



EAST SUSSEX HEALTH AND WELLBEING BOARD

TUESDAY, 17 JULY 2018

2.30 PM COUNCIL CHAMBER - COUNTY HALL, LEWES

MEMBERSHIP -	<p>Councillor Keith Glazier, East Sussex County Council (Chair)</p> <p>Councillor Carl Maynard, East Sussex County Council</p> <p>Councillor John Ungar, East Sussex County Council</p> <p>Councillor Trevor Webb, East Sussex County Council</p> <p>Councillor Sue Beaney, Hastings Borough Council</p> <p>Councillor Linda Wallraven, Lewes District Council</p> <p>Dr Elizabeth Gill, High Weald Lewes Havens CCG</p> <p>Dr Martin Writer, Eastbourne, Hailsham and Seaford CCG</p> <p>Amanda Philpott, Hastings and Rother CCG</p> <p>Keith Hinkley, Director of Adult Social Care and Health, ESCC</p> <p>Stuart Gallimore, Director of Children's Services, ESCC</p> <p>Darrell Gale, Director of Public Health</p> <p>John Routledge, Healthwatch East Sussex</p> <p>Deborah Tomalin, NHS England South East, (Kent, Surrey and Sussex)</p>
INVITED OBSERVERS WITH SPEAKING RIGHTS	<p>Councillor Claire Dowling, Wealden District Council</p> <p>Councillor Margaret Robinson, Eastbourne Borough Council</p> <p>Councillor John Barnes MBE, Rother District Council</p> <p>Becky Shaw, Chief Executive, ESCC</p> <p>Catherine Ashton, East Sussex Healthcare NHS Trust</p> <p>Siobhan Melia, Sussex Community NHS Trust</p> <p>Samantha Allen, Sussex Partnership NHS Foundation Trust</p> <p>Mark Andrews, East Sussex Fire and Rescue Service</p> <p>Katy Bourne, Sussex Police and Crime Commissioner</p> <p>Marie Casey, Voluntary and Community Sector Representative</p>

AGENDA

- 1 Minutes of meeting of Health and Wellbeing Board held on 13 March 2018 (*Pages 3 - 8*)
- 2 Apologies for absence
- 3 Disclosure by all members present of personal interests in matters on the agenda
- 4 Urgent items
Notification of items which the Chair considers to be urgent and proposes to take at the end of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgently
- 5 East Sussex Joint Strategic Needs Assessment and Assets (JSNAA) Annual Report 2017/18 (*Pages 9 - 20*)
 - Report by the Director of Public Health

- 6 East Sussex Better Together Strategic Commissioning Board (ESBT SCB) Annual Report (*Pages 21 - 52*)
 - report by Director of Adult Social Care and Health and Chief Officer of Hastings and Rother CCG and Eastbourne, Hailsham, and Seaford CCG
- 7 Care Quality Commission (CQC) Local Area Review - Action Plan Progress Report (*Pages 53 - 72*)
 - report by Director of Adult Social Care and Health.
- 8 East Sussex Health and Wellbeing Board (HWB) Review (*Pages 73 - 80*)
 - report by the Chief Executive
- 9 NHS Updates
 - High Weald Lewes and Havens Clinical Commissioning Group (CCG)
 - Eastbourne, Hailsham and Seaford CCG
 - Hasting and Rother CCG
- 10 Any other items previously notified under agenda item 4
- 11 Date of next meeting: Tuesday 18 September, 2.30pm

PHILIP BAKER
Assistant Chief Executive
County Hall, St Anne's Crescent
LEWES BN7 1UE

9 July 2018

Contact Harvey Winder, Democratic Services Officer, 01273 481796,

Email: harvey.winder@eastsussex.gov.uk

NOTE: As part of the County Council'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

EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at County Hall, Lewes on 13 March 2018.

PRESENT Councillors Keith Glazier (Chair) Councillors John Ungar, Trevor Webb, Councillor Margaret Robinson, Councillor Linda Wallraven, Dr Martin Writer, Amanda Philpott, Keith Hinkley, Cynthia Lyons and John Routledge

ALSO PRESENT Councillor Claire Dowling, Becky Shaw, Marie Casey and
David Kemp

31 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 19
DECEMBER 2017

31.1 The minutes were agreed as a correct record.

32 APOLOGIES FOR ABSENCE

32.1 Apologies for absence were received from the following Board Members:

- Councillor Carl Maynard
- Stuart Gallimore (Substitute: Brian Hughes)
- Deborah Tomalin

32.2 Apologies for absence were received from the following Invited Observers with Speaking Rights:

- Councillor Sue Beaney
- Councillor John Barnes
- Mark Andrews (substitute: David Kemp)

33 DISCLOSURE BY ALL MEMBERS PRESENT OF PERSONAL INTERESTS IN
MATTERS ON THE AGENDA

33.1 Councillor John Ungar declared a personal interest as a member of the patient panel for Green Street Clinic in Eastbourne.

34 URGENT ITEMS

34.1 There were no urgent items.

35 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2017-2018: THE STATE OF CHILD HEALTH IN EAST SUSSEX

35.1 The Board considered a report in relation to the Annual Report of the Director of Public Health 2017-2018.

35.2 The Board thanked Cynthia Lyons, Acting Director of Public Health, for her dedication to public health over the years and wished her well in her retirement.

35.3 In response to questions from the Board Members, officers provided the following responses:

- Environmental Impact Assessments (EIA) are undertaken for every planning application, including for new schools. An EIA would help to inform planners of the potential pollution risk to pupils and the school would likely be designed in such a way as to reduce this risk.
- There is no proposed reduction in the Public Health Grant. This means that the Public Health team is able to push ahead with investment in prevention services.

35.4 The Board RESOLVED to note the report.

36 CARE QUALITY COMMISSION (CQC) LOCAL AREA REVIEW

36.1 The Board considered a report on the Care Quality Commission's (CQC) Local Area Review of East Sussex, along with the comments provided by the East Sussex Better Together (ESBT) Scrutiny Board.

36.2 In response to questions from the Board Members, officers provided the following responses:

- There has been an improvement in quality of nursing and domiciliary care, albeit not to the extent that was hoped, however, there are nationwide issues with the capacity of nursing homes and domiciliary care organisations. This issue is one of the key causes of Delayed Transfer of Care (DTOC) from hospitals that are attributable to Adult Social Care Departments.
- East Sussex County Council (ESCC) has stabilised the nursing home market in parts of East Sussex by significantly increasing fees for nursing homes places, however, further work is needed to stabilise the rest of the county. Additional work is also necessary to strengthen the relationship with the domiciliary care market.
- A revised bedded care strategy is being developed alongside the Council's Estate Strategy in partnership with the NHS. There is already infrastructure in place to procure care from the market jointly with the NHS to ensure greater influence in the market.
- The CQC has changed their methodology for inspecting nursing homes and domiciliary care organisations. The CQC will now focus on monitoring the care providers whilst local authorities will focus on supporting the providers to improve the quality of care they provide. This change will ensure a more collective approach between the CQC and local authorities and avoid duplicating the inspection role.

