



ESBT STRATEGIC COMMISSIONING BOARD

WEDNESDAY, 20 DECEMBER 2017

10.00 AM COUNCIL CHAMBER, COUNTY HALL, LEWES

MEMBERSHIP - East Sussex County Council Members
Councillors David Elkin, Keith Glazier, Carl Maynard and Sylvia Tidy

Eastbourne, Hailsham and Seaford Clinical Commissioning Group and
Hastings and Rother Clinical Commissioning Group Members

Dr Susan Rae, Hastings & Rother Clinical Commissioning Group
Dr Martin Writer, Eastbourne, Hailsham and Seaford CCG
Barbara Beaton, Hastings & Rother CCG (Chair)
Julia Rudrum, Eastbourne Hailsham and Seaford CCG

A G E N D A

- 1 Minutes of the previous meeting (*Pages 3 - 6*)
- 2 Apologies for absence
- 3 Disclosure of Interests
Disclosure by all Members present of personal interests in matters on the agenda, the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct and the CCGs' Conflicts of Interest Policy.
- 4 Urgent items
Notification of any items which the Chair considers urgent and proposes to take at the appropriate part of the agenda.
- 5 Questions from members of the public
- 6 East Sussex Better Together (ESBT) Financial Position and Progress with the Strategic Investment Plan (*Pages 7 - 14*)
- 7 ESBT Alliance Outcomes Framework progress update (*Pages 15 - 28*)
- 8 ESBT Alliance New Model of Care progress update (*Pages 29 - 32*)
- 9 Strategic Commissioning Board Work Programme (*Pages 33 - 34*)
- 10 Any other items previously notified under agenda item 4

PHILIP BAKER
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12 December 2017

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NOTE: As part of the ESBT Alliance's drive to increase accessibility to its public meetings, this meeting will be broadcast live on its website and the record archived for future viewing. The broadcast/record is accessible at

www.eastsussex.gov.uk/yourcouncil/webcasts/default.htm

The East Sussex Better Together Alliance is a partnership of the following organisations
NHS Hastings and Rother Clinical Commissioning Group
NHS Eastbourne, Hailsham and Seaford Clinical Commissioning Group
Sussex Partnership **NHS** Foundation Trust
East Sussex Healthcare **NHS** Trust
East Sussex County Council



ESBT STRATEGIC COMMISSIONING BOARD

MINUTES of a meeting of the ESBT Strategic Commissioning Board held at County Hall, Lewes on 2 October 2017.

PRESENT Councillor Keith Glazier (Chair) Councillors Carl Maynard and Sylvia Tidy; Dr Binodh Bhaskaran, Dr Martin Writer, Barbara Beaton and Julia Rudrum

ALSO PRESENT Keith Hinkley, Director of Adult Social Care and Health, ESCC
Amanda Philpott, Chief Officer, EHS/HR CCG
Jessica Britton, Chief Operating Officer, EHS/HR CCG
John O'Sullivan, Chief Finance Officer, EHS/HR CCG
Bianca Byrne, Acting Head of Policy & Strategic Development, ESCC
Harvey Winder, Democratic Services Officer

11 MINUTES OF THE PREVIOUS MEETING

11.1 The Board RESOLVED to agree the minutes of the previous meeting as a correct record.

12 APOLOGIES FOR ABSENCE

12.2 Apologies for absence were received from Cllr David Elkin and Dr Susan Rae (substitute Dr Binodh Bhaskaran).

13 DISCLOSURE OF INTERESTS

13.1 There were no declarations of interest.

14 URGENT ITEMS

14.1 There were no urgent items.

15 QUESTIONS FROM MEMBERS OF THE PUBLIC

15.1 The Board considered verbal questions from Cllr Colin Swansborough and Cllr John Ungar.

15.2 In response to the questions, the following information was provided:



- East Sussex Better Together's (ESBT) financial position for August and September will be reported to both the ESBT Scrutiny Board and the ESBT Strategic Commissioning Board (SCB) as part of the Quarter 2 monitoring in December.
- The Joint Community Reablement Service (JCR) and other ESBT community-based initiatives have recruitment and retention challenges, in large part due to the nationwide challenge of recruiting care staff. A generic job description under an NHS contract with NHS branding has been developed for the JCR to help tackle this shortage of staff, and it has had a positive impact in attracting people to work for the Service. Other initiatives include reaching out to community colleges in order to draw in a broader, younger workforce than the traditional care worker demographic.

15.3 The Board RESOLVED to request that further information on the ESBT workforce and GP recruitment and retention initiatives is circulated by email.

16 EAST SUSSEX BETTER TOGETHER FINANCIAL POSITION AND PROGRESS WITH THE STRATEGIC INVESTMENT PLAN

16.1 The Board considered a report providing an update on the East Sussex Better Together (ESBT) financial position and progress with the Strategic Investment Plan (SIP).

16.2 In response to questions from the Board, the following information was provided:

- One of the key overarching aims of ESBT is for health and social care organisations to work better with districts and borough councils, communities, and local groups. Locality Forums are key to achieving this aim and they will begin operating during October.
- There are 9 ESBT schemes included in the report that are currently rated amber or red in terms of their performance and risk. There are, however, 36 schemes in total across ESBT and the other 27 schemes remain on track.
- Some schemes have so far had low referral rates from GPs and other healthcare practitioners. This is being addressed by a communications plan that will raise awareness and confidence amongst clinicians to refer patients to these new schemes.
- The rate of non-elective admissions in the ESBT area has dropped significantly against national and regional trends. This demonstrates that ESBT schemes designed to keep people out of hospital, such as Health and Social Care Connect (HSCC) and the Crisis Response Teams, are starting to gain traction within the wider health system.
- There have been challenges to date with independent providers developing the necessary capacity to deliver new ESBT services at the pace that is required, for example, Care Home Plus and Technology Enabled Care Services (TECs). The ESBT Alliance Executive is in the process of engaging with independent care home providers to establish what capacity the sector has. Further work will then be carried out to support providers and incentivise them to develop the capacity that is needed to deliver Care Home Plus.
- Some of the challenges facing the ESBT programme are outside of its direct control, such as changes to the National Tariff prices and payment rules, Better Care Fund requirements, and the requirement to meet control totals over a wider geographic area, i.e., across the Sussex and East Surrey Sustainability and Transformation Partnership (STP).

16.3 The Board RESOLVED to:



- 1) note the East Sussex Better Together financial position and progress with the Strategic Investment Plan; and
- 2) request monthly updates on the progress of ESBT by email

17 EAST SUSSEX BETTER TOGETHER (ESBT) ALLIANCE OUTCOMES FRAMEWORK PROGRESS UPDATE

17.1 The Board considered a report providing an update on progress with the development of the ESBT Alliance Outcomes Framework and a sample of performance data for the first quarter of 2017/18.

17.2 The Chair noted the ESBT Scrutiny Board's comment in relation to this report and it was confirmed that officers were considering the feasibility of the scrutiny board's recommendation to include appropriate housing and education indicators in the Outcomes Framework.

17.3 Officers agreed to look at the feasibility of including indicators that demonstrated evidence of effective working across the system and good logistics between organisations. It was explained that certain workforce indicators already included in the Framework should help to capture improvements in working as a single health and care system.

