by 31.3.15. The current coverage of the NHS number for active Social Services clients stands at over 90%.

The CCGs have invested in the DXS clinical content management system, which provides instant access to relevant clinical pathways, guidance and referral forms. These forms are pre-populated with key demographic details, including NHS number as standard. The system is not yet fully operational but should be implemented in full by the end of the financial year.

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ii) Please explain your approach for adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

We are committed to using systems that are based upon Open APIs and Open Standards. As providers implement plans for new information systems eg. System One, we will look to maximise opportunities to improve the interface between systems to support integrated working.

Principle 9 of our strategy pertains:

- "We commit ourselves to aim for interoperability (i.e. use Informatics systems that can communicate with each other through electronic means). When this is not possible in the short term, the CCGs will ensure the information they hold is capable of being viewed electronically by other parties, as appropriate. The CCGs are committed to system-wide solutions and system-wide behaviours to achieve this, and this commitment includes their work on Informatics. The principle of interoperability will apply to the CCGs' commissioning and re-commissioning or procurement of new clinical services and Informatics systems. We will ask our key providers to be mindful of these principles when they undertake their own procurement of new Informatics systems."

We are committed to using systems that are based upon Open APIs and Open Standards, including use of GSX and nhs.net secure email. We also use the voltage secure email for communicating between East Sussex County Council and the public and third/voluntary sector.

Please explain your approach for ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practice and in particular requirements set out in Caldicott 2.

Principle 8 of our Informatics Strategy reads:

- "We are committed to being mindful and respectful of the need for best practice and take account of good IG practice, Caldicott, and the significant legal framework that supports this area of work. The CCGs' default position will be for information to be shared, unless there are specific reasons why this should not happen (e.g. consent not given)."

The following key documents are explicitly referenced in the strategy:

- Securing excellence in Primary Care IMT.
- Caldicott Standards/Caldicott 2 Report.
- HM Government Information Sharing: Pocket Guide.
- Health and Social Care Information Centre Information Governance Toolkit.
- Information Commissioner's Office (ICO) Statutory Data Sharing Cod of Practice.
- NHS Confidentiality Code of Practice.

We will review and continue to maintain an information governance framework that ensures we meet all Caldicott requirements. This will meet the NHS standard contract requirements and support professional and clinical practice. All practices' compliance with the IG toolkit is monitored on a biannual basis.

d) Joint assessment and accountable lead professional for high risk populations

i) Please specify what proportion of the adult population are identified as at high risk of hospital admission, and what approach to risk stratification was used to identify them

East Sussex GP practices use the Urgent Care Clinical dashboard which is informed by the Sussex Combined Predictive Mechanism (CPM).

Data from the Organisational view of the Urgent Care Dashboard (August 2014) show 3,125 individuals identified as at Very High risk of hospital admission. This equates to 0.69% of the adult population.
26,480 individuals are identified as at High risk of hospital admission. This equates to 5.88% of the adult population.

ii) Please describe the joint process in place to assess risk, plan care and allocate a lead professional for this population

East Sussex has been developing multi-disciplinary working, centred around risk stratification of GP Practice populations using Sussex Combined Predictive Mechanism (CPM).
All practices have now signed up to include primary care data within the Risk profiling and are working towards the requirements of the DES for reducing unplanned admissions.
A 2.2% button has been added to the Urgent Care Dashboard to enable practices to easily identify people who require a personalised care plan.
Monthly multi-disciplinary meetings have been taking place, working towards ensuring that all people who are high risk of hospital admissions have a care plan with a named lead professional.