- There is an ongoing review of the intermediate care provided by Milton Grange and Firewood House that will lead to a report to the ESCC Cabinet on 26 June. This report will not include proposals to change these services unless there is a clear picture of viable alternatives that can be provided at lower cost whilst retaining the current service's capacity, which is necessary to ensure patient flow out of acute hospitals.
- When the CQC conducted the area review they considered whether ESBT and Connecting 4 You (C4Y) were producing different outcomes. Broadly speaking the systems, processes and priorities are the same, albeit with some differences that were highlighted by the CQC, to ensure that what is offered to patients is consistent across East Sussex. Previous discussions at the HWB have been clear about the difference of views as to whether there should be 1 or 2 integration programmes across East Sussex, with the Council expressing a clear view that a single programme would make most sense in terms of deploying capacity and ensuring there was a coherent commissioning strategy for the local population. The Council continues to remain open to a single East Sussex approach but only if the partner organisations were willing and there was a clear governance arrangement in place.
- The ESBT and C4Y community resilience work is designed around building strong links with communities and community voluntary sector (CVS) organisations. This is part of a considerable amount of investment the CCGs and Council have made to develop a meaningful partnership with the CVS. Speak Up, a CVS organisation, is also commissioned to support the activity and strategic dialogue of ESBT and C4Y programmes.
- There will be savings, set out in the Council's Reconciling Policy, Performance and Resources (RPPR) process, to CVS organisations during 2018/19 in addition to savings made over recent years. It is the case, however, that the Council anticipated that these future savings would be needed and for several years prioritised investment in a community resilience programme designed to build up the capacity of CVS organisations so that their reliance on direct funding from the Council would be reduced. Direct funding to CVS is now reducing but the Council still invests considerable amounts in the sector.
- The Sussex and East Surrey Sustainability and Transformation Partnership (STP) is made up of the individual CCGs and local authorities and is not a separate entity. There is agreement within the STP that investment in primary prevention, GP practices and community pathways are best done at the locality level, i.e., through ESBT or C4Y and not via the STP.
- Urgent Treatment Centres (UTCs) are being commissioned jointly by all 8 CCGs in the STP but will be tailored to be locally appropriate. Moving forward more work will be done at an STP level where it needs to be co-ordinated at that level, for example, care for people with learning disabilities.
- The CQC review team envisage that the HWB should sit atop a hierarchy of organisations, whereas it was set up locally in 2013 as sitting in the middle of a network of organisations. There are good arguments for both structures that will be explored during the review in order to decide which model works best for East Sussex.
- The review of the HWB will involve discussions with all partner organisations individually and collectively within the whole East Sussex health and care system including the CVS.

- Sharing information from organisations outside of the HWB with the Board is to be welcomed, provided that it is shared transparently amongst all members and in a format that is agreed by the Board.

36.4 The Board RESOLVED to:

1. Note the outcome of the CQC Local Area Review report and final system action plan;
2. Agree to receive quarterly reporting against agreed actions for the duration of the plan; and
3. Note its virtual agreement to review the role, purpose and membership of the East Sussex Health & Wellbeing Board, express any initial views to inform the review and note that a draft proposal will be developed by ESCC's Chief Executive for discussion at a future meeting.

37 NHS UPDATES

37.1 The Board considered updates from two of the NHS CCGs in East Sussex.

Hastings and Rother Clinical Commissioning Group (HR CCG) Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG)

- Staff across the system were acknowledged and thanked for their work during the particularly difficult winter period.
- East Sussex Healthcare NHS Trust (ESHT) is not reaching the target of 95% of patients being seen within 4 hours at A&E, but its relative performance puts it in the top 2 performing Trusts in the South East and top 25% in the country.
- In order to maintain a responsive service and to avoid too much pressure on staff during the winter period, there were some cancellations of planned care. Once emergency demand has stabilised, the CCGs and ESHT will use all available capacity to reduce the backlog of planned care caused by these cancellations. ESHT did not book a lot of planned care over winter in anticipation of this increased emergency care demand, however, the extended period of inclement weather and flu is having an additional impact.
- The health economy is very challenged. Both CCGs in the ESBT area will be in deficit for the 2017/18 financial year and only one CCG in the STP is likely to end the financial year in surplus.
- ESBT has undertaken significant investment in primary care to ensure that the practices are resilient and can treat people in the community. This is in line with all national evidence that points towards integration of health and social care, and investment in care earlier on in the system.
- 17,000 patients from the Cornwallis Plaza GP practice were distributed to other practices in the area. The CCG supported these practices becoming a federation which enabled them to develop the resilience necessary to absorb these patients. A huge amount of work is being undertaken to increase the GP and GP practice workforce, for example, clinical pharmacists who work across 3-4 practices, and localities of networked practices with multi-professional workforces that support local populations.

The meeting ended at 3.40 pm.

Councillor Keith Glazier (Chair)
Chair

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Report to:	East Sussex Health and Wellbeing Board
Date:	17 July 2018
Report by:	Director of Public Health
Title of report:	East Sussex Joint Strategic Needs Assessment and Assets Annual Report 2017/18
Purposes of report:	To present to the Health and Wellbeing Board the 2016/17 Joint Strategic Needs and Assets Assessment Annual Report which outlines the updates and developments that have taken place during the year.

RECOMMENDATIONS

The Board is recommended to note the 2017/18 Joint Strategic Needs and Assets Assessment Annual Report

1. Background

1.1 The Joint Strategic Needs and Assets Assessment (JSNAA) programme has been established since 2007 and reports on the health and wellbeing needs of the people of East Sussex. It brings together detailed information on local health and wellbeing needs to inform decisions about how we design, commission and deliver services to improve and protect health and reduce health inequalities

1.2 In January 2012, a dedicated JSNAA website was launched. All JSNAA work and resources are placed on the East Sussex JSNAA website (www.eastsussexjsna.org.uk) so that it provides a central resource of local and national information.

2. Supporting information

2.1 The 2017/18 JSNAA Annual Report provides a summary of the updates and developments to the JSNAA during 2017/18 and presents recommendations which will be addressed as part of the 2018/19 work plan.

2.2 Moving the email subscription service to a new platform has seen the number of subscribers increase by 141%.

3.3 Key resources that remain popular on the site are the National Profiles, Local Needs and Assets Profiles, Area Summaries, Scorecards and Director of Public Health reports.

3.4 Improvements to the layout and navigation of the site have been made following user feedback.

3.5 Future plans involve working with commissioners and partners to ensure that JSNAA products meet their needs.

3. Conclusion and Reason for Recommendation

3.1 This report makes the following four recommendations which have been incorporated into the 2018/19 work plan:

1. Continue to improve the layout and navigation of the site for users.
2. Continue to grow the number of subscribers to the monthly email alerts through the year.
3. Repeat and build on the promotional activities successfully undertaken in 2017/18.
4. Work with commissioners and partners on improving the resources available

3.2 The East Sussex Health and Wellbeing Board is recommended to note the report.

Darrell Gale

Director of Public Health

Contact officer: Graham Evans, Head of Public Health Intelligence
Tel No. 01273 336038; Graham.Evans@eastsussex.gov.uk



Joint Strategic Needs & Assets Assessment (JSNAA) 2017/18 Annual Report

July 2018



1. INTRODUCTION

The Joint Strategic Needs & Assets Assessment (JSNAA) is a resource of local and national information to inform decisions and plans to improve local people's health and wellbeing and reduce health inequalities in East Sussex. The JSNAA is an on-going, iterative process, led by Public Health within the County Council.