17.4 The Board RESOLVED to note the report

18 EAST SUSSEX BETTER TOGETHER (ESBT) ALLIANCE NEW MODEL OF CARE

18.1 The Board considered a report providing an update on the further developments within the ESBT Alliance and integrated strategic commissioning arrangements for 2017/19 onwards.

18.2 In response to a question from the Board, officers explained that the majority of health and care services in the ESBT area will be provided or commissioned by the developing ESBT Accountable Care Organisation. Some services could be 'allocated down' to Integrated Locality Teams as part of this work, whilst some commissioning could be 'delegated up' to be carried out at Sussex and East Surrey Sustainability and Transformation Partnership (STP) level. Services could also be delivered in partnership with Connecting 4 You across the whole of East Sussex. In addition, the Health and Wellbeing Stakeholder Group will allow ESBT to work collaboratively with a broader set of stakeholders in the independent, community and voluntary sectors; and the Housing Health Sub-Group facilitates close working with district and borough councils.

18.3 The Board RESOLVED to:

- 1) Note the decision taken by each of the ESBT Alliance partner's governing bodies to proceed with further health and social care integration in the form of a single new health and care organisation by 2020/21
- 2) Note the agreement of each of the ESBT partner's governing bodies to accelerate this through strengthening the commissioner provider ESBT Alliance arrangement for 2018/19, to make the required year on year improvements to our system financial position and quality (as set out in the high level milestone map in Appendix 1)
- 3) Note the proposed timetable and next steps as set out in section 6 to progress development and strengthen our Alliance arrangements for April 2018



19 COLLABORATIVE HEALTH AND WELLBEING STAKEHOLDER GROUP

19.1 The Board considered a report providing an update on progress with the set up and development of a new collaborative health and wellbeing stakeholder group.

19.2 The Board RESOLVED to:

1) Note progress with the development of the new Health and Wellbeing Collaborative Stakeholder Group, including draft Terms of Reference for the Group and the recruitment process

2) Welcome a representative from the group at the next meeting of the SCB on 20 December 2017

20 WORK PROGRAMME

20.1 The Board RESOLVED to agree its work programme.

The meeting ended at 2.45 pm.

Councillor Keith Glazier
Chair



Report to: East Sussex Better Together (ESBT) Strategic Commissioning Board

Date of report: 20 December 2017

By: Director of Adult Social Care, East Sussex County Council
Chief Officer, Eastbourne Hailsham & Seaford and Hastings & Rother Clinical Commissioning Groups

Title: East Sussex Better Together Financial Position and Progress with the Strategic Investment Plan

Purpose: To provide the ESBT Strategic Commissioning Board with an update on the East Sussex Better Together financial position

RECOMMENDATIONS

The ESBT Strategic Commissioning Board is recommended to:

- 1) note the East Sussex Better Together (ESBT) system financial position and scale of forecast outturn variance;
 - 2) note that we are working closely with our NHS regulators, NHS England (NHSE) and NHS Improvement (NHSI) to ensure there is complete transparency and understanding of the position and mitigating plans in the remaining months of 2017/18 and into 2018/19; and
 - 3) endorse the recovery actions being developed and implemented collaboratively through the ESBT structures, including the financial planning framework for 2018/19.
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Background

1.1 The report updates the Strategic Commissioning Board on the challenging financial position affecting the East Sussex Better Together (ESBT) area in the context of the pressures on the NHS and social care nationally. Whilst we can demonstrate sustained improvements in quality and managing demand, there is a potential £80m risk within our overall resource envelope of approximately £1bn, and the report outlines our shared action to reduce this risk.

1.2 The key messages this report highlights are as follows:

- Operating in a challenged economy, ESBT targeted a demand shift, recognising that we could not simply reduce hospital costs. ESBT can demonstrate that it has successfully bent the demand curve since 2013/14.
- System performance is improving for key national standards, including Referral to Treatment Time (RTT), Accident and Emergency (A&E) and Delayed Transfers of Care



(DTCO), and challenges remain in respect of cancer standards and the 62 day target. There is more to be done to deliver this consistently and sustainably.

- The shared financial challenge is significant. Both East Sussex Healthcare Trust (ESHT) and the Clinical Commissioning Groups (CCGs) are seeing cost pressures and are forecasting that they will not meet their financial plans. In May 2017 the financial risk was estimated at a worst case £83m. The combined system financial risk is now crystallising at this upper level, at around £80m (£70m after mitigation).
- We have a good shared understanding of the issues and have developed a shared financial recovery plan to mitigate this risk. The evidence indicates the ESBT strategy to shift demand is the right one. We know we need to go faster and deeper if we are to achieve system financial sustainability by the original planned date of **2020/21**.
- The governance arrangements for ESBT are embedded and starting to work well – all system partners are aligned and focusing on delivering our priorities for 2017/18. We already report the finances on an integrated basis monthly, and review the whole system financial position.
- Our focus is on our whole system to deliver our financial recovery plan over the remaining months of the financial year in order to start **2018/19** with a trajectory towards plan.
- The ESBT Alliance is developing our financial plans as if we are a single organisation – the scale of challenge is such that we need to be unwavering in our focus on system recovery.
- We are working closely with our regulators, NHS England (NHSE) and NHS Improvement (NHSI) to ensure there is complete transparency and understanding of the position and mitigating plans in the remaining months of 2017/18 and into 2018/19.

2. Supporting Information

2.1. (ESBT is the whole system health and care transformation programme, which was formally launched in August 2014, to fully integrate health and social care across the ESBT footprint in order to deliver high quality and sustainable services to the local population. Originally formed as a partnership between Eastbourne, Hailsham & Seaford (EHS) CCG, Hastings and Rother (H&R) CCG and East Sussex County Council, the Programme now formally including ESHT and Sussex Partnership NHS Foundation Trust (SPFT), and a formal Alliance has been established. Our shared vision is to ensure that people receive proactive, joined up care, supporting them to live as independently as possible and achieve the best possible outcomes.

2.2. The partnership has moved to the next phase of the work to fully integrate and embed into core business the commissioning and delivery of health and social care. The Council and CCGs have aligned the respective budgets for Adult Social Care, Public Health, relevant parts of Children's Services with those for Clinical Commissioning, as part of the transition to the ESBT accountable care model which is intended to take a whole-systems approach to the planning and delivery of health and social care across the ESBT area. The aligned budgets have been drawn together into a Strategic Investment Plan (SIP) which was presented in summary form for 2017/18 at a previous meeting of the



Strategic Commissioning Board. The SIP is a medium term plan covering the period to 2020/21.

2.3. As a reminder, the scale of budgets within the control of Alliance Partners is c£1 billion. This is illustrated pictorially at Appendix 1.

Finance and Activity Monitoring - Update

2.4. The last meeting of the Board received the Month 4 monitoring position for ESBT, which was a significant adverse variation. The latest outturn and ESBT Alliance risk forecast shows that there has been no change in the underlying position, and, for 2017/18 there is a total risk to system control totals before mitigation of £80.3m (NHS £79.8m; LA £0.5m).

2.5. The main reasons for this risk figure are planned savings not achieved (across all partner organisations) of £37.4m and consequential loss of Sustainability and Transformation Funding (STF) of £8.9m, together with additional costs from a commissioner perspective of activity growth of £3.3m, acute price growth of £12.5m, agreed additional winter pressures costs of £2m, resolution of system finance issues from 16/17 £4.6m and 17/18 system pressures of £7.6m, and other net system costs pressures of £3.8m.

