ESBT STRATEGIC COMMISSIONING BOARD

FRIDAY, 9 MARCH 2018

10.00 AM COUNCIL CHAMBER - COUNTY HALL, LEWES

MEMBERSHIP - East Sussex County Council Members

Councillors David Elkin, Keith Glazier (Chair), 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
Julia Rudrum, Eastbourne Hailsham and Seaford CCG

A G E N D A

1 Minutes of the previous meeting *(Pages 3 - 8)*

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 CQC Area Review Report and Action Plan *(To Follow)*

7 East Sussex Better Together Financial Position and Progress with the Strategic Investment Plan *(Pages 9 - 16)*

8 ESBT Alliance New Model of Care progress update *(Pages 17 - 36)*

9 ESBT Outcomes Framework progress update *(Pages 37 - 52)*

10 Strategic Commissioning Board Work Programme *(Pages 53 - 54)*

11 Any other items previously notified under agenda item 4

PHILIP BAKER
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1 March 2018

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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

ESBT STRATEGIC COMMISSIONING BOARD

MINUTES of a meeting of the ESBT Strategic Commissioning Board held at County Hall, Lewes on 20 December 2017.

PRESENT	Barbara Beaton (Chair) Councillors David Elkin, Keith Glazier, Carl Maynard and Sylvia Tidy; Dr Susan Rae, Dr Tim Caroe, and Julia Rudrum
ALSO PRESENT	Keith Hinkley, Director of Adult Social Care and Health Amanda Philpott, Chief Officer, EHS/ HR CCG Stuart Gallimore, Director of Children's Services Cynthia Lyons, Acting Director of Public Health Jessica Britton, Chief Operating Officer, EHS/HR CCG Vicky Smith, Accountable Care Strategic Development Manager

21 MINUTES OF THE PREVIOUS MEETING

21.1 The minutes of the previous meeting were agreed.

22 APOLOGIES FOR ABSENCE

22.1 Dr Martin Writer gave his apologies. Dr Tim Caroe substituted.

23 DISCLOSURE OF INTERESTS

23.1 There were no declarations of interest.

24 URGENT ITEMS

24.1 There were no urgent items.

25 QUESTIONS FROM MEMBERS OF THE PUBLIC

25.1 There were no questions from members of the public.

26 EAST SUSSEX BETTER TOGETHER (ESBT) FINANCIAL POSITION AND PROGRESS WITH THE STRATEGIC INVESTMENT PLAN

26.1 The Board considered a report providing an update on the East Sussex Better Together (ESBT) financial position.

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

- Hospital care costs have inflated by 7% during 2017/18. The increase is a result of changes to the Payment by Results (PbR) tariff; specifically changes to the re-charge codes that are applied to different types of hospital treatments. These codes are set at a national level.
- It is clearly understood that there is a need to move towards place-based budgets as part of an integrated health and social care model. PbR, however, will continue as the mechanism to account for local activity and funding flows of healthcare in the Sussex and East Surrey Sustainability and Transformation Partnership (STP) area.
- It is understood from the first year of the ESBT Strategic Investment Plan (SIP) that investment in transformed services that reduce demand on the system has to be matched with cost reductions within providers. The current regulatory regime of NHS Improvement, however, is encouraging trusts in financial special measures – which includes East Sussex Healthcare NHS Trust (ESHT) – to increase their income at the cost of the rest of the system.
- Within this financial and regulatory regime, there will be opportunities to agree different local financial arrangements. The ESBT Alliance is in the process of work to identify and agree a single plan for the health and social care system that will help to align the incentives of commissioners and providers and address the deficit. During January 2018, key ESBT projects will be identified where investment can be made into them that will draw down demand for care elsewhere. At the same time, plans will be developed to reduce costs in the secondary care system and address the inflation issue.
- The southern region is the first in England to recruit a Regional Integrated Director role for NHS Improvement and NHS England. The Regional Integrated Director is designed to help integrate the two regulators, however, the legislation underpinning them requires that they remain two separate organisations with separate budgets.
- The ESBT area went from a 'challenged health economy' area in 2012/13 to both CCGs delivering surplus control totals across four years. The deterioration in the financial situation, therefore, is from this surplus control total to the current projected outturn for 2017/18, and the relative financial position is similar to other CCG areas. The regulator's concern is whether management and understanding of the costs that have led to the deterioration can be demonstrated.
- The challenge for the ESBT area is that the financial risk has crystallised during the financial year. This is in contrast with the Brighton & Hove area that had an agreed control total of £65m deficit at the beginning of the financial year. This meant that the regulators had expected their financial system would go into deficit during the year.
- Primary care is a building block of ESBT. GP Practices, according to the NHS Five Year Forward View, should receive £3 per patient but the ESBT primary care strategy will provide £13 per head of investment this year. A similar level will be invested going forward, meaning that the proportion of the healthcare budget that primary care receives will increase from 8.5 to 12% by 2021. At the same time, GP practices will be encouraged to demonstrate value for money, longer opening hours, and speedier access

to GPs. A process of federating GP practices is being encouraged to support these changes.

26.3 The Board RESOLVED 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;

3) endorse the recovery actions being developed and implemented collaboratively through the ESBT structures, including the financial planning framework for 2018/19; and

4) request an update on the ESBT primary care strategy.

27 ESBT ALLIANCE OUTCOMES FRAMEWORK PROGRESS UPDATE

27.1 The Board considered a report providing an update on progress with the development of the ESBT Alliance Outcomes Framework.

27.2 The following additional information was provided in response to questions from the Board:

- The Outcomes in the framework have been developed based on what matters to local people and in partnership with a range of stakeholders. Some outcomes are set nationally – such as those around public health and wellbeing – and others are set locally based on local issues . This is to measure whether the integrated ESBT system transformation is having the desired impact on quality, the experience of local people, and finances in order to secure the sustainability of local health and care services.
- It is important that wherever possible the ESBT Outcomes Framework measures the delivery of outcomes and not process or activity. The Outcomes Framework is being tested during 2017/18, and the learning will inform how outcomes and measures are set for 2018/19.
- The Outcomes Framework is embedded in the core performance principles of the individual organisations to ensure that each organisation in the ESBT Alliance is working to a common set of goals and objectives. It was noted that each ESBT organisation still has to work within their own different regulatory regimes and outcomes frameworks.
- A workshop is being set up in early-January to look at how specific performance and outcomes could be shaped around the ESBT localities. The intention is to design an integrated performance framework that enables the locality planning and delivery groups to understand the particular contribution they are making to improving service quality and finances, and how well they are doing.

27.3 The Board RESOLVED to:

1) note progress made with developing, refining and reporting performance against the ESBT Alliance Outcomes Framework;

2) note plans for finalising a revised ESBT Alliance Outcomes Framework for 2018/19.

3) agree that a full report with data for all three years is provided at the earliest opportunity in 2018/19**,** and;

4) agree that future reports will focus on one domain each quarter with more detailed analysis and any qualitative information available.

28 ESBT ALLIANCE NEW MODEL OF CARE PROGRESS UPDATE

28.1 The Board considered a report providing an update on the progress of plans to strengthen ESBT Alliance arrangements during 2018/19.

28.2 The following additional information was provided in response to questions from the Board:

- Throughout the existence of the STP, the ESBT Alliance has been clear about the need to integrate social care with health care at the place-based planning level, i.e., at ESBT level, rather than across the entire STP. This is seen as the best way to address population health needs, in part due to the size and complexity of the STP. There is agreement across the STP that this is the preferred approach.
- Now that there is new leadership in the STP, it is necessary to understand how a future acute care strategy for the whole STP can be integrated into the commissioning arrangements for the individual placed-based plans.
- The STP comprises 19 NHS organisations and 4 local authorities. The task of the STP is complex, and a coterminous STP would be easier to organise. The STP is attempting to deal with issues that have been unresolved in the health and social care system in Sussex for 15-20 years, such as the developing of an acute care network. The new Chair of the STP, Bob Alexander, has an awareness of the importance of addressing issues around co-terminosity, such as patient flows, both within the STP and between Sussex other health economies such as Kent.

28.3 The Board RESOLVED 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) note 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’; and

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.

29 STRATEGIC COMMISSIONING BOARD WORK PROGRAMME

29.1 The Board considered the work programme.

29.2 The Board RESOLVED to note the work programme following the addition of a report on the governance arrangements for ESBT, including any recommendations from the Care Quality Commission (CQC) report on the East Sussex Area Review.

The meeting ended at 11.10 am.

Barbara Beaton
Chair

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Report to:	**East Sussex Better Together (ESBT) Strategic Commissioning Board**
Date of report:	**9 March 2018**
By:	**Director of Adult Social Care & Health, 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 remainder 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**

1. Background

1.1 The report updates the Strategic Commissioning Board on the challenging financial position affecting the ESBT area in the context of the pressures on the NHS and social care nationally. We have demonstrated clear and sustained improvements in quality and managing demand; however the financial challenges identified in previous reports remain significant. The report summarises the financial position for 2017/18 and 2018/19.

2. Supporting Information

2.1 East Sussex Better Together (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) Clinical Commissioning Group (CCG), Hastings and Rother (H&R) CCG and East Sussex County Council, the programme now includes

East Sussex Healthcare NHS Trust (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 As a reminder, the scale of budgets within the control of Alliance Partners is c£1 billion. This is illustrated pictorially at Appendix 1.