As well as focussing on those at very high and high risk of hospital admission the Multidisciplinary team meetings also identify people at medium risk where their risk score is rising. Proactive care and interventions are then planned with the individual proactively to help prevent them deteriorating.
East Sussex Healthcare NHS Trust has been working closely with East Sussex Adult Social Care via Virtual Management Teams to promote joint working within CCG areas. Joint working has also involved Sussex Partnership NHS Foundation Trust, incentivised through the local CQUIN to engage in the Virtual Management teams and monthly multi-disciplinary meetings, to ensure the holistic approach to person centred planning includes consideration of psychological wellbeing and mental health needs. This CQUIN has been further developed for 2014/15 to ensure mental health services are a core element of multi-disciplinary working.
Work is underway to establish a joint health and social care business intelligence tool which will support the risk profiling and care planning process.

The plans for investment of the Better Care Fund will ensure these joint working developments are built upon to define and implement locality models of care, ensuring accountable lead professionals are allocated and care plans are in place for the identified patient/service user cohorts. Local Primary Care strategies envision GPs taking a lead in coordinating care for people at high risk of hospital admission. The new, additional role of access and assessment co-ordinators will ensure that GPs and other health and social care professionals have the support they require to deliver a joined up and streamlined approach to delivering care and support for individuals.

iii) Please state what proportion of individuals at high risk already have a joint care plan in place

As part of the Avoiding Unplanned Admissions DES, practices will need to produce personalised care plans for individuals identified as at high risk (this must be a minimum of 2% of the practice's adult population).

Indications from practices are that this process is underway and are working towards a 100% target as specified in the DES. Formal reporting on this measure begins at the end of Quarter 2 in 2014/15.

8) ENGAGEMENT

a) Patient, service user and public engagement

Please describe how patients, service users and the public have been involved in the development of this plan to date and will be involved in the future

How we engage with patients and the public

Following the initial guidance on the Call to Action letter from Sir David Nicholson the East Sussex care economy has held a series of engagement activities to seek the views of the public on how

they envisage the NHS services developing in the future. We have put in place a regular cycle of public engagement workshops and a number of events have taken place – most notably our Shaping Health Services events – and these have gathered together a representative cross-section of views from the community.

East Sussex County Council has developed a number of partnership boards, including for learning disabilities, carers, and adult learning and skills. These boards have inputted critical perspectives to the design and development of services and through this have steered the emerging agenda. Alongside this, feedback continues to be received and acted upon through practices, care settings and via commissioners. By planning jointly, we have been able to act on region-wide priorities for people and act on them together, whilst individual CCGs have held dedicated public engagement events to understand the diverse populations within our health systems.

The reports from our Shaping Health Services events are available on our website**.** A range of different tools have been used to enable the CCG to reach out more effectively to local people.

We do this by:

- Targeting effective public engagement, designed around specific service transformation and improvement projects.
- Learning from patient and public engagement and embedding it across our organisations at all levels – including reporting on it at public Governing Body meetings
- Ensuring a robust framework for reporting back on steps taken in response to issues raised.
- Using the full range of tools available to us to reach out more effectively to local people – including local media, websites, social media channels and improving the interactivity of our websites.
- Growing and developing relationships with patient participation groups including at locality level patient participation groups and drawing their membership from practice level patient participation groups so that there are methods for joining up issues from the national to the county-level.
- Delivering meaningful cross-area reviews and joining up our communication and engagement in line with our Compact and national guidance on specific issues.

ESBT ran a patient and service user focus group, which discussed system-wide challenges and the prioritisation of specific interventions for this plan. In the interests of transparency and full patient and service user engagement, the attendees as this focus group were given the same information as the governing bodies, including the extent of the quality opportunities and the financial challenge.

This patient group will form the basis for a peoples' panel that will have close and long-term involvement in the development and implementation of this plan. For this reason we also discussed with the attendees how the CCG, along with ESBT, can create appetite for change amongst local people – helping them to understand the scale of the change, the reasons for it, the benefits of it, and what the difficult choices might be.