2.6. Month 7 activity data shows consistently improving performance across a range of Strategic Investment Programme (SIP) projects, including:

- **Crisis Response:** referrals and activity has been in-line with projected levels for three consecutive months. Referrals from outside hospital have also improved, helping to support patients in their own residence and avoiding unnecessary conveyance to hospital
- **Hospital Intervention Team (HIT):** this is now consistently assessing and supporting twice the number of patients that had been the case at the beginning of the year
- **Falls and Fracture Liaison services:** over the last two months there has been a significant increase in the number of falls assessments and exercise classes undertaken. This represents a fourfold increase in activity compared with April 2017.

2.7. Whilst this indicates some considerable progress in the delivery of individual interventions, the total number of people attending A&E and being admitted as emergencies continues to be higher than planned levels.

2.8. However, for the over 65 age group, where most of the above interventions are directed, it is evident there has been a significant positive rise in the number of people admitted for ambulatory care or assessment wards who have subsequently been discharged on the same day. In direct comparison with the same period in 2016/17, the number of patients over 65 years of with a zero length of stay (LOS) has increased by 12% and those with a 1 day LOS by 2%. Overall the average LOS of emergency patients over 65 years of age has reduced from 9.5 days to 8.1 days, a reduction of 15%. The positive impact of our ESBT initiatives therefore continues to be evidenced



2.9. The explanation for this shift is it supports a quality improvement whereby patients have been admitted to be fully assessed rather than remain in A&E on a trolley. It also represents our increased ability and capacity within the community to support patients in their own residence and reduce the need to remain in hospital. However, it is evident that this is resulting in a net financial issue to the CCG under traditional Payment by Results arrangements.

2.10. The ESBT position is very challenging and the level of risk is significant, requiring focused recovery plans. The position should however be viewed in the context of:

- the successful track record of ESBT since its inception in 2013/14 in bending the demand curve; and
- the extent of financial challenge evident in other health systems, both locally and nationally.

Financial Recovery Plan (FRP)

2.11. In the context of this very challenging financial position, discussions have taken place with the system regulators, NHSE and NHSI, in a series of joint meetings. A system Financial Recovery Plan (FRP) has been formulated.

2.12. Included within the recovery plan are a set of joint actions where we will work together to achieve cost reductions across specified budget lines primarily within ESHT and also the CCGs. This is part of the commitment to a single approach to system recovery, which also includes local agreement between the CCGs and ESHT to suspend Payment by Results (PbR) as a financial regime for 2017/18 and adopt an Aligned Incentive Contract which sets a fixed payment for the CCGs' commissioning of acute and community services from ESHT. Adopting a fixed payment, subject only to changes which are outwith the control of ESBT system partners (i.e. decisions by NHSE / NHSI, major catastrophic incidents) is intended to provide financial certainty to the system, enable ESHT to consolidate its quality improvements, and avoid distraction from the core task of financial recovery.

2.13. The change in financial regime is subject to approval by regulators and subject to a clear understanding with NHSE/I about the regulatory approach to organisational financial special measures. At this point neither NHSE or NHSI have approved the proposed Aligned Incentive Contract and are requiring further analysis to be provided, including an expected forecast outturn (FOT) position based on Payment by Results (PbR), an agreed contract value and details around community investment included within the year to date position and forecast. The deterioration in the system financial position is considered by the regulators to be one of the most significant in the South East.

2.14. All options for CCG in-year spending reductions have been reviewed, but the scope for further reduction is limited because of the following context:

- ESHT position under significant pressure but forecast outturn deficit shows year-on-year improvement;
- Risk of jeopardising system performance improvements for key national standards, including RTT, A&E and DTOC;
- Primary care is fragile;



- Social care is holding up this year but will come under renewed financial pressure in **2018/19**; and
- Mental health requires further investment.

2.15. Therefore the system strategy must be to continue to:

- reduce the cost of provision wherever safe and appropriate.
- ensure that we maximise the benefits of existing initiatives that bend the demand curve further.
- implement locality plans to accelerate the redesign of care pathways.

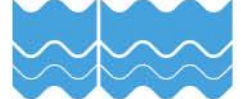
2.16. A realistic target for in-year financial recovery has been set at £9.8m. Within the £9.8m figure, joint system actions listed are targeted to achieve net savings of £5.3m. The Alliance Executive has made a commitment to its achievement across all parties, with shared responsibility covering joint governance, joint resourcing and transparent benefits tracking. This is supported by a formal letter from the Director of Finance of ESHT to the Chief Officer of the CCGs.

2.17. In addition to the four principle schemes (focusing on supporting urgent care needs; efficiency of elective care; working across the STP footprint to ensure provision of most clinically effective treatments; and support direct access diagnostics) which may only deliver full financial benefit in **2018/19**, we will also review all uncommitted budget spend and undertake a peer review of all budgets across the partner organisations to identify further deliverable opportunities.

2.18. In order to consolidate the approach, we have agreed a framework for system planning for **2018/19** that enshrines the following principles and agreements:

- The ESBT Integrated Finance and Investment Plan (IFIP) is an integral part of the financial planning and budget-setting of all four organisations, so that there will be complete alignment between it and the individual budgets.
- The IFIP planning process is informed by the budget parameters of individual organisations (to ensure affordability). All elements of the IFIP will engage clinical, operational and commissioning colleagues so that planned actions have shared ownership. The IFIP as a process must therefore have the confidence of each Alliance partner and of regulators.
- The IFIP will be supported by a financial framework, an approvals process, a set of operating rules for application of the Plan into individual organisations and by effective PMO reporting with clear accountability for delivery of each scheme assigned to a lead officer.
- The IFIP will form a platform for the whole-system Whole Population Budget to be put in place for the Accountable Care Organisation (ACO) in **2020/21**.

2.19. The **2018/19 planning** framework is represented pictorially below.



ESBT ALLIANCE INTEGRATED FINANCE AND INVESTMENT PLAN		
Purpose: To set affordability envelope and allocate planning targets to sub-plans; to ensure alignment back to individual organisational plans <i>Co-ordinated and controlled by ESBT Finance Group; decisions made via Alliance governance structures</i>		
↑	↑	↑
ESBT SERVICE REDESIGN PLAN (SRP - formerly the SIP)	ESBT COST REDUCTION PLANS (CRP - formerly the CIP)	ESBT FINANCIAL RECOVERY PLAN (FRP)
Purpose: to allocate resources to services according to ESBT priorities; including investment/disinvestment schemes and projects	Purpose: to contain and, where feasible, reduce the unit cost of provision	Purpose: to drive a recovery in the ESBT financial position for 2017/18 (assume projects with recurrent savings are reallocated to SRP or CRP for 2018/19)
<i>Co-ordinated and controlled by the ESBT ISPG</i>	<i>Managed by individual organisations against agreed planning targets</i>	<i>Managed jointly via Alliance Sub-Group for 2017/18; discontinued for 2018/19</i>
<i>Lead finance support from CCG</i>	<i>Lead finance support from relevant orgn</i>	<i>Lead finance support from ESHT</i>
<i>Projects managed and monitored by the ESBT Portfolio Management Office <- Inter-organisational impacts quantified and recognised -></i>		

3. Conclusion and reasons for recommendations

3.1 The ESBT Strategic Commissioning Board is recommended to:

- **note** the East Sussex Better Together (ESBT) system financial position and scale of forecast outturn variance;
- **note** we are working closely with our regulators, NHS England (NHSE) and NHS Improvement (NHSI) to ensure there is complete transparency and understanding of the position and mitigating plans in the remaining months of 2017/18 and into 2018/19; and
- **endorse** the recovery actions being developed and implemented collaboratively through the Alliance structures, including the financial planning framework for 2018/19.