3 Finance and Activity Monitoring – 2017/18 Update

3.1 The position reported to this meeting in December was an ESBT Alliance forecast for 2017/18 of a total risk to system control totals before mitigation of £80.3m (NHS £79.8m; LA £0.5m). The latest position (Month 10 figures), in the form of the Alliance financial monitoring report, is attached at Appendix 2 and, by organisation, is as follows:

Organisation	2017/18 Plan £m	Year- end Forecast £m	Forecast Variation from Budget/Control Total £m
East Sussex County Council (ESCC)	0.0	0.4	0.4
EHS & HR CCGs	-17.1	26.9	44.0
East Sussex Healthcare NHS Trust (ESHT)	26.5	56.1	29.6
Total	**9.4**	**83.4**	**74.0**

A negative number indicates a surplus. A positive number indicates a deficit. This means that the CCGs had a surplus control total of £17m and ESHT had a deficit control total of £27m for 2017/18.

3.2 The aggregate position therefore shows a slight improvement from the risk reported in the previous report, but there remains a significant financial challenge, and it is clear that the current cost of health and social care in East Sussex remains substantially higher than is recognised in national funding models.

3.3 Close liaison has been maintained with NHS regulators regarding the financial challenge. The ESBT approach had been to ask regulators to work with us to take a system-wide approach to financial recovery. The intention had been to enable a “fixed income guarantee” between the CCGs and ESHT, to shift focus from transactional contract challenge and individual control totals, towards one of a system approach financial recovery by providing certainty to both commissioner and provider.

3.4 This has not currently been supported by our regulators because of the criticality of initially understanding the impact of Payment by Results (PbR) and outstanding contractual disputes on the baseline for a clear process for planning for **2018/19** in underpinning recovery. This brought about a reconciliation and negotiation process, including mediation from regulators in order to settle the 2017/18 payment at £257.1m.

The mediation outcome set the contract value without any further Quality, Innovation, Productivity and Prevention (QIPP) for the rest of the financial year.

3.5 Our plans have not been realised as quickly as we had planned for and, whilst in line with the national picture, we have seen increases in A&E attendances and non-elective admissions resulting in overspend against plan. Our work has had a clear and beneficial impact on hospital discharge and flow. The Trust has been able to accommodate the increase in admissions without increase in bed capacity.

3.6 Each of the six community investments (Crisis Response, Frailty Practitioner Service, Enhanced Hospital Intervention Team, Integrated Support Workers, Proactive Care Practitioners, Falls & Fracture Liaison) made within the Plan has been evaluated. In general, the evaluation has highlighted a number of common factors:

- Recruitment to new service teams has been slower than planned, and in some cases has caused knock-on staffing shortages for existing services;
- Referrals to the new services have, in the main, been made after an admission has happened. The positive impact has therefore been predominantly on discharge rather than admission avoidance.

3.7 Other new service investments within the Plan, for example Care Home Plus and the expansion of Technology Enabled Services (TECs) have not progressed for operational reasons. These schemes will be assessed as part of the planning for 2018/19.

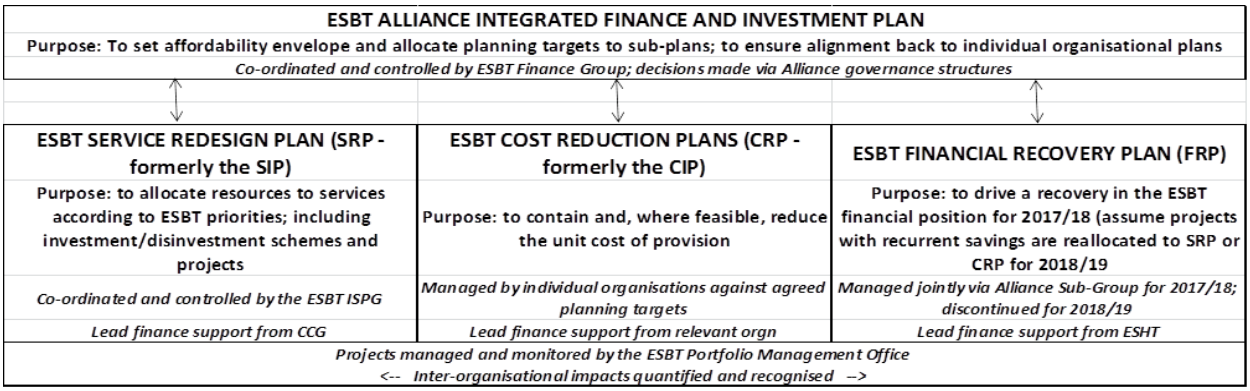
3.8 A number of the schemes did not progress at the originally planned pace, most notably Locality Planning, where the planned savings target increased to £15.4m. This is now in place with refreshed leadership and clear direction and embedding well to provide a good foundation for delivery in 2018/19.

3.9 More favourably, Prescribing savings targets of £2.9m have been achieved and exceeded with outturn at m10 forecast to be £0.8m overspend after absorbing pressures in the region of £3.2m from the national pricing issue in 'No Cheaper Stock Obtainable' drugs. Total savings are assessed at £5.3m.

3.10 At the start of 2017/18 there was a gap between the expenditure plans of the CCGs and the income plans of the Trust, due to differing assumptions around activity levels. The financial value of this gap was c£43.6m which has been resolved as part of agreeing this year's contract values.

4 Financial Planning for 2018/19

4.1 The ESBT Alliance has agreed a financial planning framework for 2018/19. This is represented pictorially below.



4.2 The combination of reductions in government grant (for adult social care), nationally agreed allocations for the NHS and demographic pressures across the system mean that 2018/19 will be extremely challenging financially for the system. Given the overall level of financial deficit within the ESBT health and care system and the variations to plan experienced in 2017/18, all organisations have committed to producing realistic and deliverable plans.

4.3 The process for producing plans for 2018/19 is ongoing at the time of drafting this report.

- ESCC has approved a Budget that requires £9.6 m of savings and specific proposals, notably the reduction in spending at the Milton Grange and Firwood Intermediate Care Homes, will be subject to public consultation.
- Projects for incorporation within the Service Redesign Plan (the successor to the SIP) are currently being developed and appraised collaboratively through the Integrated Strategic Planning Group (ISPG) chaired by the ESCC Director of Adult Social Care and Health. These will feed into the budget plans of all three organisations. While the focus continues to be on demand shift towards lower cost settings, the experience from 2017/18 and the scale of the challenge will require us to consider different ways of meeting need, including some potential disinvestment from existing services and/or projects, in a way that makes the very best use of available resources.
- The CCGs and ESHT will be finalising their budgets by the end of April subject to agreement with NHS England and NHS Improvement.

4.4 Revised control totals have been issued to both CCGs and Trusts. Sustainability & Transformation Funding (STF) which was previously only available to Trusts has now been extended to CCGs but is only available where control totals are met.

4.5 In a challenging national financial environment, all partners remain committed to achieving system financial sustainability and ensuring the best resource management of available resources. This is the basis of the Integrated Finance and Investment Plan.

4.6 A verbal report on progress will be made at the meetings of both the ESBT Scrutiny Board and the Strategic Commissioning Board.

5 Conclusion and reasons for recommendations

5.1 The ESBT Strategic Commissioning Board is recommended to:

- **note** the East Sussex Better Together (ESBT) system financial position and scale of forecast outturn variance for 2017/18;
- **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 remainder 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 Philpott
Chief Officer