As part of the transformational change programme under East Sussex Better Together, we have already held a number of Clinical Design Groups to look at different models for locality based health and social care using the 6+2 box model and how interventions could be implemented on a local scale. These design groups have included primary and secondary care clinicians, social care and community care professionals, patients and public representatives and Healthwatch.

b) Service provider engagement

Please describe how the following groups of providers have been engaged in the development of the plan and the extent to which it is aligned with their operational plans

Cross-organisational sign up

We have worked hard to secure sign up to our strategic vision. The Health and Wellbeing Board is central to this. The strategic vision has been discussed at various forums including the Health and Wellbeing Board since October 2013 and driven through the East Sussex Better Together programme. The membership of this group contains all of the commissioners and providers in the East Sussex unit of planning and the Director of Public Health and Healthwatch are also a key part of the programme. In addition, as part of the development of this plan, specific strategic events have been delivered on 24 October 2013 and 8 and 31 January and 5 March 2014. This plan has been developed through engagement with CCG Boards and clinical leads, and public engagement has been supplemented on the specifics of this plan at extended sessions including on 24 March 2014, 29th April 2014 and 13th May 2014. These events have worked through more of the detail of the vision and built on it with ambitious interventions required to deliver the transformational change required.

i) NHS Foundation Trusts and NHS Trusts

The parties to our vision

Health and social care organisations in East Sussex have agreed to work collectively for the whole system to create, agree and implement a clear and credible plan for a sustainable system of health and social care to secure the best possible outcomes for East Sussex residents, over and above immediate organisational interests.

Our East Sussex Better Together (ESBT) Programme provides the framework within which we have agreed to move forward together on areas of common importance. It is a commissioner-led programme and we are aiming for engagement from the following organisations:

- East Sussex Healthcare NHS Trust
- Brighton and Sussex University Hospitals NHS Trust
- Maidstone and Tunbridge Wells NHS Trust
- South East Coast Ambulance Service
- Sussex Partnership Foundation Trust
- NHS England Area Team (as co-commissioner of primary and specialised services).

ii) primary care providers

We have introduced clear mechanisms to grow our engagement with our GP membership and clinicians have engaged in the preparation of the ESBT plans.

Clinicians from our Governing Body were engaged in a focussed discussion about system-wide challenges, the foundations provided by our existing strategies, and the merits and prioritisation of specific interventions for this plan. It also discussed the pattern of current spending across the CCG and East Sussex health and social care economies, the size of the financial challenge by 2018/19 under a ‘do nothing’ scenario, and how – based on a library of international and national case studies – efficiency savings could be distributed across service areas. We used external

experts to challenge our thinking in all these areas and to ensure that our plans are both as ambitious and realistic as possible.

iii) social care and providers from the voluntary and community sector

A strong theme emerging from the engagement activity undertaken by CCGs and ESCC and outlined below, has been the strong desire to see more services shifted into the community and for better integration and co-ordination between teams.

- Consultations on specific social care service change proposals, including through ESCC's Consultation Hub
- Regular engagement with strategic community and voluntary sector groups, such as the East Sussex Seniors' Association, the Seniors' Forums, Councils for Voluntary Service, and Community Networks
- Partnership Boards (joint health and social care)
- Workshops and focus groups with different communities to agree on how integrated care delivery should be implemented
- Surveys to gather public opinions and perceptions

c) Implications for acute providers

Please clearly quantify the impact on NHS acute service delivery targets. The details of this response must be developed with the relevant NHS providers, and include:

- What is the impact of the proposed BCF schemes on activity, income and spending for local acute providers?
- Are local providers' plans for 2015/16 consistent with the BCF plan set out here?

In 2013/14 the 3 East Sussex CCGs spent £365.6m with acute providers. By 2018/19 the ESBT analysis shows that this will reduce to £333.9m. This reflects the effect of interventions (-£84.6m) partially offset by growth and inflation (£52.9m).

Provider Impact Summary

Provider	2013/14 Spend £	Growth / Inflation £	Impact of Interventions £	2018/19 Spend £
ESHT	275,236,055	40,677,070	- 65,835,689	250,077,436
BSUH	58,702,578	8,896,492	- 13,291,275	54,307,795
MTW	18,733,137	2,921,222	- 4,350,836	17,303,523
Total	352,671,770	52,494,784	- 83,477,801	321,688,754

Nb Appendix 4 sets out the detailed impact of the ESBT plans on all acute providers.