AMANDA PHILPOT

Chief Officer

KEITH HINKLEY

Director of Adult Social Care and Health

Contact Officers:

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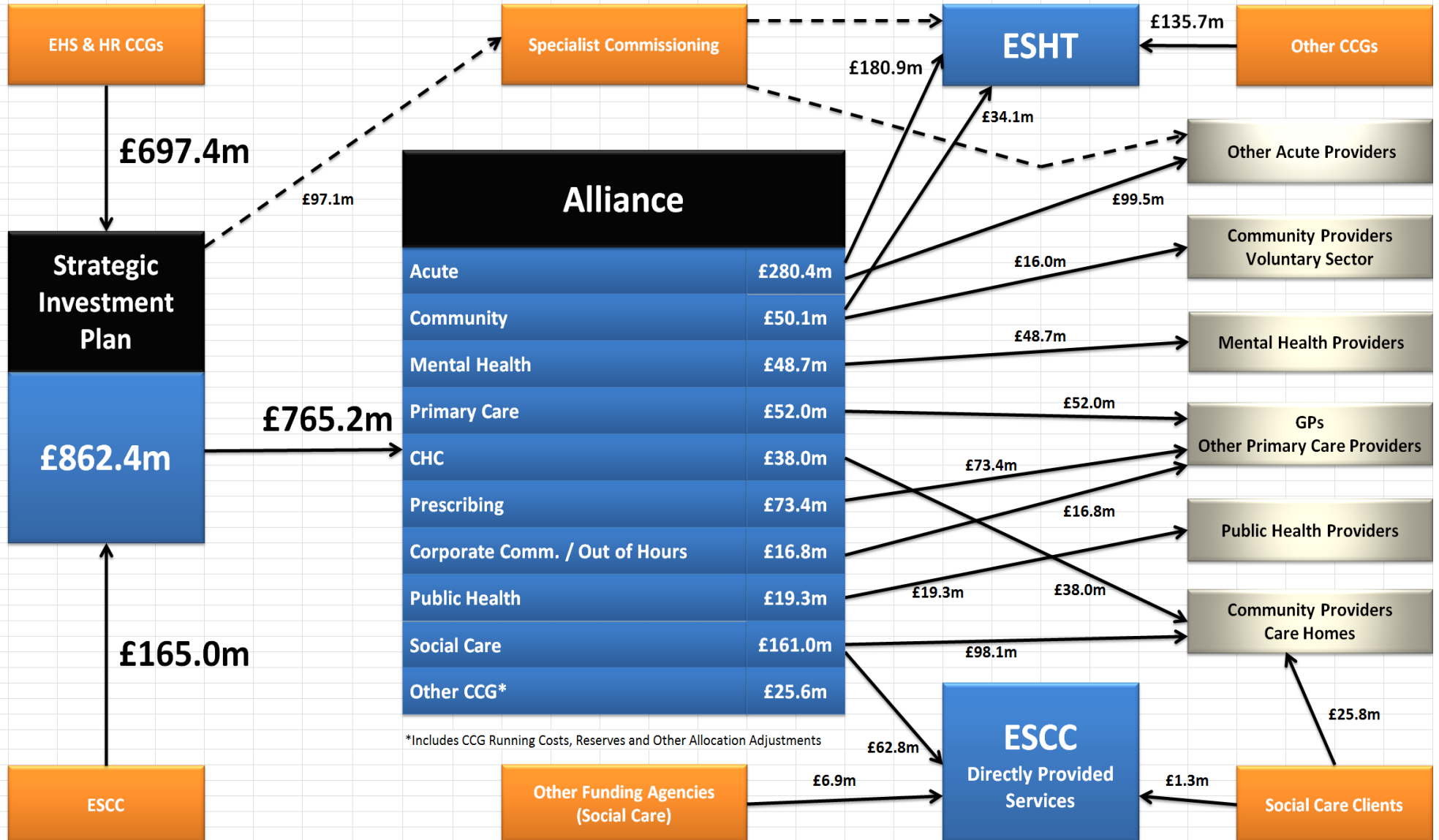
Keith Hinkley, Director of Adult Social Care and Health Tel: 01273 481288

Background documents:

None

ESBT ALLIANCE: FINANCIAL FLOWS 2017/18

Page 13





Report to: East Sussex Better Together (ESBT) Strategic Commissioning Board

Date of meeting: 20 December 2017

By: Director of Adult Social Care and Health
East Sussex County Council (ESCC)
Chief Officer
NHS Eastbourne, Hailsham and Seaford Clinical Commissioning
Group (EHS CCG) and Hastings and Rother Commissioning Group
(HR CCG)

Title: ESBT Alliance Outcomes Framework progress update

Purpose: To provide the ESBT Strategic Commissioning Board with an update on progress with development of the evolving ESBT Alliance Outcomes Framework, including reporting in 2017/18 and proposals for reporting in 2018/19.

RECOMMENDATIONS

The ESBT Strategic Commissioning Board is recommended to:

- note progress made with developing, refining and reporting performance against the draft ESBT Alliance Outcomes Framework;
 - agree proposals for reporting in 2018/19 as set out in paragraph 2.6; and
 - note plans for finalising a revised ESBT Alliance Outcomes Framework for 2018/19.
-

1. Background

1.1 As part of the 2017/18 test-bed year for the formal East Sussex Better Together (ESBT) Alliance, a small group of shared system-wide priority outcomes have been agreed which we can work towards and further test and refine during the year. Ultimately it is envisaged that this will:

- Enable us to understand if our ESBT Alliance arrangement is working effectively to deliver improvements to population health and wellbeing, experience, quality, and sustainability.
- Enable commissioners, providers and staff working in the system to recognise and use the same outcomes framework to guide their work with patients, clients and carers, and see how their activity or part of the care pathway contributes to delivering the outcomes that are meaningful for local people.
- Complement the way the ESBT Alliance uses our collective business intelligence to understand the performance of the health and care system as a whole.

1.2 The agreed outcomes have been developed into a framework which has ten strategic objectives and eighteen desired outcomes set out within four domains: population health and wellbeing; experience of local people; transforming services for sustainability and quality care and support. At the ESBT Strategic Commissioning Board meeting on 6 June 2017, it was agreed to test this draft outcomes framework during 2017/18. The latest version of the integrated framework and proposed measures for this year is included at Appendix 1 for ease of reference.

2. Supporting information

Progress with the ESBT Alliance Outcomes Framework in 2017/18

2.1 Work to identify appropriate test performance measures and data sources for each of the agreed outcomes within the framework has been completed. The range of performance measures have been suggested to evidence progress in achieving the agreed outcomes. We are continuing to develop, test and refine these measures to strengthen the framework further. Work is also ongoing to identify any additional measures required to reflect priorities across the system and support measurement of improvements.

2.2 Existing targets have been captured and included in the framework for the five year period from 2016-2021 which aligns with the Strategic Investment Plan (SIP) planning horizon. Further work will be required to set the remaining targets according to the future contractual model agreed for Alliance provision, and the learning generated in the test-bed year.