Keith Hinkley
Director of Adult Social Care and Health

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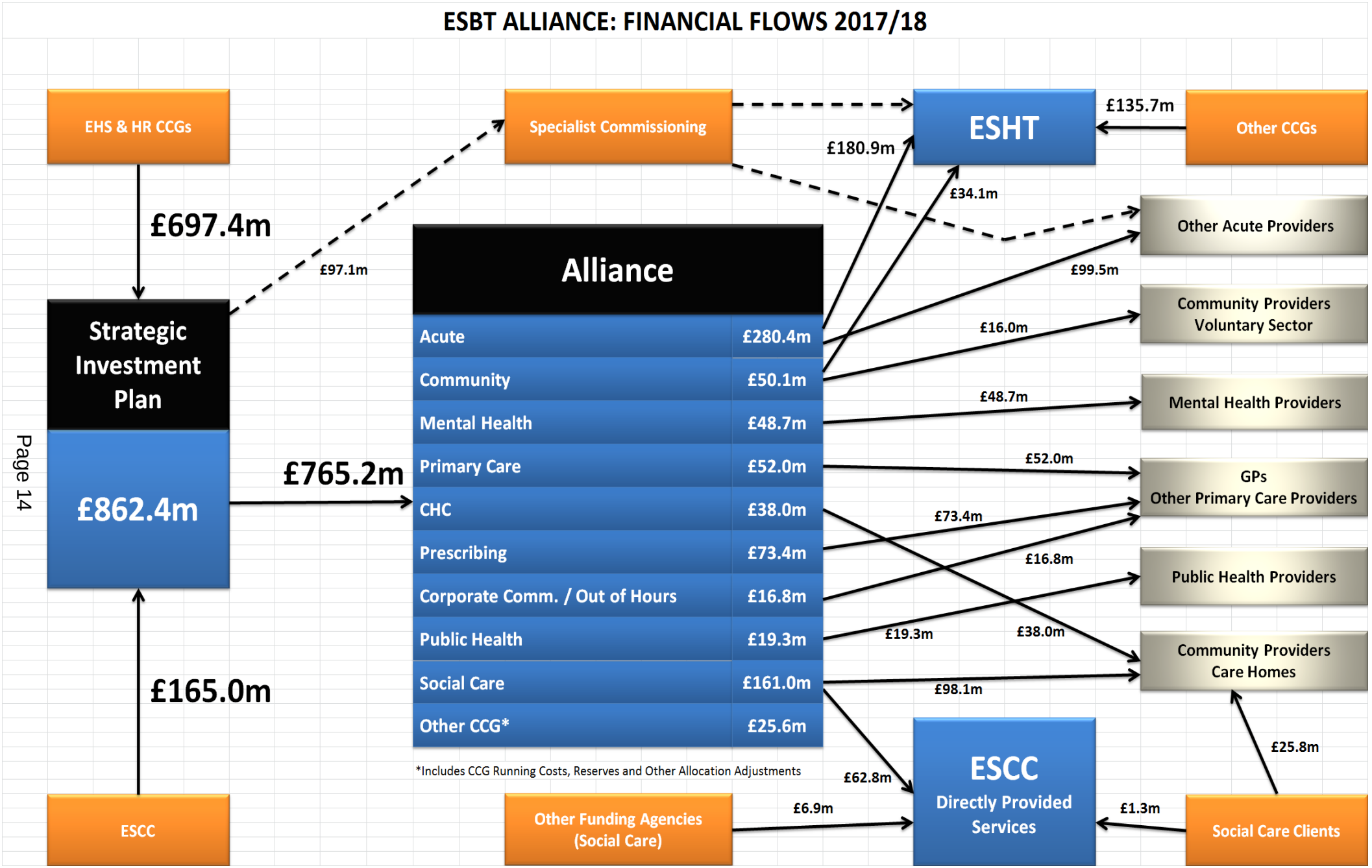
Background documents: None

ESBT ALLIANCE: FINANCIAL FLOWS 2017/18



ESBT MONITORING PERIOD 10 2017/18 - INCOME & EXPENDITURE

Appendix 2

Accountable Care Monitoring Period 10	Plan YTD	Actual YTD	Variance YTD	Plan	Forecast	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
EHS	244,481	244,481	-	294,579	294,579	-
HR	263,891	263,891	-	317,765	317,765	-
CCG Specialist	80,936	80,936	-	97,123	97,123	-
ESCC - Core Budget	137,517	137,517	-	165,020	165,020	-
ESCC - External Income	28,329	28,329	-	33,995	33,995	-
ESCC - Income from HWLH	52,453	52,453	-	62,943	62,943	-
ESHT*	114,167	101,302	12,864	137,000	121,563	15,437
Total Income	**921,773**	**908,909**	**12,864**	**1,108,425**	**1,092,988**	**15,437**
ESHT Gross Exp	355,417	367,000	(11,583)	426,500	440,400	(13,900)
Acute Spend with Other Providers	81,622	86,945	(5,323)	97,796	106,169	(8,373)
Community Spend with Other Providers	12,667	10,288	2,379	15,246	12,628	2,617
CCG Mental Health	40,620	40,620	-	48,569	48,744	(175)
Primary Care	104,421	105,406	(985)	125,314	126,107	(793)
CHC	31,686	32,128	(442)	38,023	38,631	(608)
CCG Spend with Local Authorities	4,303	4,573	(270)	3,031	3,423	(392)
Other CCG Spend	13,752	10,419	3,333	17,025	13,321	3,704
CCG Admin Costs	6,719	6,617	102	8,128	8,028	100
Earmarked Reserves	3,537	-	3,537	7,573	4,187	3,386
CCG Specialist	80,936	80,936	-	97,123	97,123	-
Adult Social Care	156,094	156,433	(339)	187,313	187,720	(407)
Children's Services	5,262	5,262	-	6,314	6,314	-
Public Health	17,202	17,202	-	20,642	20,642	-
HWLH	52,453	52,453	-	62,943	62,943	-
ACO Expenditure	**966,690**	**976,281**	**(9,591)**	**1,161,540**	**1,176,381**	**(14,841)**
Net Planned Deficit	**44,917**	**67,372**	**(22,455)**	**53,115**	**83,394**	**(30,278)**
System Imbalance**	(37,000)	(469)	(36,531)	(43,615)	-	(43,615)
System Control Total	**7,917**	**66,903**	**(58,986)**	**9,500**	**83,394**	**(73,893)**

*YTD non-ESBT ESHT Income pro-rata to the ratio in the annual plan. Month 9 figures pro ratas to annual plan and forecast at this stage

**This is the structural deficit that results from the difference in CCG and ESHT plans.

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Report to:	**East Sussex Better Together (ESBT) Strategic Commissioning Board**
Date of meeting:	**9 March 2018**
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 consider progress with further developing the ESBT Alliance and integrated strategic commissioning arrangements for 2018/19 onwards.**

RECOMMENDATIONS

The ESBT Strategic Commissioning Board is recommended to:

1. **Note and discuss the shared learning from the test-bed year of the ESBT Alliance, and the implications for strengthened governance and leadership of the ESBT Alliance to deliver improvements to quality and finances in 2018/19, focussing initially on integrating commissioning for April 2018;**
2. **Note the current review of ESBT Alliance governance and the proposed review of the Health and Wellbeing Board and place-based governance (as recommended in the CQC Local System Review);**
3. **Discuss the proposed arrangements for East Sussex County Council (ESCC), Eastbourne Hailsham Seaford Clinical Commissioning Group (EHS CCG) and Hastings and Rother Clinical Commissioning Group (HR CCG) to lead health and social care commissioning and transformation for our ESBT system together, and manage financial planning as a single process;**
4. **Note the progress being made to develop the business case for our future ESBT integrated care provider model to achieve a sustainable health and care system by 2020/21, and the plans to engage with our key stakeholders.**

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1. Background

1.1 2017/18 has been our test bed year of operating as an integrated (accountable) care system. During the test bed year we have also agreed that we want to strengthen the ESBT Alliance in 2018/19, as a necessary step on our journey to a fully integrated and sustainable health and social care system by 2020/21.

1.2 Unfortunately we recognise that this alone is simply not enough to make sure our services are affordable for years to come, and to deliver our shared vision that by 2020/21, there will be an integrated, sustainable health and care economy in East Sussex that ensures people receive proactive, joined up care, supporting them to live as well and as independently as possible.

1.3 Given increasing demand, we need to do more to make sure we can meet our population health and care needs within our means. 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 in our place-based resource envelope.

1.4 To help us deliver the very best health and care we can within the total budget we have, we need to change the way we plan, organise and pay for services - often referred to as commissioning reform, or payment reform. This will enable us to make sure our excellent staff can be the best they can be, by removing organisational barriers so that we won't be competing for these resources from the same limited pot.

1.5 We are coming to the end of our test bed year of East Sussex Better Together (ESBT) Alliance integrated (accountable) care[1], and we now need to shape our ESBT Alliance arrangements for the next phase from April 2018 onwards. This will build on what we have learned about system working during our test bed year, and recent discussions to support our development of governance and leadership proposals for a strengthened ESBT Alliance in 2018/19 as a step towards our integrated care model by 2020/21.

1.6 Our learning from ESBT, and from evidence elsewhere, tells us that this way of working is the best way of securing excellent local services that keep people independent and as well as possible, so that people only go to hospital when it is the only place that can provide their care.

1.7 We are also reviewing our ESBT Alliance arrangements in the context of our role within the Sussex and East Surrey Sustainability Transformation Partnership (the STP) and the recommendations from the CQC Local System Review. There is also an STP governance review in progress and the outcome and impact of the CCGs' Assurance process to be confirmed.

1.8 This report focuses on how we will integrate and strengthen our health and care commissioning expertise by April 2018, so we can commission clinically led and locally accountable services that deliver improved outcomes and sustainable services. We want to be in the best position to commission fully integrated care and outcomes from an integrated provider system by 2020/21.

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[1] Please note that, in line with the national direction, we're beginning to reflect the latest NHS Planning Guidance refresh for 2018/19:"*We are now using the term 'Integrated Care System' as a collective term for both devolved health and care systems and for those areas previously designated as 'shadow accountable care systems'. An Integrated Care System is where health and care organisations voluntarily come together to provide integrated services for a defined population"* www.england.nhs.uk/publication/refreshing-nhs-plans-for-2018-19/ (February 2018)

1.9 The report provides a summary position of our progress to strengthen our ESBT Alliance in 2018/19 and includes the learning from the test bed year. Initial actions focus on implementing integrated commissioning arrangements to support system recovery in 2018/19, followed by work to finalise the business case for our future ESBT integrated care model to help achieve long term sustainability

2. The ESBT Alliance 2017/18 test bed year

2.1 In April 2017 the members of the ESBT Programme Board moved formally into an ESBT Alliance arrangement for a test bed year, in order to enable us to rapidly develop our capacity to manage the health and social care system collectively as an Alliance partnership.

2.2 Part of the purpose of the test bed year was to create the space and time to undertake the necessary learning and development, with support from NHS Improvement (NHSI) and NHS England (NHSE) as the system regulators, to design our ESBT Alliance integrated care model.