The JSNAA is used to:



Provide a **comprehensive picture of the health and wellbeing needs** of East Sussex (now and in the future).



Inform decisions about how we design, commission and deliver services.



Improve and protect health and wellbeing outcomes across the county while **reducing health inequalities**.



Provide partner organisations with **information on the changing health and wellbeing needs** of East Sussex, at a local level, to support better service delivery.



Provide an **evidence base for Healthy Lives, Healthy People**, the [East Sussex Health and Wellbeing Strategy 2016-2019](#), identifying important health and wellbeing issues for East Sussex.

During 2017/18 the JSNAA supported work on a range of priority areas and informed the council and partners on the wider health and wellbeing of the people of East Sussex.

All JSNAA work undertaken and resources developed are available on the East Sussex Joint Strategic Needs & Assets Assessment website (www.eastsussexjsna.org.uk) which went live on 31 January 2012 and since then has been:

visited over
30,200
times



by over
15,200
unique users

¹.

This report provides a summary of the updates and developments to the JSNAA during 2017/18.

¹ Google analytics data between 31st January 2012 and 31st March 2018

Table 1: Additions to the JSNAA during 2017/18

NP = national profile

LB = local briefing

CNA – comprehensive needs assessment

April 2017	May 2017	June 2017
<ul style="list-style-type: none"> ➤ LB - Accidents and Injuries for Children & Young People ➤ NP - Child and Maternal Health 	<ul style="list-style-type: none"> ➤ NP - Alcohol ➤ NP - Tobacco Control ➤ NP - Public Health Outcomes Framework 	<ul style="list-style-type: none"> ➤ LB - Population Projections for East Sussex ➤ NP - Adult Social Care ➤ NP - Sexual & Reproductive Health ➤ NP - Tobacco Control
July 2017	August 2017	September 2017
<ul style="list-style-type: none"> ➤ CNA - Pharmaceutical Needs Assessment ➤ LB - East Sussex State of the County Demographic Report ➤ LB - Population Briefing for E Sx ➤ NP - Marmot Indicators ➤ NP - Dementia ➤ NP - Mental Health ➤ NP - Pregnancy and Birth ➤ NP - Perinatal Mental Health ➤ NP - Cardiovascular Disease (CVD) ➤ NP - CVD in Primary Care ➤ NP - Health profiles 	<ul style="list-style-type: none"> ➤ NP - Health Assets ➤ NP - Sexual and Reproductive Health ➤ NP - Public Health Outcomes Framework ➤ NP - Children and Young People's Mental Health and Wellbeing 	<ul style="list-style-type: none"> ➤ LB - Self-harm in East Sussex ➤ NP - NHS Atlas of Variation in Risk Factors and Healthcare for Liver Disease ➤ NP - Diabetes Footcare
October 2017	November 2017	December 2017
<ul style="list-style-type: none"> ➤ NP - Public Health Dashboard ➤ NP - National Clinical Procedures Benchmarking Tool ➤ NP - Local Health interactive mapping tool 	<ul style="list-style-type: none"> ➤ NP - Musculoskeletal (MSK) Diseases ➤ NP - Public Health Outcomes Framework ➤ NP - Tobacco Control 	<ul style="list-style-type: none"> ➤ LB - Air Quality in East Sussex ➤ Local Needs and Assets profiles for 2017
January 2018	February 2018	March 2018
<ul style="list-style-type: none"> ➤ LB - Equality and Diversity Profiles for CCGs ➤ NP - End of Life Care ➤ NP - GP Practice Profiles ➤ NP - School-age Children ➤ NP - Young People ➤ NP - General Practice & CCG Profiles for Cancer 	<ul style="list-style-type: none"> ➤ Director of Public Health Annual Report - State of Child Health in East Sussex ➤ LB - Migration in East Sussex ➤ NP - Cardiovascular Disease (CVD) ➤ NP - Teenage pregnancy and young parents 	<ul style="list-style-type: none"> ➤ NHS View Scorecards and Area Summaries ➤ Local Authority View Scorecards and Area Summaries ➤ GP Practice and Locality Profiles ➤ LB - Physical Activity and Healthy Eating Data Overview ➤ NP - Health Inequality briefings

3. ACCESSING THE JSNAA

Some people access the JSNAA through the Public Health Team but the vast majority of people access it through the JSNAA website.

East Sussex
Joint Strategic Needs & Assets Assessment
eastsussexjsna.org.uk

The JSNAA website is accessed by a large range of people. An analysis of activity on the website during 2017/18 was undertaken, using a Google Analytics tool, which provides data on numbers of users accessing the site, the number of visits by those users, how users are referred to the site and a wide range of other useful analyses.

This section provides a summary of the key activity:

Table 2: Summary of activity



Monthly email alerts

A monthly email alert has been in place since May 2013 which alerts subscribers to new work and/or resources added to the website. There were 316 subscribers by the end of 2017/18. In May 2018 this subscription service was moved to govdelivery, which is the main newsletter service used by ESCC. This change improves the way the emails are delivered and also allows us to fully comply with new General Data Protection Regulations (GDPR). It also allowed us to further promote the subscription service and as of 26th June there were 763 subscribers, which was a 141% increase.

As expected, the **JSNAA website home page was the most popular page visited website** on (table 3). This was followed by National Profiles and then the Scorecards and Area Summaries.

Table 3: Top 10 pages, 2017/18



1. HOME PAGE
2. NATIONAL PROFILES
3. SCORECARDS / AREA SUMMARIES
4. LOCAL NEEDS AND ASSET PROFILES
5. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT
6. COMPREHENSIVE NEEDS ASSESSMENTS
7. LINKS (particularly ESiF)
8. LOCAL BRIEFINGS
9. OVERVIEWS
10. EVIDENCE REPORTS

Table 4 shows all of the accessed documents in 2017/18 grouped into broad categories. This shows the **popularity of the National profiles**. The next most popular documents were the Local Needs and Assets Profiles and DPH annual report.

Table 4: Top 10 documents downloaded, 2017/18

1. NATIONAL PROFILES
2. LOCAL NEEDS AND ASSET PROFILES
3. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT
4. AREA SUMMARIES
5. LOCAL BRIEFINGS
6. COMPREHENSIVE NEEDS ASSESSMENTS
7. SCORECARDS
8. PRACTICE PROFILES
9. LOCALITY PROFILES
10. SCORECARD DATASET



4. WEBSITE LAYOUT

Following feedback from users there have been some changes to the layout and navigation on the site. The main change involved creating a new page which helps users navigate more easily to key local products such as the scorecards, area summaries and the local needs and assets profiles, using the tiled table shown below.

Menu of local data: area-based JSNAA profiles

This page allows you to select resources (along the top) by the areas (down the side) that they are available for.