2.3 A summary report containing baseline data for 2015/16 alongside performance data for 2016/17 can be seen on the ESBT website¹, alongside available data for quarters 1 and 2 of 2017/18. Development of an ESBT Alliance Outcomes Framework and appropriate reporting processes are currently being tested. Part of the challenge is arriving at conclusions on a system wide basis as we don't yet have an integrated data set to support our monitoring.

2.4 The nature of measuring outcomes rather than outputs means that much of the performance data is only available annually or every two years. Consideration is being given as to the most appropriate reporting timescales and mechanisms as part of work which is underway to align the developing outcomes and performance frameworks for the ESBT Alliance.

2.5 With this in mind and given that data is only available from 2015/16 at the earliest it is too soon in the process to see clear trends. The quarterly data as of month 6 in 2017/18 is showing some clear evidence of progress and sustained improvement for our system, in particular for A&E waits, Cancer referral standards, and Delayed Transfers of Care. Early indications also suggest improvement across all domains between 2015/16 and 2016/17.

2.6 There is insufficient quarterly data to make judgements on the achievement of longer term outcomes at this point in 2017/18, however we expect to be able to produce more detailed reporting in the second year of the framework. Proposals for reporting in 2018/19 are as follows:

- A full report with data for all three years at the earliest opportunity in 2018/19.
- A focus on one domain each quarter with more detailed analysis and any qualitative information available.

Engagement with local people

2.7 We are continuing to engage with local people during 2017/18 to further inform and shape the ESBT Alliance Outcomes Framework and test the outcomes. Since the last ESBT Strategic Commissioning Board meeting, updates have been given at the autumn round of Shaping Health and Care events and a focus group with representatives from the Patient Participation Groups² and Adult Social Care People Bank³ was held on 28 November 2017.

2.8 Feedback from those attending the focus group is that the outcomes are clear; they cover the key areas of interest and are what we should be expecting from an integrated health and care system. Suggestions were made for further simplifying some of the language and this will be reflected in the revised version for 2018/19. There was general consensus that communication with the public and wider stakeholders should take place when the framework has been further tested

¹ www.eastsussex.gov.uk/esbt

² <http://www.eastbournehailshamandseafordccg.nhs.uk/get-involved/patient-participation-groups/>

³ <https://consultation.eastsussex.gov.uk/adult-social-care/joining-the-people-bank/>

and as part of general communication about the Alliance. There was support however for a simple one page summary document. This has been produced and can be seen at Appendix 2.

2.9 East Sussex Community Voice is commissioned by ESBT to provide the Public Reference Forum (PRF). The current focus of the PRF contract is to hear from residents about their experience of using health and care services over the last six months. Through the PRF, the ESBT Alliance wants to understand what has worked well for people and what could be improved. As part of the initial learning year of the outcomes framework, information gathered through the PRF will be used to enhance the data sources within the framework. A new set of questions was released on 1 November 2017 and the results will feed into the outcomes framework reporting processes as the data becomes available.

Wider context

2.10 As part of the development of our ESBT Alliance Outcomes Framework we are monitoring and learning from similar work being taken forward in other parts of the country and further afield. As we move towards developing the business case for an integrated ESBT health and care organisation by 2020/21, we will need to take account of the national incentive framework that NHS England are developing as part of the standard Accountable Care Organisation Contract for procuring new care models.

2.11 In recognition of ESBT's growing knowledge in this area, we were also invited to take part in co-design process for a new framework model to assess integrated care performance alongside five other international sites. The model aims to bring together best practice in understanding the performance of integrated care, and is being developed by the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) under a mandate from the European Commission. The work is due to make recommendations on an integrated care performance framework model in 2018.

Developing the Outcomes Framework for 2018/19

2.12 Work is underway to review the draft outcomes framework produced for testing in 2017/18, with a view to developing the framework for 2018/19, recognising the iterative nature this exercise as we continue to learn about how best to measure progress as a system. Feedback gathered to date suggests that there is general agreement to the outcomes identified for the framework in 2017/18. There is scope however, within the agreed strategic objectives and outcomes, to increase the range of data available from across the whole system and work is underway to identify gaps and opportunities for further development.

2.13 We have been using the Optimity Accountable Care System Health Check tool to understand the progress we are making on our journey to accountable care. One of the areas highlighted in the initial phases of the exercise was the importance of having a performance framework, within the context of our overarching ESBT Outcomes Framework, that enables our integrated ESBT locality planning and delivery groups to monitor performance in a way that supports:

- dynamic progression of service integration at the frontline, and testing what works
- the areas that are important for local people in the context of integration, and the delivery of good outcomes
- long-term sustainability, and informing and driving good practice

2.14 In line with this we have agreed to focus phase 3 of the ESBT Health Check work on designing an integrated performance framework that ESBT locality groups can start to use in 2018. This will entail working with performance leads across the Alliance to further align work on integrating data sets to support both monitoring the ESBT Outcomes Framework and operational performance, as well as a co-design session with the Eastbourne Locality Planning and Delivery

group. This work will also help shape and inform the next iteration of the ESBT Alliance Outcomes Framework.

3. Conclusion and reasons for recommendations

3.1 Research and discussions about our new model of accountable care continue to confirm the need for an integrated outcomes framework which can be used to measure improvements on a system-wide basis, test how well our whole health and care system is working and ensure oversight of system performance against investment made. It is important this is developed as part of an overarching framework that aligns performance and outcome monitoring and work is underway to achieve this.

3.2 We will review and propose a refined version of the ESBT Alliance Outcomes Framework to work with next year. This will continue to be informed by the views of local people and other key stakeholders about what is important for their health and care services.

3.3 The ESBT Strategic Commissioning Board is asked to note:

- note progress made with developing, refining and reporting performance against the draft ESBT Alliance Outcomes Framework;
- agree proposals for reporting in 2018/19 as set out in paragraph 2.6; and
- note plans for finalising a revised ESBT Alliance Outcomes Framework for 2018/19.