2.3 This arrangement was underpinned by an Alliance Agreement which provided the framework to operate 'as if' we were an accountable care system, in order to test ways of working, configure resources more flexibly, and improve services for the population in 2017/18 and in the longer-term.

2.4 A draft impact and learning report of the ESBT Alliance test bed year is contained in Appendix 1. It provides a further context about the aim and purpose of the test bed year with our initial analysis of the progress we have made as an ESBT Alliance integrated system. This is not intended to be definitive and has been produced in draft form to enable further discussion and feedback to inform planning and proposals for strengthening the ESBT Alliance in 2018/19.

2.5 Prior to the test bed year starting, we also initiated an independent 'Accountable Care System Health Check' supported by Optimity Advisors. This involved eliciting partners' views across ten domains that contribute to the success of integrated (accountable) care, to provide a baseline of our levels of maturity as a system at that time. Phase 1 of the health check reported in May 2017 and made some recommendations for improvement, which resulted in the second phase of the health check focussing on localities. Our intention is to conduct the third and final phase of the health check in June-July 2018, to determine how far we have matured as an integrated (accountable) care system since the findings that were reported in May 2017.

3. Further developing the ESBT Alliance and integrated strategic commissioning arrangements for 2018/19

3.1 The purpose of strengthening the ESBT Alliance in 2018/19 is:

- Further enabling in-year improvements to the daily performance of quality and finances across our system;
- Securing the transformation required to put the system on a sustainable footing in the long-term (including developing the business case for future ESBT integrated care provision).

3.2 To support this in 2018/19 we have agreed that we will commission health and care together (EHS CCG. HR CCG and ESCC). Commissioning health and care in a unified way will ensure clinically led and locally accountable improvements to the health and wellbeing of our population, and a reduction in health inequalities. By commissioning health and care services through a single process to make best use of our collective resources we expect to see the following benefits:

- Services that are commissioned around individuals' needs and across the whole care pathway, and truly shift the care model away from reactive acute care to preventive, proactive care in the community;
- More integrated delivery arrangements between providers of health and care;
- Providers that are enabled to take collective responsibility for improving outcomes; and
- Coherent management of a formalised integrated health and care commissioning fund to help address a very challenging system financial context and make best use of our collective resources.

3.3 This will be supported by stronger system governance, 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.

3.4 In line with this, proposals for April 2018 will focus on strengthening integrated governance and leadership of commissioning and transformation. This will cover three areas; integrated governance, leadership and financial planning arrangements, and work has taken place in recent months to develop our ideas, informed by local discussion and the learning in our test bed year. We will then be in a strong position to progress our new model of care through the development of the business case for our future ESBT integrated provider model, which is due to report in July 2018.

3.5 As well as our learning in the test bed year, our proposals need to take account of the acceleration of the STP and national plans for commissioning reform, as well as the recent report from the Care Quality Commission (CQC) Local System Review of East Sussex and the subsequent actions to address the recommendations on whole system governance.

3.6 We know that this context, in addition to the outcome of the CCGs' Assurance process (to be confirmed) will inform and influence our plans, and that our proposals will help us remain well able to incorporate the outcomes of current processes and reviews, whilst maintaining the required pace of transformation.

4. Next steps: proposals for a strengthened ESBT Alliance in 2018/19 and timetable

ESBT Governance

4.1 We have made progress mapping and reviewing the existing governance arrangements across our system, including that of our sovereign organisations' governance arrangements. The review of the role of the Health and Wellbeing Board is

due to complete by July 2018, and our consideration of ESBT governance arrangements will inform and contribute to that exercise.

4.2 ESBT governance, the relevant parts of the CQC Local System Review action plan, and the initial learning from the test bed year will be discussed at a seminar of the ESBT Alliance Governing Board on 14th March. Views will be sought on the impacts and challenges, and discussion will necessarily focus on what governance arrangements will work better for us as we implement our financial recovery plan from April 2018, pending the wider outcome of the HWB review.

4.3 The ESBT Alliance Executive will continue to meet to oversee system delivery and operationalising the ESBT system plan, and the ESBT Integrated (Accountable) Care System Development Group will continue to progress the business case for the future ESBT integrated care model. In addition, further meetings will take place of the new ESBT Locality Planning and Delivery Groups to support a clearer focus on locality partnerships and their contribution and role in system recovery.

Integrated leadership of ESBT commissioning and transformation

4.4 We will continue to put in place our proposals for integrating system leadership of ESBT commissioning and transformation in time for April 2018. This will continue to work within our existing accountabilities and within the Alliance framework. By April we will be in a position to bring together our senior CCG and ESCC Adult Social Care and Health management teams in order to begin to test a fully integrated strategic commissioning approach within our operational structures.

4.5 As previously signaled, we expect our senior responsible officer roles across health and care commissioning will increasingly begin to focus on either our core shared commissioning function or our required transformation programme, in order to offer a single point of leadership for each function whilst continuing to discharge their individual statutory accountabilities.

4.6 An example of where this is happening in shadow form is the Director of Adult Social Care and Health chairing the ESBT Integrated Strategic Planning Group, which is responsible for developing our system wide financial recovery plan for 2018/19, as well as temporarily chairing the ESBT Finance Officers Group to ensure coherence between activity and financial planning for 2018/19 within a single system plan.

4.7 Our senior teams will integrate to support this way of working and by April 2018 we will work through the alignment and integration of portfolios and work programmes. Over time our commissioning workforce will integrate as well.

4.8 Subject to requirements for consultation, where this is appropriate, by August 2018 at the latest we expect to have been able to formalise the implementation of an integrated commissioning structure, described our business infrastructure support and scoped functions that focus on tactical commissioning that will likely in the longer term to transfer to the provider function within our system. This work needs to be completed in parallel with the STP wide work so we have the right capacity for planning, commissioning and contracting across our system, and at the right level.

Integrated ESBT financial planning arrangements

4.9 As part of the agreement in July 2017 to implement a single point of leadership for commissioning, it was agreed to explore a 'whole population budget' arrangement for our whole ESBT health and social care economy to underpin integrated commissioning, through EHS and HR CCGs and ESCC bringing together our commissioning budgets so that we can work within one ESBT financial planning envelope for our c£860million resource. The potential design of this has been taken forward through discussions at meetings of the ESBT Integrated (Accountable) Care System Development Group.

4.10 It is envisaged that EHS CCG, HR CCG and ESCC will establish an 'Integrated Commissioning Fund', in order to plan and manage our total available ESBT pooled and aligned funds on a system-wide basis. This approach is based on exploration of the best way to deliver a whole population budget through learning from the emerging guidance[2] and other areas where this is most advanced[3].

4.11 In line with this and our original ESBT objectives our assumption would be that all budgets – physical and mental health; children and adults; public health and prevention, primary, acute, community, mental health, social care and some specialist services - will be within the scope of the Integrated Commissioning Fund.

4.12 The objective of creating a system-wide approach to funding our whole ESBT health and social care economy is to facilitate system-wide planning and delivery, by enabling the financial resources of EHS CCG, HR CCG and ESCC to be deployed more flexibly according to a single set of priorities, supported by coordinated management actions. The arrangement will therefore build on the ESBT Strategic Investment Plan (SIP) and assist further development of integrated service and financial plans, and will be a key part of measures to implement a new model of care.

4.13 The proposals for an ESBT Integrated Commissioning Fund includes the following elements:

- The design of the Fund as a combination of "pooled" and "aligned" funds, facilitating system-wide planning while respecting the legal limitations around pooling and delegation of functions;
- The operation of the Fund as an integral part of a suite of arrangements for integrated commissioning, alongside the integrated governance and integrated leadership structures mentioned above;
- Mechanisms to underpin the Fund's operation to be set out in a detailed Financial Framework Agreement;
- Decision-making assurance will need to be provided to regulators and external auditors.

4.13 Within the Fund there will be some budgets that are formally "pooled" (such as the Better Care Fund and Integrated Community Equipment Service). But most, at least initially, will be "aligned". This means they continue to be managed by either the CCGs or ESCC, but wherever possible they are managed collaboratively in order to achieve most

[2] Whole population models of provision: Establishing integrated budgets, NHS New Care Models team (August 2017)
[3] With thanks to City and Hackney, London

benefit. A further group are “ring-fenced” budgets which are subject to external conditions or requirements in the way they are spent. These, for example primary care co-commissioning and the public health grant, cannot be “pooled” and will continue to be planned and managed as they currently are. However, the new arrangements will enable more oversight of the total resource envelope and therefore more coherent decision-making.

4.14 The proposal will therefore be to include these within the Fund but as “aligned funds” so that joint planning and transformation can be undertaken without breaching legal or regulatory responsibilities. The Integrated Commissioning Fund should therefore best be seen as an overarching framework which facilitates the planning and management of commissioners’ funding so as to enable the transformation of the health and social care system. It will be underpinned by robust arrangements to strengthen our ESBT whole system approach to planning and delivery.

4.15 Discussions to date have also taken in the need to develop a simple approach to risk sharing, supported by a Financial Framework Agreement that describes the financial mechanisms that underpin effective operation of the agreement.