ANNEX 1 – Detailed Scheme Description

For more detail on how to complete this template, please refer to the Technical Guidance

Scheme ref no.
1
Scheme name:
Proactive Care
What is the strategic objective of this scheme?
Targeting those at risk due to long-term conditions or infirmity and supporting health and independence for as long as possible
Overview of the scheme
• 6 plus 2 box model of care is expected to deliver overall a 25-40% reduction in emergency admissions, with the greatest benefits for older people • Reduction in admissions primarily driven by 'Proactive Care' and 'Crisis Intervention' components of 6-box model, with the impact on emergency admissions assumed to be broadly equal between both • Proactive Care aims to prevent crisis in the first place and is hence also effective in avoiding A&E attendances and Ambulance activity
The delivery chain Please provide evidence of a coherent delivery chain, naming the commissioners and providers involved
The evidence base Please reference the evidence base which you have drawn on - to support the selection and design of this scheme - to drive assumptions about impact and outcomes
See Appendix 2 for evidence base together with evidence gathered from Better Care Better Value and Commissioning for Value benchmarking.
Investment requirements
About 35% of gross savings will need to be reinvested into underlying pathway and service changes and to provide alternative care where needed.
Impact of scheme Please enter details of outcomes anticipated in Part 2, Tab 4. HWB Benefits Plan Please provide any further information about anticipated outcomes that is not captured in headline metrics below
For East Sussex , we target after full ramp-up by 18/19 to : • Avoid 7,049 regular emergency admissions • Avoid 1,703 short stay admissions • Avoid 21,623 A&E attendances • Avoid 12.5-20% ambulance activity Generate gross savings of ~£22.5m 2015/16 milestones • Avoid 1,677 regular emergency admissions • Avoid 347 short stay admissions • Avoid 4,790 A&E attendances • Reduce ambulance costs by 7% compared to 13/14 baseline spend

Feedback loop What is your approach to measuring the outcomes of this scheme, in order to understand what is and is not working in terms of integrated care in your area?
Partner organisations have set up an East Sussex Together Programme Board to provide oversight and scrutiny of schemes, milestones and KPI's. A sub group of the Board has been established specifically to monitor performance and delivery of all schemes.
What are the key success factors for implementation of this scheme?
Achievement of milestone activity and cost reductions

Scheme ref no.
2
Scheme name:
Crisis Intervention
What is the strategic objective of this scheme?
Targeting the right services in the right place at the right time to help people regain their independence and well-being quickly following a crisis.
Overview of the scheme
• 6 plus 2 box model of care is expected to deliver overall a 25-40% reduction in emergency admissions, with the greatest benefits for older people • Reduction in admissions primarily driven by 'Proactive Care' and 'Crisis Intervention' components of 6-box model, with the impact on emergency admissions assumed to be broadly equal between both
The delivery chain Please provide evidence of a coherent delivery chain, naming the commissioners and providers involved
The evidence base Please reference the evidence base which you have drawn on - to support the selection and design of this scheme - to drive assumptions about impact and outcomes
See Appendix 2 for evidence base together with evidence gathered from Better Care Better Value and Commissioning for Value benchmarking.
Investment requirements
About 40% of gross savings will need to be reinvested into underlying pathway and service changes and to provide alternative care where needed.
Impact of scheme Please enter details of outcomes anticipated in Part 2, Tab 4. HWB Benefits Plan Please provide any further information about anticipated outcomes that is not captured in headline metrics below
For East Sussex, we target after full ramp-up by 18/19 to : • Avoid 4,229 regular emergency admissions and 1,116 short stay admissions through intervention in community or A&E • Convert 2,819 regular emergency admissions to short stay admissions through intervention early in the acute pathway, e.g., MAU • Generate gross savings of ~£16.2m 2015/16 milestones • Avoid 1,677 regular emergency admissions • Convert regular emergency short stay admissions Reduce ambulance costs by 7% compared to 13/14 baseline spend
Feedback loop What is your approach to measuring the outcomes of this scheme, in order to understand what is and is not working in terms of integrated care in your area?
Partner organisations have set up an East Sussex Together Programme Board to provide oversight and scrutiny of schemes, milestones and KPI's. A sub group of the