KEITH HINKLEY
Director of Adult Social Care and Health, ESCC

AMANDA PHILPOTT
Chief Officer, EHS and HR CCGs

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BACKGROUND DOCUMENTS

None

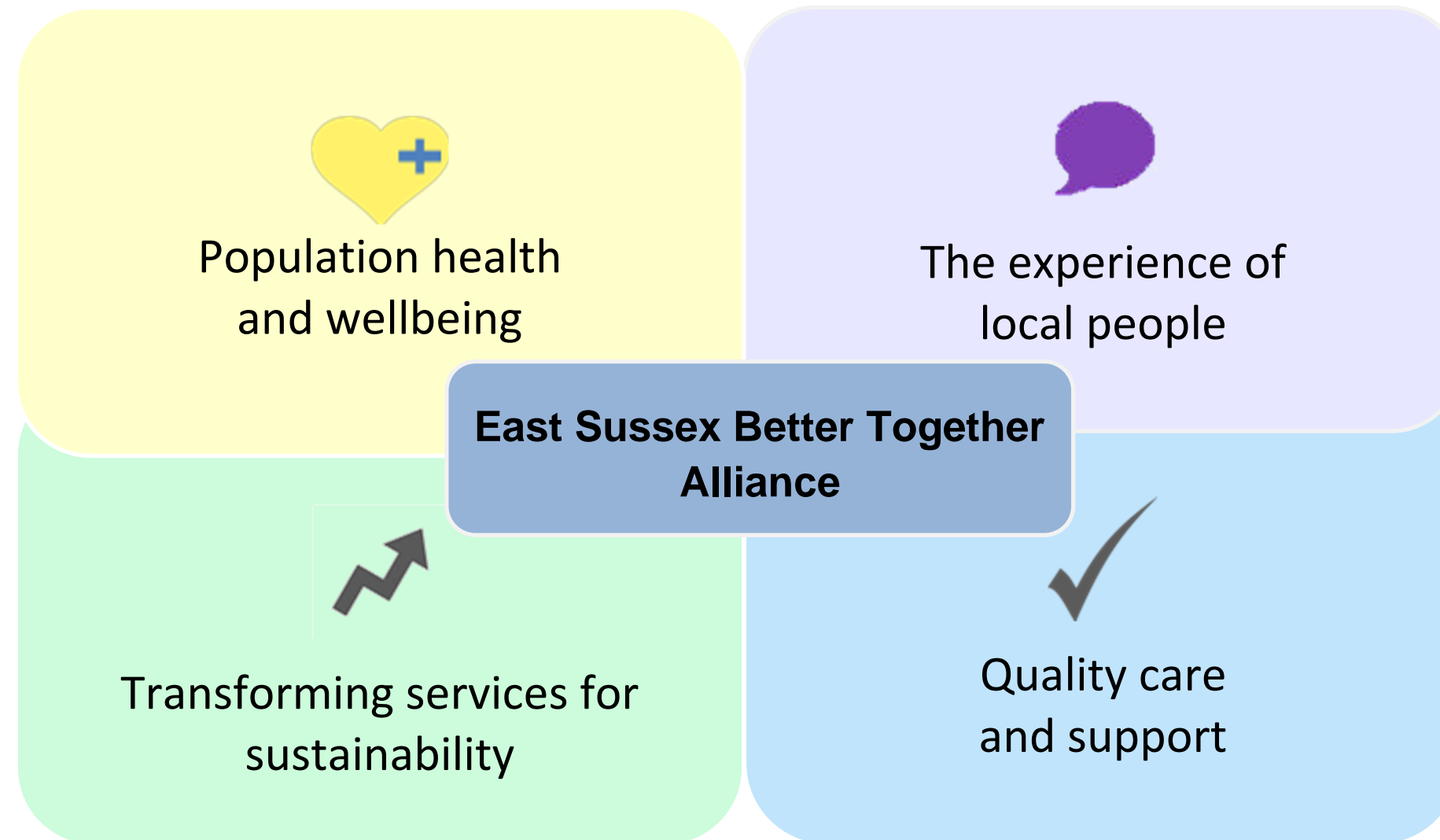
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East Sussex Better Together (ESBT) Outcomes Framework



The ESBT Alliance Outcomes Framework shows our commitment to measuring our progress against the health and care priorities that matter to you. For local people using our services in the new ESBT Alliance, that means a way to measure whether the services they receive (activities) will improve their health, well-being and experience of care and support (outcomes). Overall we want to improve the health and wellbeing of our population, the quality and experience of health and care services, and keep this affordable.



The measures and key indicators in this document have been chosen because they are what people have told us is important to them, and will give us a good indication of overall system performance. The ESBT Alliance Outcomes Framework complements the existing Outcomes and Performance Frameworks that the individual ESBT organisations work to for Adult Social Care, Public Health and the NHS, and is designed to provide an overview of how well we are performing together as a system.






Population health and wellbeing

We want to improve health and wellbeing for local people

Outcomes	These indicators and measures will tell us how we are doing...	
Children are supported to have a healthy start in life	The proportion of babies who were fully or partially breastfed	 Increase in percentage of babies aged 6-8 weeks who were fully or partially breastfed
	The rate of obesity among children	 Reduction in excess weight in children aged 4-5 years Reduction in excess weight in children aged 10-11 years
	The proportion of mothers known to be smokers at the time of delivery	 Reduction in percentage of mother known to be smokers at the time of delivery
People are supported to have a good quality of life	The proportion of people reporting a good quality of life	 Improve health-related quality of life for older people Improve social-care-related quality of life for adults Increase in number of people who feel they have enough social contact
	The rate of overall mental wellbeing	 Increase in proportion of people who say they are not anxious or depressed Decrease in attendances at A&E for self-harm per 100,000 of local population
People are supported to live in good health	The average number of years a person would expect to live in good health	 Healthy life expectancy at birth for men Healthy life expectancy at birth for women
	The rate of preventable deaths	 Reduction in preventable mortality Reduction in mortality amenable to healthcare

We want to reduce health inequalities for local people

Inequalities in healthy life expectancy are reduced	The gap in rates of obesity in children between the most and least deprived areas	 Reduction in the gap in excess weight of 4-5 year olds between the most and least deprived areas Reduction in the gap in excess weight of 10-11 year olds between the most and least deprived areas
	The gap in health related quality of life for older people between the most and least deprived areas	 Reduction in the gap in health-related quality of life for older people between the most and least deprived areas
	The gap in rates of preventable deaths between the most and least deprived areas	 Reduction in the gap in preventable mortality between the most and least deprived areas Reduction in the gap in mortality amenable to healthcare between the most and least deprived areas



The experience of local people

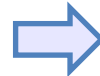
We want to put people in control of their health and care

Outcomes

These indicators and measures will tell us how we are doing...

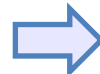
People and their carers feel respected and able to make informed choices about services

The proportion of people using services who feel they have been involved in making decisions about their support



Ensure people using services receive self-directed support
People receiving services feel they have enough choice over their care and support services
People receiving services feel they have as much control as they want over their daily life

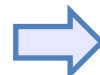
The proportion of carers who feel they have been involved in decisions about services



Carers feel they have been involved or consulted as much as they wanted to be, in discussions about the support or services provided to the person they care for
Carers feel that their needs as a carer were taken into account in planning their support

People and their carers have choice and control over services and how they are delivered

The number of people in receipt of direct payments for their care or personal health budgets



Increase in the number of people using services who receive direct payments for their care
Increase the number of people in receipt of personal health budgets

The number of carers in receipt of direct payments



Increase in the number of carers using services who receive direct payments

We want good communication and access to information for local people

People can find jargon free health and care information in a range of locations and formats

The proportion of people and carers reporting they find it easy to access and use information about services



People find it easy to find information and advice about support, services or benefits.
Carers find it easy to find information and advice about support, services or benefits

Health and care services talk to each other so that people receive seamless services

The proportion of people and carers reporting they have only had to tell their story once



People who contact us about their support have not had to keep repeating their story
Carers who contact us about support have not had to keep repeating their story

We want to deliver services that meet people's needs and support their independence

People are supported to be as independent as possible

The number of people living at home and accessing support in their communities



Increase in people accessing the support available to them in their local communities
Fewer people are permanently admitted to residential and nursing care homes

The proportion of people with support needs who are in paid employment



Increase in the proportion of adults with learning disabilities in paid employment
Increase in proportion of adults in contact with secondary mental health services in paid employment

The proportion of people who regain their independence after using services



Proportion of people 65+ who are still at home three months after a period of rehabilitation
Proportion of people needing less acute, or no ongoing, support after using short-term services