4.16 The Financial Framework Agreement describes how EHS and HR CCGs and ESCC manage their finances in order to get the most value out of our collective available resource, realising the benefits for the local population of an integrated health and care system. Together, the collective budgets will be known as the Integrated Commissioning Fund, and the Financial Framework Agreement sets out the mechanisms for integrated financial planning, including:

- Assisting the development of integrated commissioning by describing joint approaches to budget-setting, financial management and accounting, without prescribing the specific nature of pooling or risk-sharing for particular functions (enabling these on a case-by-case basis);
- Aligning the Integrated Commissioning Fund with the ESBT Alliance Agreement and financial arrangements implemented to support it, for example the Integrated Finance and Investment Plan;
- Acting as a framework for the way we do ESBT business.

4.17 The draft Financial Framework Agreement will be taken to through the governance processes of the EHS CCG, HR CCG and ESCC for approval during March and April.

5. Business case for the future ESBT integrated care provider model

5.1 Our focus on integrating commissioning and transformation of our system from April 2018, is to better enable us to commission the provision of integrated care across our system. The business case for our future ESBT integrated care provider model is due in July 2018 in line with the timetable set out in our milestone plan.

5.2 The business case is being developed in the context of our STP to set out how our integrated care provision locally can best support prevention and manage demand, as well as deliver quality services and integrated care. Reflecting our original principles and characteristics for integrated (accountable) care, the business case will consider all parts of the provider map including community, hospital, mental health and social care services for children and adults along the spectrum of primary, secondary and tertiary care.

Considerations will also include what will be core delivery for the integrated care provider model and what will be commissioned from other providers.

5.3 Our plans include stakeholder engagement to inform and co-design key elements of the business case. To support this we have undertaken a specific stakeholder analysis and scoped engagement methodology. For example co-designing citizen governance and ownership of the future delivery model, and developing the ways that the wider health and care provider system can relate to the future ESBT delivery model. The approach to stakeholder engagement will necessarily build iteratively as we go through the business case development process and more detail emerges.

5.4 Stakeholder engagement plans also include a task and finish group with GPs, the LMC, ESBT Alliance providers and others to explore the menu of options for general practice to engage with the future model as independent contractors. This is with the aim of supporting resilient and sustainable general practice as part of our future ESBT provider model. A similar task group will be established to consider how other providers including the voluntary sector will be part of how our model develops.

6. Conclusion and reasons for recommendations

6.1 Our proposals for strengthening ESBT Alliance and integrated strategic commissioning arrangements in 2018/19 remain on track, with a focus on our ESBT place based commissioning to ensure we 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.

6.2 Alongside the learning from our test bed year, the forthcoming high level reviews of the HWB and STP arrangements, national plans for commissioning reform and the CCG assurance process, will inform and influence our proposals to strengthen the ESBT Alliance and integrated commissioning and financial planning in 2018/19. Our proposals must enable us to incorporate the outcomes of current processes and reviews, whilst maintaining the required pace of transformation.

6.3 The ESBT Strategic Commissioning Board is recommended to

- **Note** and **discuss** the shared learning from the test-bed year of the ESBT Alliance, and the implications for strengthened governance and leadership of the ESBT Alliance to deliver improvements to quality and finances in 2018/19, focussing initially on integrating commissioning for April 2018;
- **Note** the current review of ESBT Alliance governance and the proposed review of the Health and Wellbeing Board and place-based governance (as recommended in the CQC Local System Review);
- **Discuss** the proposed arrangements for Eastbourne Hailsham Seaford Clinical Commissioning Group (EHS CCG), Hastings and Rother Clinical Commissioning Group (HR CCG) and East Sussex County Council (ESCC) to lead health and social care commissioning and transformation for our ESBT system together, and manage financial planning as a single process;
- **Note** the progress being made to develop the business case for our future ESBT integrated care provider model to achieve a sustainable health and care system by 2020/21, and the plans to engage with our key stakeholders.

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BACKGROUND DOCUMENTS

Appendix 1: Draft ESBT Alliance Test Bed Year 2017/18 Impact and Learning Report

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Appendix 1

PLEASE NOTE

This paper is **draft:** it sets out our assessment of the impact and learning from our 2017/18 test-bed year as an integrated (accountable) care system. The analysis is not definitive, and is intended to help inform wider discussions as we develop our thinking for strengthening our ESBT Alliance governance arrangements 2018/19.

ESBT Alliance Test Bed Year 2017/18

Draft Impact and Learning Report

1. Introduction

1.1 In April 2017 the members of the ESBT Programme Board moved formally into an ESBT Alliance arrangement for a test bed year, in order to enable us to rapidly develop our capacity to manage the health and social care system collectively as an Alliance partnership.

1.2 This arrangement was underpinned by an Alliance Agreement which provided the framework to operate 'as if' were an accountable care system, in order to test ways of working, configure resources more flexibly, and improve services for the population in 2017/18 and in the longer-term.

1.3 To support our ambition to work as one system in 2017/18 we put in place a system wide governance structure, to support our ESBT Alliance to cover the following areas during the test bed year:

- The commissioning and delivery of health and care services to the local population and with an annual budget of approximately £860m (2017/18), focussing on what matters to local people. This has included continuing our programme of transformation and service change and raising the profile and investment in prevention and proactive care while reducing reliance on secondary care (hospital) services;
- Collaboration to deliver our integrated Strategic Investment Plan and further development of integration plans and practice; and
- The alignment of our budgets so we can design a payment mechanism that incentivises population health outcomes more than activity and invest appropriately across our health and care system to best benefit local people.

1.4 Part of the purpose of the test bed year was to create the space and time to undertake the necessary learning and development, with support from NHS Improvement (NHSI) and NHS England (NHSE) as the system regulators, to design our ESBT Alliance integrated care model.

1.5 These transformation activities were set out in schedule 2 of the ESBT Alliance Agreement, and a draft summary of the progress made with the activities in the test bed year is set out in Appendix A. This summary is not definitive, and is intended to support wider discussions. It will be further tested with members of the ESBT Alliance Governing Board at a seminar on the 14th March to aid planning for 2018/19.

1.6 Prior to the test bed year starting we also initiated an independent Accountable Care System Health Check supported by Optimity Advisors. This involved eliciting partners' views across ten domains that contribute to the success of accountable care, to provide a baseline of our levels of maturity as a system at that time. Phase 1 of the health check reported in May 2017 and made some recommendations for improvement, which resulted in the second phase of the health check focussing on localities. Our intention is to conduct the third and final phase of the health check in June-July 2018, to determine how far we have matured as an accountable care system since the findings that were reported in May 2017.

2. Strengths and impact in the test bed year

2.1 Our formal ESBT Alliance arrangement in 2017/18 has enabled a system-wide approach and focus to operational delivery. The indications are that this has enabled us to continue to build on our successful ESBT partnership working over the previous three years to begin to bend the curve in demand, including in the following ways:

- For those aged over-65 there has been a sustained reduction in A&E attendance, unplanned admissions, acute referrals, and admissions from care homes that demonstrates how we have produced a bend in the demand curve to be much better than regional and national average.
- Consequently, system performance has significantly improved for key national standards, including Referral to Treatment Time (RTT), Accident and Emergency (A&E) and Delayed Transfers of Care (DTOC).
- A&E is now in the upper quartile of performance nationally and DTOCs have reduced from approximately 8% to as low as 2%. RTT regularly performs at over 90%; during December 2017 and over Christmas we have been between 7th and 9th best nationally.
- Over and above this, by working together we have reduced serious incidents, and improved stroke measures and outcomes.

2.2 This positive picture of collaboration was recognised at the 2017 Health Service Journal (HSJ) Awards, where the ESBT Alliance won the 'Improved Partnerships between Health and Local Government' award in recognition of the hard work and commitment to integrating health and care services in East Sussex.

2.3 The Care Quality Commission (CQC) Local System Review of East Sussex, undertaken in November 2017 has been equally instructive. This reported that ESBT system leaders in East Sussex had a clear and aligned purpose and vision for providing health and social care services, with strong commitment and a high level of trust between the system leaders[1].

2.4 The Local System Review was also extremely positive about preventative approaches to health and social care delivery saying this was "well thought through and embedded….a wide range of effective initiatives that were

[1] and [2] East Sussex Local System Review November 2017 Report (Care Quality Commission, January 2018)

supporting people to remain in their own home and maintain their wellbeing". This had resulted in East Sussex having lower rates of attendance of older people in A&E than comparator areas and nationally[2].

2.5 In 2017/18 we have continued to build our locality model to shift to a proactive, community based model of care. This includes continued implementation of integrated locality teams, frailty practitioners, crisis response and proactive care teams. In addition Health and Social Care Connect has become fully embedded and operational as our streamlined single point of access for all adult health and social care enquiries and assessments. Progress has been made with building the locality planning and delivery model in 2017/18 in order to facilitate stronger partnerships across the health and care system to support delivery in our six ESBT localities.

2.6 Although it is too soon to measure comparative performance against previous years' performance, the indications are that our new ESBT Alliance Outcomes Framework for 2017/18 will show measurable improvements in the areas that local people have told us are important.

2.7 We have also been able to undertake an options appraisal of future ESBT delivery models in the test bed year, and have agreed recommendations about our preferred option through our sovereign organisations. This has put us in a strong position to move forward with developing the business case for the preferred option, which is due to be brought to the Governing Bodies in July 2018.

3. Challenges

3.1 We have made significant in-roads into addressing inequalities and improving access, quality and safety for local people. However, this has not translated quickly enough into reducing either the level of activity or the unit cost, and so we must now redouble our efforts to demonstrate that we are making these improvements for the people of East Sussex in a way that makes the very best use of available resources.