Board has been established specifically to monitor performance and delivery of all schemes.
What are the key success factors for implementation of this scheme?
Achievement of milestone activity and cost reductions

Scheme ref no.
3
Scheme name:
Discharge to Assess
What is the strategic objective of this scheme?
• To minimise lengths of stay in bedded care by building capacity in alternative settings downstream on the care pathway. • Normalising health and independence following exit from a care pathway
Overview of the scheme
• Substantial reduction in acute Length of Stay, which will support our acute providers to deliver their efficiency requirements • Reduction of Continuing Health Care cost by 20% through reducing the number of people requiring CHC
The delivery chain Please provide evidence of a coherent delivery chain, naming the commissioners and providers involved
The evidence base Please reference the evidence base which you have drawn on - to support the selection and design of this scheme - to drive assumptions about impact and outcomes
See Appendix 2 for evidence base together with evidence gathered from Better Care Better Value and Commissioning for Value benchmarking
Investment requirements
About 20% of gross savings will need to be reinvested into underlying pathway and service changes , e.g., reablement
Impact of scheme Please enter details of outcomes anticipated in Part 2, Tab 4. HWB Benefits Plan Please provide any further information about anticipated outcomes that is not captured in headline metrics below
• Substantial reduction in acute Length of Stay, which will support our acute providers to deliver their efficiency requirements • Reduction of Continuing Health Care cost by 20% through reducing the number of people requiring CHC.
Feedback loop What is your approach to measuring the outcomes of this scheme, in order to understand what is and is not working in terms of integrated care in your area?
Partner organisations have set up an East Sussex Together Programme Board to provide oversight and scrutiny of schemes, milestones and KPI's. A sub group of the Board has been established specifically to monitor performance and delivery of all schemes.
What are the key success factors for implementation of this scheme?
Achievement of milestone activity and cost reductions

Scheme ref no.
4
Scheme name:
Demand Management – Daycase and EL
What is the strategic objective of this scheme?
Demand management for elective inpatient and day case surgery
Overview of the scheme
Reduce the volume of elective surgery through appropriate demand management schemes, e.g., conservative management, fully informed patient decision making, or capitated provider contracts for key specialties such as MSK
The delivery chain Please provide evidence of a coherent delivery chain, naming the commissioners and providers involved
The evidence base Please reference the evidence base which you have drawn on - to support the selection and design of this scheme - to drive assumptions about impact and outcomes
See Appendix 2 for evidence base together with evidence gathered from Better Care Better Value and Commissioning for Value benchmarking
Investment requirements
About 10% of gross savings will need to be reinvested into underlying pathway and service changes
Impact of scheme Please enter details of outcomes anticipated in Part 2, Tab 4. HWB Benefits Plan Please provide any further information about anticipated outcomes that is not captured in headline metrics below
Close the gap to top performing similar CCGs over a 5 year period and reduce activity by • EHS: 20% (6,898 cases) • HR: 10% (3,043 cases) • HWLH: 15% (3,9764 cases) Generate gross savings • EHS: ~£7.9m • HR: ~£3.5m • HWLH: ~£4.8m 2015/16 Milestones: • 3,929 reductions across East Sussex equating to a £4.5m reduced spend.
Feedback loop What is your approach to measuring the outcomes of this scheme, in order to understand what is and is not working in terms of integrated care in your area?
Partner organisations have set up an East Sussex Together Programme Board to provide oversight and scrutiny of schemes, milestones and KPI's. A sub group of the Board has been established specifically to monitor performance and delivery of all schemes.
What are the key success factors for implementation of this scheme?