People are supported to feel safe

The proportion of people and carers who report feeling safe








People feel as safe as they want
People feel care and support services help them feel safe
Carers feel safe and have no worries about their personal safety




Transforming services for sustainability



We want to demonstrate financial and system sustainability

Outcomes	These indicators and measures will tell us how we are doing...	
People have access to timely and responsive care	The waiting times for primary care GP services and community support and care services	 Increase in number of people who report they are satisfied with their experience of making a GP appointment Waiting time for home care packages
	The referral times for health treatment	 Constitutional NHS standards are met Increase in proportion of people referred with first episode of psychosis who are seen within 2 weeks
	The length of stay in hospital	 Reduction in length of stay in hospital Reduction in delayed transfer of care out of hospital
People access acute hospital services only when they need to	The number of people accessing hospital in an unplanned way	 Reduction in number of A&E attendances Reduction in number of non-elective admissions Reduction in emergency admissions for chronic ambulatory care sensitive conditions
Financial balance is achieved across the system	The average Year of Care Costs	 Reduction in average Year of Care Costs

We want to deliver joined up information technology

People and staff working within the system have access to shared and integrated electronic information	The proportion of people and staff in all health and care settings able to retrieve relevant information about an individual's care from their local system	 Proportion of systems feeding in to the integrated personal record Proportion of systems feeding in the integrated reporting system Proportion of systems feeding in to the citizen record
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We want to prioritise prevention, early intervention, self care and self management

Interventions take place early to tackle emerging problems, or to support people in the local population who are most at risk	The flow of investment from acute hospital services to preventative, primary GP, and community health and care services	 Increase the proportion of funding invested in preventative, primary and community provision
	The proportion of services developed to intervene proactively to support people before their needs increase	 Activation levels of people receiving services Number of people being screened for frailty Number of people who have a care plan from a proactive service Proportion of people who have access to active care coordination



Quality care and support

We want to provide safe, effective and high quality care and support

Outcomes

These indicators and measures will tell us how we are doing...

People are supported by high quality care and support

The proportion of people reporting satisfaction with the services they have received



Increase in number of people who report they are satisfied with the care and support they receive
Increase in number of carers who report they are satisfied with the care and support they receive
Increase in proportion of bereaved carers reporting good quality of care in the last three months of life

The effectiveness of the health and care intervention the person has received



Improve the health gain people experience after elective procedures
Increase in number of older people still at home 91 days after discharge from hospital

People are kept safe and free from avoidable harm

The number of healthcare-related infections and serious incidents



Reduction in healthcare-related infections
Reduction in number of serious incidents in healthcare

The effectiveness of the safeguarding enquiry



Increase in the number of adults who were asked what their desired outcomes of the safeguarding enquiry are, and of those how many were fully/partially achieved

The number of falls in the population of local people



Reduction in the number of falls in East Sussex

We want to deliver person centred care through integrated and skilled service provision

People are supported by skilled staff, delivering person-centred care

The levels of staff satisfaction



Increase in staff satisfaction levels
Reduction in staff turnover

The proportion of staff who have received training in person-centred care



Increase in percentage of staff who have completed their mandatory training
Increase in proportion of staff who have the Care Certificate

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East Sussex Better Together (ESBT) Alliance Outcomes Framework



The ESBT Alliance Outcomes Framework shows our commitment to measuring our progress against the health and care priorities that matter to you. For local people using our services in the new ESBT Alliance, that means a way to measure whether the services they receive (activities) will improve their health, well-being and experience of care and support (outcomes). Overall we want to improve the health and wellbeing of our population, the quality and experience of health and care services, and keep this affordable. The measures and key indicators in this document have been chosen because they are what people have told us is important to them, and will give us a good indication of overall system performance.

Population health and wellbeing

The impact of services on the health of the population such as preventing premature death and overall prevalence of disease.

Objective	Outcome
Improve health and wellbeing for local people	<ul style="list-style-type: none"> Children are supported to have a healthy start in life People are supported to have a good quality of life People are supported to live in good health
Reduce health inequalities for local people	<ul style="list-style-type: none"> Inequalities in healthy life expectancy are reduced

Transforming services for sustainability

The way services work and how effective they are at impacting positively on the people who use them.

Objective	Outcome
Demonstrate financial and system sustainability	<ul style="list-style-type: none"> People have access to timely and responsive care People access acute hospital services only when they need to Financial balance is achieved across the system
Deliver joined up information technology	<ul style="list-style-type: none"> People and staff working within the system have access to shared and integrated electronic information
Prioritise prevention, early intervention, self care and self management	<ul style="list-style-type: none"> Interventions take place early to tackle emerging problems, or to support people in the local population who are most at risk

The experience of local people

The experience people have of their health and care services.

Objective	Outcome
Put people in control of their health and care	<ul style="list-style-type: none"> People and their carers feel respected and able to make informed choices about services People and their carers have choice and control over services and how they are delivered
Good communication and access to information for local people	<ul style="list-style-type: none"> People can find jargon free health and care information in a range of locations and formats Health and care services talk to each other so that people receive seamless services
Deliver services meet people's needs and support their independence	<ul style="list-style-type: none"> People are supported to be as independent as possible People are supported to feel safe

Quality care and support

Making sure we have safe and effective care and support.

Objective	Outcome
Provide safe, effective and high quality care and support	<ul style="list-style-type: none"> People are supported by high quality care and support People are kept safe and free from avoidable harm
Deliver person centred care through integrated and skilled service provision	<ul style="list-style-type: none"> People are supported by skilled staff, delivering person-centred care

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Report to: East Sussex Better Together (ESBT) Strategic Commissioning Board

Date of meeting: 20 December 2017

By: Director of Adult Social Care and Health
East Sussex County Council (ESCC)
Chief Officer
NHS Eastbourne, Hailsham and Seaford Clinical Commissioning
Group (EHS CCG) and Hastings and Rother Commissioning Group
(HR CCG)

Title: ESBT Alliance New Model of Care progress update

Purpose: To provide the ESBT Strategic Commissioning Board with an update on progress with plans to strengthen our ESBT alliance arrangement in 2018/19

RECOMMENDATIONS

The ESBT Strategic Commissioning Board is recommended to:

- 1) Note that our proposals for strengthening the ESBT Alliance in 2018/19 remain on track. This includes the recent decision to recommend to ESBT sovereign partners to extend the ESBT Alliance Agreement until March 2020.
- 2) Discuss the ESBT Alliance planning and integrated governance, including arrangements for integrated strategic commissioning and financial planning.
- 3) Note that the acceleration of Sustainability and Transformation Partnerships (STP) and commissioning reform reinforces our need for ESBT health and care system to be flexible and responsive whilst ensuring successful implementation of our local integrated commissioning arrangements focussed on our ESBT 'place'
- 4) Note that the ESBT Accountable Care Development Group also continues work to develop the criteria to determine how integrated health and social care service delivery will best meet local need, in the context of the wider Sussex and East Surrey STP.

1. Background

1.1 East Sussex Better Together (ESBT) is our whole system (£1billion) health and care transformation programme. Our shared vision is that by 2020/21, there will be a fully integrated, sustainable 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. By working together we aim to achieve high quality and affordable care now and for future generations and improve the quality and safety of all the services we commission and deliver.

1.2 We know we can be most effective if we manage as a system to drive innovation and continual improvement and to collectively address the financial and activity challenges we face, within our place based resource envelope. Accountable care is the vehicle we have chosen to help us deliver this.