3.2 System financial recovery is now a critical focus for 2018/19 and any changes to ESBT Alliance governance and leadership must support a better grip on the delivery of system plans, and enable a more speedy and flexible response to support financial improvements. In particular our ESBT governance in 2018/19 must reflect the role and contribution of partnerships in our localities, in leveraging the added value required to achieve our ESBT objectives of improvements to quality and finance.

3.3 Strong progress has been made with creating our single ESBT system-wide budget, and aligned incentive contracting has been explored. However, there has also been a tension in the way we have had to operate separate organisation financial planning arrangements and control totals at the same time. More can be done to remove organisational barriers for financial planning and

the proposals we are shaping for a Financial Framework Agreement and Integrated Commissioning Fund will support this, in addition to a refreshed system recovery plan.

3.4 Although the CQC Local System Review recognised there was a clear and aligned purpose and vision for providing health and care services, some areas for improvement were identified including areas relating to whole system governance and accountability:

- Work is required to develop a wider system vision for the STP footprint and develop a common framework for prioritizing actions and for specifying accountabilities and shared governance arrangements across ESBT and C4Y
- The Health and Wellbeing Board (HWB) would benefit from increased vigour in calling system leaders to account to ensure that agreed plans and services are delivered, and to secure whole system integration.

3.5 Actions to deliver this improvement have been agreed and involve the following:

- Review system representation and associated accountabilities on the STP Board and workstreams;
- Review of the Health and Wellbeing Board to provide a robust whole system approach to transformation, improved health and wellbeing outcomes for local people, and review its role and purpose to:
    - streamline and rationalise whole system governance arrangements
    - establish the system leadership role of the Board;
    - confirm and strengthen the relationship with the STP;
    - provide a robust whole system view of planning, performance and commissioning;
    - Review membership of the HWB and clarify roles of Board members;

3.6 These actions will have ESBT governance at their heart and will have a bearing on how we shape our proposals for our integrated governance over the medium to long term. The timetable for delivering the HWB and STP reviews is July 2018. Therefore we will likely refresh arrangements for ESBT governance for the first six months of 2018/19. This will allow us the opportunity to test our ideas about strengthening ESBT Alliance governance, and the learning from the ESBT Alliance test bed year, as well as feed this into the HWB review process. Discussions at the seminar of the ESBT Alliance Governing Board meeting on 14th March will help take this forward.

4. Key learning points to inform plans for 2018/19

4.1 Building on our thinking so far about how we can strengthen the ESBT Alliance, the key learning points from our test bed year and the CQC Local System Review can be summarized as follows:

- Building on the trust and successful system working we have developed as an ESBT Alliance to enable more delegation to our system governance of statutory accountabilities, making our governance more rationalised and our decision-making to move more responsively at the pace the system requires.

- Consolidating our approach to ESBT governance, leadership and commissioning in the context of our 'place' to ensure a shared understanding of the health, social care and wellbeing needs of our ESBT population, and a clear place-based strategy to meet those needs.

- Consolidating the financial arrangements that underpin the place-based governance and leadership, through our proposals for an Integrated Commissioning Fund (ICF) and a Financial Framework Agreement to support the operation of the ICF.

- Strengthening our approach to building the 2018/19 ESBT system financial recovery plan. The system-wide plan will describe the key service redesign priorities, financial and activity targets for the ESBT system in 2018/19, to serve as the 'bridge' between the ESBT Alliance Outcomes Framework and the delivery plans for each of the six ESBT Localities. This will help the Locality Planning and Delivery Groups be clear about their contribution to the overall ESBT Alliance objectives to achieve the financial sustainability, care quality and population health improvements for 2018/19.

- Ensuring the voice of localities is at the heart of ESBT, providing the oversight needed to drive improvements in the day-to-day operational performance of our system quality and finances. This would be supported by a reinforced focus for the ESBT Alliance Executive on managing the in-year operational performance of our system, with the newly formed Locality Planning and Delivery Partnerships facilitating the contribution of the local partnership environment to delivery.

- Reinforcing the role of the ESBT Integrated (Accountable) Care System Development Group to enable a continued focus on the transformation required to put the system on a stronger footing by 2020/21. This will include refreshing the name and terms of reference in line with national direction set out in the refreshed NHS Planning Guidance for 2018/19[3]

- Ensuring we work well within our STP to ensure our ESBT plans help manage demand, as well as influence and contribute to a shared commissioning approach to networks of services that work better on an STP-wide footprint.

Draft v1.0 21/02/18

Authors: V.Smith and J.Britton

[3] *"We are now using the term 'Integrated Care System' as a collective term for both devolved health and care systems and for those areas previously designated as 'shadow accountable care systems'. An Integrated Care System is where health and care organisations voluntarily come together to provide integrated services for a defined population"* www.england.nhs.uk/publication/refreshing-nhs-plans-for-2018-19/ (February 2018)

Appendix A

Progress against ESBT Alliance Transformation Activities in 2017/18

In addition to facilitating closer operational working across our system, schedule 2 of the ESBT Alliance Agreement set out a number of transformation activities for development and agreement during the test-bed period. Progress against each of these activities has been summarised below and given an initial overall RAG rating. This is a self-assessment exercise; the analysis is not definitive but more intended to support wider discussions. It will be tested with members of the ESBT Alliance Governing Board and used to help review the achievements of the test bed year and inform discussions about strengthening the Alliance in 2018/19, at a seminar of the ESBT Alliance Governing Board to be held in March 2018.

	ESBT Alliance transformation activity	RAG rating
1	**Activity:** Develop and implement a collective integrated operational, financial and performance management platform to enable the Alliance to transform services and improve system delivery to the standards required following the Test-Bed Period	
	Progress: Strong progress has been made with integrating operational and financial arrangements which has led to improvements in the quality and safety of services in 2017/18, significantly helping us to bend the curve in demand. However, we have been unable to move at the pace the system requires to impact on finances in 2017/18. A priority for 2018/19 will be to reinforce effective governance and leadership of performance at a strategic system level and in our ESBT localities as we implement our financial recovery plan. We have started to test a system-wide portfolio management office to support the ESBT Integrated Strategic Planning Group, and work is also in progress to integrate our business processes for performance management of the Alliance.	
2	**Activity:** Design and agree a whole system pilot outcomes framework and performance incentivisation scheme, based on the outcomes that matter to local people, that aligns outcomes across the system and gives an indication of the performance of the system as a whole.	
	Progress: The ESBT Alliance Outcomes Framework was developed following local engagement in the Autumn of 2016 and a data review carried out to provide a picture of what is important to local people about their health and care services. The data review brought together the wide range of qualitative information and feedback already available across all our organisations and through our engagement events, and which represents the views of thousands of people who are using local health and social care services, both children and adults. This included feedback gathered	

	by Healthwatch and through the ESBT Public Reference Forum. From this we developed and agreed an integrated ESBT Alliance Outcomes Framework to enable oversight of the performance of the system, which was agreed, adopted and owned by Alliance partners June 2017. Work is also in progress to integrate our business processes for collecting data and analysis to describe the performance of our system and delivery of the outcomes.	
3	**Activity:** Operate and test a locality based operational model that is based on 'one budget, one system' and is rooted in communities, and develop integrated care pathways to reduce variation and increase standardisation in line with evidence-based best practice to deliver the Alliance Aims and Objectives, and ensure optimum cost effectiveness through delivery of integrated locality based services at the lowest level of effective care	
	Progress: Although we haven't been able to move at the pace our system requires to impact on finances, we have continued to build on our locality model to shift to a proactive, community based model of care and bend the curve in demand. This includes continued implementation of integrated locality teams, frailty practitioners, crisis response and proactive care teams. In addition Health and Social Care Connect has become fully embedded and operational as our streamlined single point of access for all adult health and social care enquiries and assessments. Progress has been made with building the locality planning and delivery model in 2017/18 in order to facilitate stronger partnerships across the health and care system to support delivery in our six ESBT localities, and add value through reducing variation and integrating care pathways. A priority in 2018/19 will be to further develop the locality focus of our governance, leadership and system plans.	
4	**Activity:** in keeping with the key principles and characteristics of our local ESBT accountable care model, build on the SIP, and pooled and aligned funding model to test and design a whole population capitated budget, constructed around localities and a whole life cycle approach.	
	Progress: An aligned incentive contract was fully explored in 2017/18 as a stepping stone to designing a whole population budget, and there was local agreement to implement an AIC. However, we did not get permissions from our regulators to suspend Payment by Results and implement this either in-year or in 2018/19. Our key focus means we must build on a PBR contract and ensure the activity and resources are aligned across commissioners and providers to offer best use of available resources.	