Area	Local Needs and Assets Profile	Area Summary	Practice / Locality Profile	Scorecards	Scorecard data download
What data the profiles for each area are based upon	Based on national data. Narratives comparing local areas to England	Narratives based on local scorecards describing key issues for each area	Profiles comparing all local scorecard indicators for each area	Based on local data. Scorecards presented for over 200 indicators	Download-able Excel data file for local scorecard indicators
East Sussex	View	View	Unavailable	View	View
East Sussex Better Together (ESBT)	View	View	Unavailable	View	View
Clinical Commissioning Groups (CCGs)	View	View	Unavailable	View	View
Localities / Communities of Practice	Unavailable	View	View	View	View
GP Practices	Unavailable	Unavailable	View	View	View
District / Borough Council areas	View	View	Unavailable	View	View
Electoral Wards	Unavailable	Unavailable	Unavailable	View	View

Also, the Overviews and Local Briefings pages have been combined so that the main pages are simpler to navigate and make more sense to users. This is how the main menu is now laid out.

Menu of Local Data	National Profiles	Annual Public Health Reports	Comprehensive Needs Assessments	Local Briefings	Evidence Surveys & Links	Subscribe
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We will continue to look for ways of improving the layout and design of the site, testing our ideas with users to ensure changes do improve the overall experience.

5. FUTURE DEVELOPMENTS

The content and reports available on the site have all been reviewed and some that are now out of date have been removed.

During 2018/19 there are plans to produce more products to fill gaps that have been left by the removal of older content. One of those products is a detailed Health and Social Care Profile of Older People in East Sussex that has already been uploaded to the site at <http://www.eastsussexjsna.org.uk/briefings>

Public Health, who lead on the JSNAA, are reviewing how the JSNAA as a whole can be further developed and improved. Commissioners and partners are being directly consulted in this process to ensure products meet their needs. It is envisaged that a greater array of products will more flexibly and responsively inform commissioning priorities.

6. KEY FINDINGS AND RECOMMENDATIONS

KEY FINDINGS

- ☐ Moving the email subscription service to a new platform has seen the number of subscribers increase by 141%
- ☐ Key resources that remain popular on the site are the National Profiles, Local Needs and Assets Profiles, Area Summaries, Scorecards and Director of Public Health reports.
- ☐ Improvements to the layout and navigation of the site have been made following user feedback
- ☐ Future plans involve working with commissioners and partners to ensure that JSNAA products meet their needs

Update on previous recommendations

The annual report last year made three specific recommendations. Progress made against those recommendations is outlined below.

- ☐ **Review the homepage of the website to consider simplifying the layout and provide further detail on a new page on some of the best ways of using the website.**



Progress Update: The site has been reviewed and several improvements made to the layout and navigation of the site. This includes a new page that makes it easier for users to access some of the key resources that are available.

- ☐ **Continue to grow the number of subscribers to the monthly email alerts through the year.**



Progress Update: The number of subscribers increased by 141% when the service was moved to a new delivery platform.

- ☐ **Continue and build on the promotional activities successfully undertaken in 2016/17.**



Progress Update: The JSNAA continues to be promoted to current and potential users across East Sussex

Whilst these recommendations were addressed, **this report recommends that work continues in relation to the above** with the addition of a recommendation to **work with commissioners and partners on improving the resources available** and their use to help deliver an evidence base to support transformation of the health and care system in East Sussex.

KEY RECOMMENDATIONS for 2018/19

- ☐ **Continue to improve the layout and navigation of the site for users.**
- ☐ **Continue to grow the number of subscribers to the monthly email alerts through the year.**
- ☐ **Repeat and build on the promotional activities successfully undertaken in 2017/18.**
- ☐ **Work with commissioners and partners on improving the resources available.**

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Report to: East Sussex Health and Wellbeing Board

Date of meeting: 17 July 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: East Sussex Better Together Strategic Commissioning Board (ESBT
SCB) Annual Report

Purpose: To present the ESBT SCB summary annual report and activity for
2017/18.

RECOMMENDATIONS

The Health and Wellbeing Board is recommended to note the report and activity for 2017/18, and planned next steps in 2018/19

1. Background

1.1 East Sussex Better Together (ESBT) is our whole system health and care transformation programme, 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. 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.

1.2 The scale of our current financial challenge, and the challenging national financial environment supports the drive to continue to integrate at pace, at the level of our ESBT place, as appropriate, in order to commission the best outcomes for local people within our ESBT resource envelope.

1.3 The first phase of ESBT transformation, known as the 150 week programme, formally concluded in June 2017. In order to continue to build on the learning and successes of the transformation programme, in 2017/18 the ESBT partners (Eastbourne, Hailsham and Seaford CCG, Hastings and Rother CCG, East Sussex County Council, East Sussex Healthcare NHS Trust and Sussex Partnership NHS Foundation Trust) moved formally into a new ESBT Alliance arrangement for a test bed phase. The aim of this second phase was to enable us to rapidly develop our capacity to manage the health and social care system collectively as an Alliance partnership.

1.4 This arrangement is underpinned by a two year ESBT Alliance Agreement which provides the framework to operate 'as if' were an integrated 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.

1.5 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 phase:

- 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 (SIP) and further development of integration plans and practice; and
- The alignment of our budgets so we can begin to 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.

1.6 The supporting governance framework for 2017/18 included an ESBT Strategic Commissioning Board, an ESBT Alliance Governing Board, and an ESBT Alliance Executive. These arrangements replaced the ESBT Programme partnership arrangements partially and in shadow form from February 2017. The ESBT Strategic Commissioning Board was established in April 2017 between the Council, EHS CCG and HR CCG, as the commissioner members of the ESBT Alliance, to jointly undertake responsibilities for addressing population health need and for commissioning health and social care on a system-wide basis.

1.7 Part of the purpose of the initial test bed year was to create the space and time to undertake the necessary learning and development, with support from or system regulators, to design our ESBT Alliance integrated care model.

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

1.9 The learning and impact report also draws on the helpful learning and feedback from the CQC Local System Review¹, which took place in November 2017, and the results of the initial ESBT Accountable Care System Health Check (May 2017) to determine the readiness of our system for integrated (accountable) care. Both of these independent exercises were extremely positive about our whole system approach and the strength of our ESBT partnership to deliver population level outcomes.

1.10 This report for the East Sussex Health and Wellbeing Board provides a summary of the ESBT Alliance 2017/18 test bed phase, outcomes delivered, and next steps. The report is structured around the following key areas of focus for the ESBT Strategic Commissioning Board:

- Engagement with local people;
- ESBT Alliance Outcomes Framework;
- ESBT Strategic Investment Plan (SIP);
- New services and improvements in 2017/18;
- Further strengthening the ESBT Alliance for 2018/19 and;
- Transforming to our future place-based ESBT integrated care system within the Sussex and East Surrey Sustainable Transformation Partnership (STP)

2. Supporting information

Engagement with local people

2.1 Our comprehensive ESBT engagement and communications strategy and programme has been ongoing in 2017/18, to ensure that local people have been engaged in local discussions to understand local health needs and the outcomes to be delivered, so that plans are informed by local insight - contributing in particular the development of integrated care, integrated locality teams, and our focus on prevention and well-being. This has also informed the further progress of

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

ESBT and the development of the new model of care. We have built on this in the initial test bed phase of the ESBT Alliance in the following ways:

- Holding focus groups with the CCG Patient Participation Groups and the Adult Social Care People bank, and sharing and testing more widely the development of our integrated outcomes framework for the ESBT Alliance, so that it is based on what matters to local people (see below);
- Developing, testing and updating the criteria we used for appraising the future ESBT delivery vehicle with local people, during April - June 2017;
- Ensuring voice and representation within the ESBT Alliance governance structure through seeking nominations from the new Stakeholder group to the ESBT Strategic Commissioning Board, and also ensuring Healthwatch has a place on our ESBT Alliance Governing Board to help assure our approach to citizen governance as this develops;
- Involving local people in all new thinking and developments regarding services from how people would like their local GP practice team to develop, designing information to raise awareness about good use of medicines to exploring how people want to access local urgent care services (*please note this is intended as an illustration rather than an exhaustive list of activity*).