Achievement of milestone activity and cost reductions

Scheme ref no.
5
Scheme name:
Demand Management – OP
What is the strategic objective of this scheme?
Reduce demand for hospital based OP activity
Overview of the scheme
Reduce the volume of outpatient attendances through appropriate demand management schemes, e.g., peer review, pathway guidance definition, non-face-to-face consultation options, consultant advice models, or capitated provider contracts for key specialties such as MSK
The delivery chain Please provide evidence of a coherent delivery chain, naming the commissioners and providers involved
The evidence base Please reference the evidence base which you have drawn on - to support the selection and design of this scheme - to drive assumptions about impact and outcomes
See Appendix 2 for evidence base together with evidence gathered from Better Care Better Value and Commissioning for Value benchmarking
Investment requirements
About 20% of gross savings will need to be reinvested into underlying pathway and service changes
Impact of scheme Please enter details of outcomes anticipated in Part 2, Tab 4. HWB Benefits Plan Please provide any further information about anticipated outcomes that is not captured in headline metrics below
Manage non-demographic growth and close the gap to top performing similar CCGs over a 5 year period and reduce activity by • EHS: 25% (65,893 attendances) • HR: 10% (27,553 attendances) • HWLH: 20% (44,448 attendances) Generate gross savings • EHS: ~£6.6m • HR: ~£2.6m • HWLH: ~£4.5m 2015/16 Milestone • A reduction of 22,411 attendances across East Sussex reducing cost by £2.2m.
Feedback loop What is your approach to measuring the outcomes of this scheme, in order to understand what is and is not working in terms of integrated care in your area?
Partner organisations have set up an East Sussex Together Programme Board to provide oversight and scrutiny of schemes, milestones and KPI's. A sub group of the Board has been established specifically to monitor performance and delivery of all schemes.
What are the key success factors for implementation of this scheme?

Scheme ref no.
6
Scheme name:
Prescribing
What is the strategic objective of this scheme?
Maximise VfM in prescribing practices.
Overview of the scheme
Reduce waste and make best use of most cost-effective medicines
The delivery chain Please provide evidence of a coherent delivery chain, naming the commissioners and providers involved
The evidence base Please reference the evidence base which you have drawn on - to support the selection and design of this scheme - to drive assumptions about impact and outcomes
See Appendix 2 for evidence base together with evidence gathered from Better Care Better Value and Commissioning for Value benchmarking
Investment requirements
It is anticipated that material investment will not be required for this scheme.
Impact of scheme Please enter details of outcomes anticipated in Part 2, Tab 4. HWB Benefits Plan Please provide any further information about anticipated outcomes that is not captured in headline metrics below

• Capture known efficiency opportunities and close the gap to top performing similar CCGs over a 5 year period and reduce spend by 15%
• Generate gross savings of
  • EHS: ~£7.5m
  • HR: ~£7.9m
  • HWLH: ~£6.0m
 	
2015/16 Milestone
• A saving of £4.6m across East Sussex.

Feedback loop What is your approach to measuring the outcomes of this scheme, in order to understand what is and is not working in terms of integrated care in your area?
Partner organisations have set up an East Sussex Together Programme Board to provide oversight and scrutiny of schemes, milestones and KPI's. A sub group of the Board has been established specifically to monitor performance and delivery of all schemes.
What are the key success factors for implementation of this scheme? Achievement of milestone activity and cost reductions

ANNEX 2 – Provider commentary

For further detail on how to use this Annex to obtain commentary from local, acute providers, please refer to the Technical Guidance.