5	**Activity:** develop and agree an appropriate risk and reward sharing model, and test it in shadow form during the Test-Bed Period between the Full Alliance Members to inform future contracting arrangements.	
	Progress: This was explored as part of the Aligned Incentive Contract discussions, noted under 4.	
6	**Activity:** further develop our IT digital and back office systems and approach to estates to support the delivery of integrated care, and the active participation of patients, clients and local citizens in decisions about their care and support, self-care and self-management	
	Progress: The updated ESBT Digital Strategy 2017 2021 was endorsed by the ESBT Alliance Governing Board in November 2017. The ESBT back office infrastructure project initiated integrated action in the areas of workforce, finance and estates. Work continued on integrated wholes system solutions to our workforce recruitment and retention challenges under the ESBT workforce strategy. The ESBT Communications and Engagement Strategy as refreshed to support core C&E activity across the system. The Patient Activation Measure tool has begun to be implemented and will be rolled out further in 2018/19.	
7	**Activity:** continue to work with the emerging local GP federations and the Local Medical Committee to develop a menu of options for the structural relationship of General Practice with the Alliance during the Test-Bed Period and with the future ACM	
	Progress: the GP Federations and the LMC were part of the options appraisal exercise for the future model in June 2017. A task and finish group is being set up to explore the options for GPs as independent contractors to engage with the future integrated care model, as well as with the ESBT Alliance in the interim.	
8	**Activity:** agree the design criteria for our future ACM after the Test-Bed Period, and use this criteria to identify and appraise the options for structural form (including the organisational form and contracting arrangements for the model)	
	Progress: the design criteria for the future model was developed and agreed with our stakeholders. This was used in the options appraisal exercise in June 2017 to support discussions and arrive at a preferred option for the future ESBT integrated care delivery model.	

9	**Activity:** agree the roadmap and implementation plan for the recommended option by July 2017, and enact implementation plans and due diligence processes as appropriate after July 2017	
	Progress: a milestone plan by was agreed in July 2017. It described the critical path for the recommended option, including strengthening the ESBT Alliance in 2018/19 and building the business case for providing integrated care as our preferred option by 2020/21. Implementation plans and due diligence will be developed enacted once the business case has reported in July 2018.	
10	**Activity:** develop an approach to engagement with key stakeholders on the above, including consultation as appropriate and working with system regulators such as NHSE, NHSI, DoH and the CQC, to seek appropriate permissions and using the NHS Integrated Support and Assurance Process ("**ISAP**")	
	Progress: local discussions with our key stakeholders shaped the criteria for the options appraisal, and Healthwatch, the LMC, GP Federations and NHSE participated directly in the options appraisal exercise. Discussion with the NHS ISAP team also too place to determine appropriateness and timing for using the process if necessary. An action plan outlining the specific approach to engaging key stakeholders in developing the business case for the future ESBT integrated care model is also in place.	
11	**Activity:** develop a proposal for the residual strategic commissioning functions (population needs assessment, outcomes setting and oversight of performance) for the Alliance Commissioners	
	Progress: this is part of the work to shape proposals for integrated place-based commissioning in 2018/19, focusing on the senior management elements for April 2018, with a phased approach to implementation with the wider commissioning work programmes and functions during 2018/19. Proposals for retained integrated strategic commissioning functions will be developed in conjunction with the business case for integrated provision to ensure we have the right capacity across all of our system for planning, commissioning and contracting.	
12	**Activity:** develop a 'whole system' organisational development approach in order to underpin transformation and support staff through the transformation to 'one budget, one system', and empower them to become leaders of change and innovation that puts local people at the heart of services	

	Progress: a high level OD plan has been produced, underpinned by the integrated ESBT Communications and Engagement Strategy and this will be operationalised as part of ongoing ESBT workforce development strategies	
13	**Activity:** design an integrated governance model for the Test-Bed Period and future ACM that integrates citizens into the leadership of the new care model of care and engages them appropriately at all levels of the governance structure	
	Progress: a new Health and Wellbeing Stakeholder Group has been co-designed with stakeholders and a representative has been nominated to sit on the ESBT Strategic Commissioning Board. The meetings of the group are focussed around key areas of service development, and other areas of interest for our stakeholders. Healthwatch also has a seat on key elements of the ESBT Alliance governance structure to ensure that the views of local people are taken into account. Representatives from the voluntary sector also participate in the planning and design groups for personal and community resilience and community services, and the ESBT locality planning and delivery groups and locality networks which are focussed on engagement with local groups and organisations working in their areas. As part of the preferred option for the future integrated care model agreed in July 2017, it has been agreed to co-design models of citizen governance so that our future integrated care delivery model is owned and championed by local people.	

Report to:	**East Sussex Better Together (ESBT) Strategic Commissioning Board**
Date of meeting:	**9 March 2018**
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, available data for quarter three of 2017/18 and proposals for reporting in 2018/19.**

RECOMMENDATIONS

The ESBT Strategic Commissioning Board is recommended to:

1. **note progress made with developing, refining and reporting performance against the draft ESBT Alliance Outcomes Framework;**
2. **note available performance data for quarter three of 2017/18**
3. **agree the refreshed ESBT Alliance Outcomes Framework for 2018/19; and**
4. **note plans for further development in 2018/19.**

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1. Background

1.1 As part of the 2017/18 test-bed year for the formal 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. This draft outcomes framework was agreed at the ESBT Strategic Commissioning Board meeting on 6 June 2017 for testing during 2017/18.

2. Progress with developing the ESBT Alliance Outcomes Framework

2.1 Work to identify appropriate test performance measures and data sources for each of the agreed outcomes within the framework has been completed. For 2017/18 and 2018/19 these are based on existing data currently collected by individual organisations and measures developed to evidence the performance of new ESBT initiatives and services. They will be developed further to provide more meaningful data on a system wide basis.

2.2 Existing targets have also been captured and included in the framework for the five year period from 2016-2021 which aligns with the Service Redesign Plan (SRP)[1] planning horizon. Further work will be required to set the remaining targets and trajectories for the period to March 2021. These will then be reviewed and revised as appropriate as we develop the business case for the ESBT integrated care system provision, and the learning generated during the development of the framework.

2.3 Stakeholder engagement has continued and is ongoing with members of the Patient Participation Group (PPG) forums and Adult Social Care People Bank to ensure the framework continues to measure what people have told us is important to them, and is meaningful and accessible to a range of audiences. The desired outcomes have also been discussed and tested with the public at the Shaping Health and Care events and views have been gathered through the ESBT Public Reference Forum (PRF) delivered by East Sussex Community Voice.

2.4 Work is in hand to align the ESBT Alliance Outcomes Framework with the ESBT Alliance Performance Dashboard. We recognise 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.

3. Capturing outcomes in 2017/18

[1] Previously known as the Strategic Investment Plan (SIP)

3.1 In December 2017, a summary report containing baseline data for 2015/16 alongside performance data for 2016/17 was published on the ESBT website alongside available data for quarters one and two of 2017/18. A similar report has been prepared for this meeting with available data for quarter three and is also published on the ESBT website[2].

3.2 Given that data is only available from 2015/16 at the earliest, and in many cases only annually or every two years, it is too soon in the process to see clear trends. The quarterly data as of month 9 in 2017/18 however is showing some clear evidence of progress and sustained improvement for our system, in particular for delayed transfers of care, length of stay and A&E waits. We have also seen increases in the number of people being screened for frailty and the number of people using services who receive direct payments.

3.3 As development of appropriate reporting processes for the ESBT Alliance Outcomes Performance Frameworks are being tested and taken forward, a key challenge is arriving at conclusions on a system wide basis when we don't yet have an integrated data set to support monitoring on a system wide basis. Reporting is currently based on the data available within individual organisations and further work is required to make reporting more comprehensive across the whole system.

3.4 Less than half the performance data for the measures identified is only available annually or every two years therefore reporting quarterly against outcomes achieved is difficult. With this in mind, plans for reporting in 2018/19 have been agreed as follows:

- A full report with end of year data for all three years produced at the earliest opportunity in 2018/19, likely to be the end of June/early July.
- A focus on one domain each quarter with more detailed analysis and any qualitative information available.

4. Refreshing the ESBT Alliance Outcomes Framework for 2018/19

4.1 Feedback gathered during the development process for the outcomes framework and first nine months of the test-year has been considered, and checked back with leads across health and social care to make sure the performance measures in the framework are still the best way we have of evidencing whether the outcomes have been achieved. This process has also been used to identify immediate gaps and gaps for further development during 2018/19.

4.2 As part of ongoing patient, client and public engagement, a focus group was held with interested members of the PPGs and Adult Social Care People Bank to review the current version of the outcomes framework and consider how to make it accessible to the public. Key points to note are:

[2] www.eastsussex.gov.uk/esbt

- The group supported the outcomes identified as priorities for the ESBT system however they have re-worded some of the outcomes in the framework to make them easier to understand for the public. The proposed changes are attached at appendix 1.
- They felt that much of the detail in the outcomes framework is too much information for the public and recommended presenting different levels of framework depending on the audience.
- The overarching summary produced for the Shaping Health and Care events was suggested as a useful starting point for everyone. The proposed refreshed version for 2018/19 can be seen at appendix 2.
- The group felt that while it is important to review the document and process regularly, we should keep the overarching framework as a constant so that there's time to see what works and what doesn't.

4.3 Taking account of all the feedback received, it is recommended that the original outcomes remain the same (with the revised wording). Minimal changes are proposed to the indicators and measures within the framework for 2018/19, to reflect current priorities and availability of data. It is also recommended that the layout and design remain the same for 2018/19, with a slight change to the colours to make it easier to distinguish between the four domains the documents easier to read overall.

4.4 Where it is not possible to collect the data, it is recommended that the performance measure is deleted. Where gaps have been identified or additional data available, some additional measures are suggested. Others will be developed during 2018/19. The wording has also been refined for consistency and to reflect the data gathered. The proposed refreshed full version of the outcomes framework for 2018/19 can be seen at appendix 3. The key changes are highlighted for ease.