2.2 ESBT has also participated in the development of the new East Sussex collaborative stakeholder group, launched in July 2017, and designed to facilitate better partnerships and co-design of our local health and care services with a broad spectrum of community representatives and local stakeholders. The remit of the group is to engage and contribute to our shared strategic planning process. Membership includes local communities of interest, voluntary and community organisations, District and Borough housing, the East Sussex Fire and Rescue Service and statutory health and social care commissioners and providers.

2.3 Supported by an independent facilitator to help establish good practice in co-production, the purpose of the stakeholder group is to:

- Help to define the overall direction for commissioning health and care in East Sussex;
- Ensure that stakeholders inform decision making around how priorities are identified and resources are allocated;
- Use engagement mechanisms to strengthen the ways in which communities can have input, feedback and influence strategic developments; and
- Help to develop and champion a countywide approach to co-production in health and care.

2.4 We will continue to seek the vital contribution of local people and our other stakeholders to shape all of our ESBT plans. In 2018/19 a key priority is to further develop our model of active citizen engagement and ownership of our health and care system, as part of the wider work to agree, develop and implement our local place-based Integrated Care System.

ESBT Alliance Outcomes Framework

2.5 Our research tells us that understanding the outcomes that are important to local people and providing feedback on how well we are delivering on these, is one part of how integrated care systems can be incentivised to make improvements. To start to prototype this in the 2017/18 test-bed year, a small group of shared system-wide priority outcomes were agreed based on the outcomes that local people have told us are important about their health and care services. Shaped by local people, the integrated ESBT Outcomes Framework was designed to help us test whether delivery across the system is fully aligned to achieve shared goals, 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.

2.6 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 use and testing further during 2017/18.



2.7 A reviewed and refreshed version of the framework with minor changes was approved by the Strategic Commissioning Board on 9 March 2018 for further testing and development in 2018/19. A one page summary of the outcomes framework is included in Appendix 1 and the latest draft quarterly performance reports with baseline data for 2015/16 alongside performance data for 2016/17 are published on the ESBT website². In 2018/19 we will be focusing on one domain each quarter and providing more in depth qualitative and quantitative analysis.

2.8 Performance data is currently collected from existing datasets held by our organisations, and we are exploring how we can develop an integrated data set to support our Alliance reporting processes for the Outcomes Framework, in order that we can reach conclusions about our performance on a system wide and population basis in the future.

2.9 The nature of measuring outcomes rather than outputs also means that much of the performance data is only available annually or every two years. A full report with data for 2015/16, 2016/17 and 2017/18 where this is available has been produced, and is published on the ESBT website³, as a work in progress. This shows that there has been some measurable improvements against previous years' performance in the areas that local people have told us are important, and also the areas we need to focus on for improvement.

ESBT Strategic Investment Plan (SIP)

2.10 The scale of the budgets within the control of the ESBT Alliance partners is c£1billion. At the beginning of the 2017/18 test bed year we agreed our integrated medium term ESBT Strategic Investment Plan (SIP) and schemes for 2017/18, together with a single system-wide aligned budget and reporting framework to support the operational management and performance of the system. We have reported on our ESBT Strategic Investment Plan (SIP) to the ESBT Strategic

² and ² <https://news.eastsussex.gov.uk/east-sussex-better-together/stakeholders/outcomes-framework/>

Commissioning Board throughout the 2017/18 test bed year, in order that the Board can oversee delivery of our shared financial performance goals.

2.11 The ESBT Alliance ended 2017/18 with a combined system deficit of £94.9million. This is summarised as follows:

Organisation	2017/18 Plan surplus/(deficit) £m	2017/18 Final Outturn surplus/(deficit) £m	2017/18 Variance surplus/(deficit) £m
ESCC	0.0	(0.4)	(0.4)
EHS & HR CCGs	0.0	(37.1)	(37.1)
ESHT	(26.5)	(57.4)	(30.9)
Total	(26.5)	(94.9)	(68.4)

2.12 Although we have made significant progress in moving towards a 'one system, one budget' approach and managing system financial risk collectively, our SIP 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. At the same time our work has had a clear beneficial impact on hospital discharge and flow, and the Trust has been able to accommodate the increase in admissions without increase in bed capacity.

2.13 Each of the six community investments in the SIP (Crisis Response, Frailty Practitioner Service, Enhanced Hospital Intervention Team, Integrated Support Workers, Proactive Care Practitioners, Falls and Fracture Liaison) made within the Plan were evaluated. In general, the evaluation has highlighted the following common factors:

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

2.14 Other new service investments within the Plan, for example Care Home Plus and the expansion of Technology Enabled Care Services (TECS) have not progressed for operational reasons. These schemes will be assessed as part of the planning for 2018/19. A number of other schemes did not progress at the originally planned pace, most notably Locality Planning and Delivery, where the planned savings targets increased to £15.4m. This is now in place with refreshed leadership and clear direction, and is embedding well to provide a good foundation for delivery in 2018/19.

2.15 More favourably, prescribing savings targets of £2.9million have been achieved and exceeded, with forecast overspends being achieved after absorbing pressures from the national pricing issue in 'No Cheaper Stock Obtainable' drugs.

2.16 Looking forward to 2018/19 the ESBT Alliance is forecasting a system deficit of £76.9m, compared to the £94.9m deficit in 2017/18. 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. The ESBT Alliance partners have in place expenditure reduction plans totalling £43.3m (ASC £6.2m, ESHT £19.1m and the CCGs £18m) to deliver the forecast position and to manage slippage and in-year risk. Our collective assessment of this in-year risk is £19.9 million.

2.17 The 2017/18 in-year position is being managed by the ESBT System Financial Recovery Board which will receive monthly detailed reports on the overall financial position and individual expenditure reduction plans to provide assurance that:

- The system is achieving the required financial improvement;

- The effect of individual plans is understood by all partners;
- Individual and system risks are being actively managed;
- Urgent action is taken where expenditure reduction plans are not delivering so that overall system financial position is achieved

2.18 The Health and Social Care Commissioning financial plans for 2018/19 forecast a health and social care commissioning deficit of £32million for the CCGs and break-even for Adult Social Care which is in line with the control totals issued by NHS England. To achieve the control total position partners are finalising plans as individual commissioning organisations. These are £6.2million in relation to ESBT for ASC; and £18m to reach the control total of £32m for the CCGs.