Name of Health & Wellbeing Board	East Sussex
Name of Provider organisation	East Sussex Healthcare Trust (ESHT)
Name of Provider CEO	Darren Grayson
Signature (electronic or typed)	[redacted]

For HWB to populate:

Total number of non-elective FFCEs in general & acute	**2013/14 Outturn**	36,857
	2014/15 Plan	37,530
	2015/16 Plan	36,056
	14/15 Change compared to 13/14 outturn	673
	15/16 Change compared to planned 14/15 outturn	-1,474
	How many non-elective admissions is the BCF planned to prevent in 14-15?	630
	How many non-elective admissions is the BCF planned to prevent in 15-16?	2,797

For Provider to populate:

	Question	Response
1.	**Do you agree with the data above relating to the impact of the BCF in terms of a reduction in non-elective (general and acute) admissions in 15/16 compared to planned 14/15 outturn?**	Commissioners have confirmed that the data above forms part of the 5 year East Sussex Better Together commissioning plan and is consistent with information used in the recent Challenged Health Economy work. However ESHT has not seen the activity detail within the commissioning plan and is currently unable to confirm the numbers above. The Local Health Economy is about to start detailed discussions about the 2015/16 plans which we expect will clarify the activity reductions for 2015/16
2.	**If you answered 'no' to Q.2 above, please explain why you do not agree with the projected impact?**	As above, ESHT has not seen the activity detail within the East Sussex Better Together commissioning plan nor the plans which support the reduction in non-elective activity.

3.	**Can you confirm that you have considered the resultant implications on services provided by your organisation?**	ESHT has not reflected the East Sussex Better Together commissioning plan in its 5 year LTFM.

ANNEX 2 – Provider commentary

For further detail on how to use this Annex to obtain commentary from local, acute providers, please refer to the Technical Guidance.

Name of Health & Wellbeing Board	East Sussex
Name of Provider organisation	Brighton & Sussex University Hospitals Trust
Name of Provider CEO	Matthew Kershaw
Signature (electronic or typed)	Matthew Kershaw

For HWB to populate:

Total number of non-elective FFCEs in general & acute	**2013/14 Outturn**	8,032
	2014/15 Plan	7,892
	2015/16 Plan	7,864
	14/15 Change compared to 13/14 outturn	-140
	15/16 Change compared to planned 14/15 outturn	-28
	How many non-elective admissions is the BCF planned to prevent in 14-15?	-452
	How many non-elective admissions is the BCF planned to prevent in 15-16?	-344

For Provider to populate:

	Question	Response
1.	**Do you agree with the data above relating to the impact of the BCF in terms of a reduction in non-elective (general and acute) admissions in 15/16 compared to planned 14/15 outturn?**	BSUH agrees that the movement from 2014/15 to 2015/16 volumes is the required level of activity reduction to deliver the projected disinvestment in acute services. The proposed impact between 14/15 and 15/16 is relatively minor. We note however the s ignificant risk to the forecast 2014/15 impact of BCF which does not match the current trend in activity. The Trust and commissioners are continuing to work to validate the 14/15 forecast. Whilst we have not been engaged in the development of the East Sussex Better Care Plan, we can appreciate from the detail shared that the proposed interventions could contribute significantly to the planned c. 4.4% reduction planned for 15/16 if implemented robustly and at pace. However if any non-achievement of 14/15 was added to the challenge for 15/16, this would become unachievable.

		Any agreement by BSUH to include impacts relating to the BCF in 2015/16 contracts would be subject to the further development of implementation plans with the full engagement of providers.
2.	**If you answered 'no' to Q.2 above, please explain why you do not agree with the projected impact?**	
3.	**Can you confirm that you have considered the resultant implications on services provided by your organisation?**	Significant further detail and engagement is required in order to fully consider the impact of, and our opportunities to be involved in delivering, the East Sussex Better Care Plan. The Trust assessed the likely impact of the BCF on its activity, income and expenditure as part of its five-year plan submission. Projections for the impact of demand management between 2014/15 and 2015/16 are in line with those projected by the Trust in its 20th June five-year plan submission. This does not apply if any BCF under-performance from 2014/15 is rolled over into the following year. BSUH's overall clinical strategy relies on the release of bed capacity by the BCF. We are therefore fully supportive of the strategic intention set out and have significant strategic opportunities to utilise released capacity.