5. Plans for developing the outcomes framework in 2018/19

5.1 We will continue to develop, test and refine the performance measures in the outcomes framework to strengthen the framework further. This will include identifying any additional measures required to reflect priorities across the system and support measurement of improvements.

5.2 The main focus of the work next year will be to ensure we're collecting data that is meaningful on a system wide basis, so that we move on from using the existing data we have available in individual organisations. We will do this through design of a system that enables us to look at data on a system wide basis. This will help us to establish an integrated data set for ESBT and develop a performance dashboard to facilitate reporting the full range of requirements including at a locality level.

5.3 We will continue to engage with local people through the PRF, PPGs and Adult Social Care People Bank to ensure the outcomes framework is meaningful and relevant,

and to develop accessible ways of presenting the information. This will include developing the information currently available on the ESBT website.

5.4 At the same time we will start to prepare the first in depth report focusing on one of the domains. This will include gathering appropriate qualitative information to support and enhance the data available from the performance measures.

6. Conclusion and reasons for recommendations

6.1 Research and discussions about our new model of integrated 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.

6.2 The process of testing an outcomes framework for the ESBT Alliance in 2017/18 has been a valuable experience which has provided useful learning that can be taken forward, along with knowledge and understanding from elsewhere. This learning will continue and it is clear that we will need to keep testing and refining the refreshed outcomes framework during 2018/19.

6.3 The ESBT Strategic Commissioning Board is recommended to:

- note progress made with developing, refining and reporting performance against the draft ESBT Alliance Outcomes Framework;
- note available performance data for quarter three of 2017/18;
- agree the refreshed ESBT Alliance Outcomes Framework for 2018/19; and
- note plans for further development in 2018/19.

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CCGs

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BACKGROUND DOCUMENTS

Appendix 1: Proposed changes to the wording of the outcomes

Appendix 2: Refreshed one page summary of the ESBT Alliance Outcomes Framework for 2018/19

Appendix 3: Refreshed full version of the ESBT Alliance Outcomes Framework for 2018/19

Appendix 1: Changes proposed to the wording of the outcomes for 2018/19

Outcome wording in 2017/18	**Proposed change for 2018/19**
Children are supported to have a healthy start in life	All children have a healthy start in life
People are supported to have a good quality of life	People have a good quality of life
People are supported to live in good health	People live in good health
Inequalities in healthy life expectancy are reduced	*No change*
People and their carers feel respected and able to make informed choices about services	People feel respected and able to make informed choices about services
People and their carers have choice and control over the services they receive and how they are delivered	People have choice and control over services and how they are delivered
People are able to find and use jargon free health and social care information in a range of formats and locations	Jargon free health and social care information can be found in a range of formats and locations
Health and care services talk to each other so that people receive seamless services	*No change*
People are supported to be as independent as possible	People are as independent as possible
People are supported to feel safe	People feel safe
People have access to timely and responsive care	People have access to timely, responsive and joined up care
People access acute hospital services only when they need to	People use emergency hospital services only when they need to
Financial balance is achieved across the system	Financial balance is achieved across the health and care system
People and staff working within the system have access to shared and integrated electronic information	People and staff have access to shared and integrated electronic information
Interventions take place early to tackle emerging problems, or with a population most at risk	People get help early and services support those most at risk
People are supported by high quality care and support	People receive high quality care and support
People are kept safe and free from avoidable harm	*No change*
People are supported by skilled staff, delivering person-centred care	*No change*

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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 people. 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.

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	• All children have a healthy start in life • People have a good quality of life • People live in good health
Reduce health inequalities for local people	• 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	• People have access to timely and responsive care • People access emergency hospital services only when they need to • Financial balance is achieved across the health and care system
Deliver joined up information technology	• People and staff have access to shared and integrated electronic information
Prioritise prevention, early intervention, self care and self management	• People get help early and services support those most at risk

The experience of local people

The experience people have of their health and care services.

Objective	Outcome
Good communication and access to information for local people	• Jargon free health and social care information can be found in a range of formats and locations • Health and care services talk to each other so that people receive seamless services
Put people in control of their health and care	• People feel respected and able to make informed choices about services • People have choice and control over services and how they are delivered
Deliver services meet people's needs and support their independence	• 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	• People receive high quality care and support • People are kept safe and free from avoidable harm
Deliver person centred care through integrated and skilled service provision	• People are supported by skilled staff, delivering person-centred care

Year: 2018/19 (produced February 2018)

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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, Children's Services, 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...		
All children have a healthy start in life	The proportion of babies who were fully or partially breastfed	⇨	Increase in the 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 the percentage of mother known to be smokers at the time of delivery
People have a good quality of life	The proportion of people reporting a good quality of life	⇨	Improvement in health-related quality of life for older people Improvement in 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 the 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 live in good health	The average number of years a person would expect to live in good health	⇨	Improvement in healthy life expectancy at birth for men Improvement in 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 good communication and access to information for local people - *moved to the top*

Outcomes	These indicators and measures will tell us how we are doing...		
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	⇨	Number of people who contact us about their support who have not had to keep repeating their story Proportion of carers who contact us about support who have not had to keep repeating their story
Jargon free health and care information can be found 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	⇨	Proportion of people who find it easy to find information and advice about support, services or benefits. Proportion of carers who find it easy to find information and advice about support, services or benefits

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

People 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	⇨	Proportion of people using services who receive self-directed support Proportion of people receiving services who feel they have enough choice over their care and support services Proportion of 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	⇨	Proportion of carers who 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 Proportion of carers who feel that their needs as a carer were taken into account in planning their support
People 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 heath budgets	⇨	Number of people using services who receive direct payments for their care Number of people in receipt of personal health budgets
	The number of carers in receipt of direct payments	⇨	Number of carers using services who receive direct payments

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

People are as independent as possible	The number of people living at home and accessing support in their communities	⇨	Number of people accessing the support available to them in their local communities Number of people are permanently admitted to residential and nursing care homes ADD: Number of people accessing Technology Enabled Care Services (TECS).
	The proportion of people with support needs who are in paid employment	⇨	Proportion of adults with learning disabilities in paid employment 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 feel safe	The proportion of people and carers who report feeling safe	⇨	Proportion of people who feel as safe as they want DELETE: People feel care and support services help them feel safe Proportion of 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 responsive and joined up care	The waiting times for primary care GP services and community support and care services	⇨	Number of people who report they are satisfied with their experience of making a GP appointment Waiting time for home care packages ADD: Number of staff in GP practices who are trained in care navigation
	The referral times for health treatment	⇨	Constitutional NHS standards are met Proportion of people referred with first episode of psychosis who are seen within 2 weeks
	The length of stay in hospital	⇨	Length of stay in hospital Average daily rate of delayed transfers of care out of hospital
People use emergency hospital services only when they need to	The number of people accessing hospital in an unplanned way	⇨	Number of A&E attendances Number of non-elective admissions Emergency admissions for chronic ambulatory care sensitive conditions
Financial balance is achieved across the health and care system	The average Year of Care Costs	⇨	Average spend per head

We want to deliver joined up information technology

People and staff 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 to the integrated reporting system Proportion of systems feeing in to the citizen record

We want to prioritise prevention, early intervention, self care and self management

People get help early and services support those 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 clients/patients who have benefited from active care coordination ADD: Number of carers identified in GP practices through the Frail and Vulnerable Patients Scheme ADD: Proportion of older people in residential or nursing care who have had a person-centred medication review at least annually

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 receive high quality care and support	The proportion of people reporting satisfaction with the services they have received	⇨	Number of people who report they are satisfied with the care and support they receive Number of carers who report they are satisfied with the care and support they receive
	The effectiveness of the health and care intervention the person has received	⇨	Health gain people experience after elective procedures DELETE: Number of older people still at home 91 days after discharge from hospital ADD: Emergency readmissions within 30 days of discharge from hospital
People are kept safe and free from avoidable harm	The number of healthcare-related infections and serious incidents	⇨	Healthcare-related infections Number of serious incidents in healthcare
	The effectiveness of the safeguarding enquiry	⇨	Ensure adults are 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	⇨	Number of hospital admissions from 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	⇨	Staff satisfaction levels Staff turnover
	The proportion of staff who have received training in person-centred care	⇨	Percentage of staff who have completed their mandatory and statutory training
	ADD: The proportion of temporary staff used	⇨	ADD: Percentage of temporary agency staff used

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East Sussex Better Together (ESBT) Strategic Commissioning Board

Future work programme

Updated: March 2018

Agenda Item	*Objectives*	*Contact officer*
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.	Harvey Winder, Democratic Services Officer, ESCC
6 June 2018		
ESBT Alliance Integrated Finance and Investment Plan	To consider an update on the ESBT Integrated Finance and Investment Plan 2018/19 including performance and service developments.	Phil Hall, ESBT Strategic Advisor, Andy Jones, ESBT Programme Office and Alison Gale, Acting Chief Finance Officer, EHS/H&R CCGs
ESBT Outcomes Framework	To consider an update on development of the ESBT Outcomes Framework and associated performance information.	Candice Miller, Policy Development Manager, ESCC

Agenda Item	*Objectives*	*Contact officer*
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
Annual report to Health and Wellbeing Board	To agree an annual report to the East Sussex Health and Wellbeing Board	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