New services and improvements in 2017/18

2.19 Our formal ESBT Alliance arrangement in 2017/18 has enabled a system-wide approach and focus to operational delivery. The indications are that this, alongside our continued implementation of community based integrated care services, has enabled us to continue to build on our successful ESBT partnership working over the previous three years to begin to moderate demand for hospital based services, 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 (DTC).
- A&E is now in the upper quartile of performance nationally and DTCs have reduced from approximately 8% to lower than 2%. RTT regularly performs at over 90%; during December 2017 and over Christmas we were between 7th and 9th best nationally.
- Over and above this, by working together we have reduced serious incidents, and improved stroke measures and outcomes.

2.20 Appendix 3 contains a collated summary of new services, activity and improvements made in 2017/18 as a result of ESBT partnership working, with some facts and figures highlighted below:

- The whole school health improvement project is reaching up to up to 53,302 children and young people in East Sussex schools, through focussing on whole-school approaches.
- The nursery transformation programme Healthy Active Little Ones (HALO) has reached over 5,600 nursery children across East Sussex and the activities continue to be specifically recognised within nursery Ofsted inspections.
- The target for diagnosing people with dementia (greater than 68%) was achieved in 2017/18 enabling more people to be identified and offered support. Enhanced post-diagnostic services have now been commissioned to provide a wide-range of universal social care and support to people with dementia and their carers.
- In 2017/18 Health and Social Care Connect received 130,411 contacts and referrals, an increase of 9% compared to 2016/17
- 2243 healthcare staff have now been trained to use Making Every Contact Count (MECC) approaches to provide brief advice and refer into lifestyle support services, where required
- 283 General Practice staff have been trained to date in care navigation

- 28 of 47 Practices so far have now been audited as ready to host pre-registration student nurses, to increase the number of pre-registration places available
- The NHS Health Check programme – building on the successful role out in communities in 2016/17, through the workplace programme in 2017/18 nearly 2000 staff had their Health Check at work – around 1/3 of all eligible staff across ESHT, SPFT and ESCC - a much higher uptake rate than similar pilots undertaken by NHS England which had an average uptake of 11%
- August 2017 saw the launch of our new integrated lifestyle service, One You East Sussex - a one-stop shop offering evidence based personalised support to enable people to make changes to their lifestyle to improve their health – with over 4000 referrals so far.
- Over 42,000 people in East Sussex took part in the 'Beat the Street' game in 2017; walking, cycling or running a combined total of 231,090 miles
- 34 ESBT practices have developed and are delivering their plans to embed health improvement into the work of the practices. Examples of activity include:
 - Addressing social isolation using Patient Participation Group members as 'community connectors'
 - Training practice staff in Making Every Contact Count
 - Working with Patient Participation Groups (PPGs) to increase their health promotion role in the practice
- 97 more annual health checks for people with learning disabilities have been completed in Hastings and Rother than in 2016/17, to ensure unmet health needs can be identified
- 6 new Locality Planning and Delivery Groups have been launched to enable both planning and oversight of operational delivery of services at a local level, as the core building blocks of our local ESBT integrated care system
- 6 Locality Networks have been established to bring together health, social care, other statutory sector, voluntary and community and independent sector staff to identify shared priorities and work collaboratively to address these, and link the wider health, care and support system into the locality planning and delivery framework

Further strengthening the ESBT Alliance for 2018/19

2.21 The overall purpose of strengthening the ESBT Alliance arrangements in 2018/19 is to:

- further enable in-year improvements to the daily performance of quality and finances across our system; and
- secure 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).

2.22 In light of our learning in 2017/18, our focus for strengthening the Alliance in 2018/19 has been to put integrated commissioning of health and care for our ESBT place on a more formal footing, to better enable us to drive the integration of care delivery across our system. During the latter half of 2017/18 proposals were developed to implement closer integration and leadership of health and care commissioning and transformation in 2018/19, supported by an Integrated Commissioning Fund (ICF) of pooled and aligned budgets.

2.23 These arrangements were agreed by EHS and HR CCGs' Governing Bodies on 28 March 2018, and by ESCC on 16th April 2018. They include:

- Agreement to the proposed scope and content of the ICF for a combined ESBT resource of approximately £760million^{4, 5}, and entering into a Financial Framework Agreement to operate this;
- Our ESBT senior responsible officer roles across health and care commissioning increasingly focusing 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 individual statutory accountabilities; and
- Arrangements to bring together a regular integrated senior management team meeting between the CCGs and Adult Social Care and Health, with the aim of carrying out core management activities together, and further aligning work programmes and portfolios during 2018/19 to integrate our commissioning structure

2.24 These arrangements will put us in a strong position to take forward the next phase of our ESBT transformation - to describe our future ESBT integrated care system provider model.

Transforming to our future place-based ESBT integrated care system within the Sussex and East Surrey STP

2.25 During 2017/18 we have collectively explored what our future ESBT delivery model needs to look like. During this year the national direction for commissioning reform and the role of our Sussex and East Surrey Sustainable STP has also accelerated, and our local integration will also be supported by us delegating some commissioning to our STP, where this is the appropriate level and wherever this makes sense in terms of wider clinical networks or agreed referral thresholds.

2.26 The benefits of strengthened STP leadership will provide a helpful framework to enable local places to further develop plans and activity to achieve system financial recovery and journey towards sustainability. Our plans for the local integration of our provider landscape are necessarily influenced by the national move away from 'accountable care organisations' to 'Integrated Care Systems' - systems of providers who work together to deliver outcomes.

2.27 Reflecting our original principles and characteristics for ESBT integrated (accountable) care, this is considering 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 include what will be core delivery for the local integrated care system, and what will be commissioned on a wider STP footprint.

2.28 In light of this as an ESBT Alliance we have agreed to reconsider our ambition and vision for our local system shape over the next three to five years, in the context of our contribution within our STP and the 2018/19 system financial position. Building on our strong ESBT foundations for improvements in delivery and moderating demand through integrated community based services, this will include how we collaborate as an Alliance on our priorities for system transformation and support next phase implementation.

2.29 This work is initially being taken forward on behalf of our ESBT Alliance by the ESBT Integrated (accountable) Care System Development Group (ICSDG) as part of progressing work on our new model of care. With key delivery stakeholders such as GPs and voluntary and community organisations, this will set out the framework for commissioning and delivering our future integrated care system for our place, as part of our wider STP, to ensure this can best support prevention and manage demand as well as deliver quality services and integrated care.

⁴ Excludes budgets for specialised services commissioned by NHS England

⁵ Illustrative based on 2017/18 budgets

2.30 We have also scoped stakeholders and engagement methodology to develop our plans to inform, engage and co-design key elements of our integrated care system delivery model. Our approach to stakeholder engagement will build iteratively as we go through the development process for our ESBT integrated care system model and more detail emerges.

2.31 Work will continue to be progressed over the summer months to allow sufficient time to factor in appropriate levels of engagement and discussion in line with our engagement framework, including within our STP, as well as take in the outcomes of local ESBT Alliance discussions, developments with our STP-wide commissioning and the outcomes of other governance reviews, and our work to improve system finances and quality during 2018/19.

2.32 We are also aware that national policy will also need to inform this picture as further detail emerges about the forthcoming long term plan for the NHS, which is expected to include further direction on full integration of the health and social care system, and the Social Care Green Paper which will set out the Government's plans to improve care and support for older people and tackle the challenge of an ageing population.