2. Supporting Information

Strengthening our ESBT Alliance: single, system-wide leadership

2.1 By April 2018 we have agreed that we will have in place single system-wide leadership for health and social care commissioning and transformation, supported by stronger system governance. This will be underpinned by an integrated financial planning framework of pooled and aligned funding to reinforce our ESBT focus on population health, reducing health inequalities and outcomes to drive improvements.

2.2 We are currently on track with shaping our proposals to deliver this. We have mapped and reviewed the existing governance arrangements of our sovereign commissioning member organisations, as well as the key elements of our new ESBT Alliance governance structure, to further develop our understanding of the following:

- what is currently delegable to our Alliance and what isn't;
- where lay, clinical and elected members' roles could be used to best effect in assuring plans as we move forward on a system-wide basis in 2018/19;
- an initial screening exercise of potential equalities and health inequalities impacts, and;
- the transitional timetable that will be necessary to test how we can make our integrated commissioning arrangements work to best effect, and make optimum use of the ESBT Alliance Governance arrangements to support population health and wellbeing.

2.3 We are also aiming to ensure we have a set of clear criteria for how our ESBT services will be organised and within this what health and care integration looks like locally. This will need to take account of our contribution to the Sussex and East Surrey STP, and how to best transform to meet population health and care needs and deliver in-year improvements to service quality and finance, in line with our five year ESBT Strategic Investment Plan (SIP).

Future organisational model

2.4 Further to this, a critical next step during early 2018/19 will be to develop and agree the business case to describe what accountable health and care will look like organisationally in East Sussex, how this will relate to the Sussex and East Surrey STP, and what needs to happen on a locality basis. A key influencing factor will be the likely wider STP acute clinical services strategy, and the timetable as it emerges. Work to scope and develop the business case is being taken forward by the ESBT Accountable Care Development Group, and the initial broad areas of focus are likely to be:

- Our ESBT criteria for how best to organise service provision to enable transformation to meet local population health and care needs on a sustainable basis
- The outcomes we will commission to meet population health and care needs on a sustainable basis
- How this will support and integrate with the Sussex and East Surrey STP, including the likely acute services strategy
- The role of ESBT localities
- The legal and governance arrangements between ESBT and the STP
- The financial arrangements that will underpin the way we organise services
- Impact assessments.

Our ESBT Alliance Agreement

2.5 In order to enable the further development of our ESBT Alliance and the work towards our future preferred model, at its informal meeting on the 8 November, the ESBT Alliance Governing Board agreed to recommend to sovereign bodies of the Alliance the necessary extension of the current ESBT Alliance Agreement until March 2020, as the framework within which a strengthened

ESBT Alliance will operate in 2018/19 and 2019/20. This is in line with existing parameters regarding the term of the Agreement.

Current action

2.6 It is clear that our current and necessary focus as an ESBT Alliance is to confirm and deliver our plans for financial recovery, and improve the in-year run rate for our ESBT system in order to demonstrate our ability to manage and transform within our resource envelope. This includes implementing some technical changes to the provider contract this year, as well as agreeing the contracting vehicle for 2018/19.

2.7 Strengthening our system governance to assure our Financial Recovery Plans (FRP) will be a key part of this, alongside ensuring our contribution to the emerging plans for system balance within the Sussex and East Surrey STP. It will be important to target all energies delivering this, and not to detract or distract from this in the short term, in order to enable the confidence from our regulators that will support us in moving forward collectively as a system.

3. Conclusion and reasons for recommendations

3.1 The national direction of travel for commissioning reform requires us to accelerate our plans for ESBT place-based commissioning by April 2018 to ensure we can best organise ESBT services locally to meet our population health and care needs, as well as contribute effectively and flexibly within the wider STP framework.

3.2 In a slight revision to timescales, and to allow time to finalise our plans for financial recovery and ensure ESBT Alliance partners' proposals for integrated system leadership are fit for purpose, we will bring a comprehensive set of recommendations in the New Year, covering:

- Our integrated financial planning framework of pooled and aligned funding;
- Locality planning proposals;
- Our integrated governance arrangements, to ensure delivery of service quality and system financial balance.

3.3 The ESBT Strategic Commissioning Board is recommended to:

- **Note** that our proposals for strengthening the ESBT Alliance in 2018/19 remain on track. This includes the recent decision to recommend to ESBT sovereign partners to extend the ESBT Alliance Agreement until March 2020.
- **Discuss** the ESBT Alliance planning and integrated governance, including arrangements for integrated strategic commissioning and financial planning.
- **Note** that the acceleration of Sustainability and Transformation Partnerships (STP) and commissioning reform reinforces our need for ESBT health and care system to be flexible and responsive whilst ensuring successful implementation of our local integrated commissioning arrangements focussed on our ESBT 'place'
- **Note** that the ESBT Accountable Care Development Group also continues work to develop the criteria to determine how integrated health and social care service delivery will best meet local need, in the context of the wider Sussex and East Surrey STP.

KEITH HINKLEY
Director of Adult Social Care and Health, ESCC

AMANDA PHILPOTT
Chief Officer, EHS and HR CCGs

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BACKGROUND DOCUMENTS: None

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East Sussex Better Together (ESBT) Strategic Commissioning Board

Future work programme

Updated: December 2017

<i>Agenda Item</i>	<i>Objectives</i>	<i>Contact officer</i>
Standing items (these appear on each meeting's agenda)		
Questions from members of the public	Members of the public may submit written questions for the Board no later than five clear working days ahead of a meeting, stating the questioner's name and address. Written answers will be circulated at the meeting. The questions and answers will not be read out but the Chair may at their discretion allow the questioner one supplementary question to clarify the answer given.	Harvey Winder, Democratic Services Officer, ESCC
Strategic Commissioning Board Work Programme	To consider the proposed agenda items for future meetings of the ESBT Strategic Commissioning Board.	Claire Lee, Senior Democratic Services Adviser, ESCC
9 March 2018		
ESBT Alliance financial position and progress with the Strategic Investment Plan	To consider an update on the ESBT Strategic Investment Plan (SIP) 2017/18 including performance and service developments, and any specific recommendations from the ESBT Alliance Governing Board for adjustments to the SIP.	Paula Gorvett, ESBT Programme Director & John O'Sullivan, Chief Finance Officer, EHS/H&R CCGs
ESBT Outcomes Framework	To consider performance against the ESBT Outcomes Framework for quarter 3 of 2017/18.	Candice Miller, Policy Development Manager, ESCC

<i>Agenda Item</i>	<i>Objectives</i>	<i>Contact officer</i>
ESBT Alliance New Model of Care	To consider progress with further developing the ESBT Alliance and integrated strategic commissioning arrangements for 2018/19 onwards.	Vicky Smith, ESBT Accountable Care Strategic Development Manager
Review of Strategic Commissioning Board	To review the Board's work during 2017/18 and consider its future role.	Vicky Smith, ESBT Accountable Care Strategic Development Manager (?TBC)
Annual report to Health and Wellbeing Board	To agree an annual report to the East Sussex Health and Wellbeing Board	Paula Gorvett, ESBT Programme Director (?TBC)

CCGs – Clinical Commissioning Groups
ESBT – East Sussex Better Together
ESCC – East Sussex County Council
EHS – Eastbourne, Hailsham and Seaford
H&R – Hastings and Rother