3. Conclusion and reasons for recommendations

3.1 In the context of a challenging national and local financial environment, our ESBT Alliance Outcomes Framework initiated in 2017/18 shows that there has been some measurable improvements against previous years' performance in the areas that local people have told us are important, as a result of working as an ESBT Alliance.

3.2 The added value of working collectively as a system has impacted positively on our activity position in the test bed year, enabling us to moderate demand through our focus on community based services and prevention. This also enabled a positive Local System Review to be carried out by the CQC. However, we have not been able to translate improvements quickly enough to impact positively on our system financial position. Within this it should be acknowledged that 2017/18 was the first year of delivering whole system transformation as an ESBT Alliance.

3.3 Our arrangements and programme of work in the early part of 2018/19 put us on a strong footing to support system financial recovery and the continued transformation of our health and care system. Resources can be deployed more flexibly according to a single set of priorities, supported by coordinated management actions assisting further development of integrated service and financial plans. This will also help us develop and agree measures to implement our future integrated care system model that will be sustainable in the long-term.

3.4 The East Sussex Health and Wellbeing Board is recommended to note the report and activity for 2017/18, and planned next steps in 2018/19.

Keith Hinkley
Director of Adult Social Care and Health, ESCC

Amanda Philpott
Chief Officer, EHS and HR CCGs

Contact Officer: Jessica Britton
Tel No: 01273 403686
Email: jessica.britton@nhs.net

Contact Officer: Vicky Smith
Tel. No: 01273 482036
Email: vicky.smith@eastsussex.gov.uk

BACKGROUND DOCUMENTS

None

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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.

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

Transforming services for sustainability

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

Objective	Outcome
Demonstrate financial and system sustainability	<ul style="list-style-type: none">People have access to timely and responsive carePeople access emergency hospital services only when they need toFinancial balance is achieved across the health and care system
Deliver joined up information technology	<ul style="list-style-type: none">People and staff have access to shared and integrated electronic information
Prioritise prevention, early intervention, self care and self management	<ul style="list-style-type: none">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	<ul style="list-style-type: none">Jargon free health and social care information can be found in a range of formats and locationsHealth and care services talk to each other so that people receive seamless services
Put people in control of their health and care	<ul style="list-style-type: none">People feel respected and able to make informed choices about servicesPeople have choice and control over services and how they are delivered
Deliver services meet people's needs and support their independence	<ul style="list-style-type: none">People are supported to be as independent as possiblePeople are supported to feel safe

Quality care and support

Making sure we have safe and effective care and support.

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

Appendix 1

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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 be used iteratively as we progress our ESBT Alliance learning in 2018/19, and develop our partnership arrangements further.

24th May 2018



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 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 the findings commended the maturity of our partnerships, our evident shared ambition and vision, and our approach to deep and wide stakeholder engagement, recognising the specific continued engagement that will be needed across primary care in particular. Some recommendations were also made 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 at a future point in 2018/19, to determine how far we have matured as an integrated 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 were 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 leaders¹.

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

- 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 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 nationally².
- 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 some 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 our Integrated Care System³ delivery model.

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

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

³ In keeping with national direction, we’re beginning to reflect the latest NHS Planning Guidance 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)

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 have shaped for a Financial Framework Agreement and ESBT 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. Our refreshed arrangements for ESBT governance for the first six months of 2018/19 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 wider STP and HWB review processes.

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 summarised 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 ESBT 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.
- 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.

Appendix A (21/02/18)

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 has been produced to help review the achievements of the test bed year and inform discussions about strengthening the Alliance in 2018/19.

	ESBT Alliance transformation activity	RAG rating
1	<p>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</p> <p>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.</p>	
2	<p>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.</p> <p>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.</p>	

	<p>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 explore integrating our business processes for collecting data and analysis to describe the performance of our system and delivery of the outcomes.</p>	
3	<p>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</p> <p>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.</p> <p>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.</p>	
4	<p>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.</p> <p>Progress: An aligned incentive contract was 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.</p>	
5	<p>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</p>	

	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	
	<p>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.</p> <p>Work continued on integrated wholes system solutions to our workforce recruitment and retention challenges under the ESBT workforce strategy.</p> <p>The ESBT Communications and Engagement Strategy was refreshed to support core C&E activity across the system. A start has been made with implementing the Patient Activation Measure (PAM) tool and this will be rolled out further in 2018/19.</p>	
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 system 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	

	<p>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 our integrated care system by 2020/21. Implementation plans and due diligence will be developed enacted once the business case has reported.</p>	
10	<p>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")</p> <p>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 has been drafted for testing with our stakeholders.</p>	
11	<p>Activity: develop a proposal for the residual strategic commissioning functions (population needs assessment, outcomes setting and oversight of performance) for the Alliance Commissioners</p> <p>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 our integrated care system to ensure we have the right capacity across all of our system for planning, commissioning and contracting.</p>	
12	<p>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</p> <p>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</p>	

13	<p>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</p>	
	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	

24th May 2018

Summary of ESBT services and improvements in 2017/18

Introduction

This paper focuses on ESBT Alliance activity between April 2017 and March 2018, building on ESBT achievements in previous years. The ESBT 150 week programme itself formally concluded in June 2017, and a summary closure report detailing the progress made by the programme between August 2014 and June 2017 can be found on the ESBT website¹. Following June 2017 much of the ESBT programme activity became core business, and doing things differently and better to make improvements to our system and maintain improved quality standards, for example in A&E and delayed transfers of care, has become 'business as usual'.

This report provides a snapshot of some new areas of work taken forward in 2017/18 and highlights some illustrative examples of improved outcomes, grouped under the following headings:

1. Improving health and embedding prevention
2. Healthy Hastings and Rother
3. Integrated care services
4. Mental Health
5. Enablers - ESBT Workforce and IMT/Digital

1 Improving health and embedding prevention

The Personal and Community resilience workstream co-ordinates activity across partners to create a step change in the way in which prevention is embedded across the whole system. The programme includes a range of settings based activity alongside targeted service improvement, the highlights of which are set out below. The programme is recognised in the LGA annual public health report – 'Public Health Transformation Five Years On' - as an example of public health transformation in local government²

1.1 Health Improvement – targeted service improvement

NHS Health Check

The NHS Health Check provides everyone aged 40-74 (without a relevant pre-existing condition) an assessment of their future risk of Cardiovascular Disease (CVD), and personalised information on the steps they can take to address their risk, once every 5 years. In addition to the core programme of NHS Health Checks offered by GP surgeries an extended NHS Health Check workplace programme has encouraged health and social care workers to take up their offer of an NHS Health Check by offering it at work, contributing to improving the health and wellbeing of this key workforce.

Through the workplace programme in 2017/18 nearly 2000 (n=1996) staff had their Health Check at work – around 1/3 of all eligible staff across ESHT, SPFT and ESCC- a much higher uptake rate than similar pilots undertaken by NHS England which had an average uptake of 11%

¹ <http://news.eastsussex.gov.uk/east-sussex-better-together/stakeholders/150-weeks-of-esbt/>

²

https://www.local.gov.uk/sites/default/files/documents/22.14%20Public%20health%205%20years%20on_Web.pdf

One You East Sussex

August 2017 saw the launch of our new integrated lifestyle service, One You East Sussex- a one-stop shop offering evidence based personalised support to enable people to make changes to their lifestyle to improve their health. The service has a particular focus on the high proportion of people (over a quarter of adults) who have three or more lifestyle related risk factors for diseases like diabetes, heart disease and cancer, and is developing a differentiated support offer based on individual need using Patient Activation Measure (PAM) to identify people who are least likely to be able to make changes on their own, and an enhanced self- care offer for those who could make changes on their own. A promotional video highlighting the use of the national One You branding in East Sussex integrated lifestyle service as an example of good practice will be launched at the national Public Health England conference in September.

The new integrated service model resulted in:

- High levels of referrals to the service -almost 4000 people since the new service commenced
- Higher rates of service users from target communities who are least likely to make changes on their own e.g. 49% of service users reside in areas with Index of Multiple Deprivation (IMD) scores in either quintile 1 or 2
- An increase in the proportion of people achieving their goals e.g. almost two fifths (38%) of people needing weight management support achieved at least 5% weight loss (compared with less than one fifth (18%) previously, and 2/3rds (65%) achieved at least 3% weight loss compared with 2/5ths (40%) previously. The service has also seen an increase in men setting weight loss goals from under 1/5th previously to almost 2/5ths of service users. And where people accessed the service for stop smoking support quit rates increased from 55% to 59% quitting successfully.

1.2 Health Improvement - settings transformation programmes

Transformation projects have been established to create a step change in the way that the places where children spend their time, support and promote health and wellbeing.

Early Years

One in five children in East Sussex are overweight or obese by the time they start primary school, rising to one in three by the age of 10-11 years, making them more likely to develop health-related problems earlier in life.

The nursery transformation project was set up to create a shift in the way in which nurseries support parents and the children in their care to lead healthy lives Over the two years of the programme the vast majority of nurseries in the ESBT area - more than 140 nurseries – have participated (over 200 countywide. Nurseries were supported by a dedicated Healthy Active Little Ones (HALO) team to audit themselves against best practice guidelines for healthy eating and physical activity, develop improvement plans and use a small grant to make changes to their practice such as providing portable and fixed physical activity equipment, cookery and gardening resources, parental engagement initiatives, and practitioner training.

The project has reached over 5,600 nursery children across East Sussex and the activities continue to be specifically recognised within nursery Ofsted inspections. A video also

highlights the impact that delivery of training to improve physical activity provision has had for children, families and staff at Park Road under Fives Nursery in St Leonards-on-Sea.

Schools

All state-funded education settings in East Sussex were invited to participate in a whole-school health improvement transformation project. Across the county 188 out of 195 schools (96%) participated in the programme. To date 181 schools (96% of those participating) have completed school health profiles, whole-school health improvement reviews and action plans, helping to make health and wellbeing part of every aspect of school life; from improving the school environment to changes to lesson planning and staff training.

Schools have supported pupils to set up and run healthy tuck shops, set up 'Daily Mile' initiatives, established parent-led gardening clubs, improved playground equipment, redesigned their lunchtime menu, run sessions in food growing and cooking and introduced techniques to improve children's emotional wellbeing. The focus on whole-school approaches means that up to 53,302 children and young people in East Sussex schools will have been reached through the project.

Healthcare settings

Work has been undertaken with East Sussex Healthcare Trust to transform the Trust so that health improvement is embedded in all the work that the trust undertakes. This includes:

- 2243 healthcare staff trained to use Making Every Contact Count (MECC) approaches to provide brief advice and refer into lifestyle support services, where required
- The Trust has audited itself and developing improvement plans against all NICE public health guidance to ensure best practice is embedded

General Practice health improvement transformation programme- 34 ESBT practices have developed and are delivering their plans to embed health improvement into the work of the practices. Examples of activity include:

- Addressing social isolation using Patient Participation Group members as 'community connectors'
- Training practice staff in Making Every Contact Count
- Working with Patient Participation Groups (PPGs) to increase their health promotion role in the practice

Pharmacy health improvement transformation programme

- 96 pharmacies (across county) registered as Healthy Living Pharmacy Level 1
- 24 pharmacies (across county) signed up to offer Healthy Living Pharmacy Level 2

Community settings

Active East Sussex

A mass participation physical activity intervention – Beat the Street – was delivered across East Sussex. The initiative is a fun, free game which connects individuals with their local environment and supports long term behaviour change through creating a social norm around being active. Over 42,000 people in East Sussex took part in the game in 2017; walking, cycling or running a combined total of 231,090 miles. Based on participants who completed the initial and follow-up questionnaires, the proportion of:

- children reporting the lowest levels of activity (60 minutes or more of at least moderate intensity activity on 0-1 days in the past week) decreased from 22% before Beat the Street to just 5% immediately after;
- children agreeing that being active is 'not at all interesting' decreased from 13% to just 7%;
- adults living in areas that are among the 20% most deprived nationally (IMD 2015) who reported meeting national physical activity guidelines (150 minutes of at least moderate intensity physical activity) increased from 30% before Beat the Street to 52% immediately after;
- adults who reported walking on 5-7 days in the past week rose from 58% before Beat the Street to 77% immediately after.

Social Prescribing system development

Through the community resilience programme a range of activity has been undertaken to enable people to engage in community led activity to improve their health and reduce demand for health and care services. This includes:

- Developing a new Locality Link Worker role to better link health and social care teams and communities
- Establishment of 6 Locality Networks to bring together health, social care, other statutory sector, voluntary and community and independent sector staff to identify shared priorities and work collaboratively to address these. In 2017/18 4 network meetings were held in each of the 6 ESBT localities, with themes including intergenerational working; food outdoor spaces and activities; engaging, involving and working together across our communities; volunteering; and tackling isolation.
- Appointment to a post in ESCC procurement to develop an East Sussex approach to the use of the Social Value Act to support delivery of community resilience programme aspirations e.g. by securing free of charge technical support, staff volunteering, use of organisational resources, small grants etc. through the Tendering process building on learning from pilots for East Sussex Highways contract and Integrated lifestyle Service
- Development of a 'pipeline' approach to increase the amount of external funding secured to address shared priorities through better collaboration
- Piloted a small grants programme to stimulate grass roots activity
- Piloting hub and spoke community centre approach in Hastings and Rother
- Supporting the development of new Good Neighbour schemes.

2 Healthy Hastings and Rother

Part of ESBT and launched in 2014, Healthy Hastings and Rother aims to reduce health inequalities by improving health and wellbeing of people in Hastings' and Rother's most disadvantaged communities. It is led by NHS Hastings and Rother Clinical Commissioning Group, and supported by a range of partners, including East Sussex County Council, Hastings Borough Council, Rother District Council, East Sussex Healthcare NHS Trust and the voluntary and community sector.

In 2017/18 the following projects have supported the achievement of better outcomes and access to services for local people:

- **Improving awareness, early diagnosis and treatment of cancer** by supporting GP practices to undertake cancer action plans resulting in 13,000 patients (who had not previously participated in national cancer screening programmes) being engaged by their GP practice and encouraged to participate. 24 volunteers have been recruited to raise awareness of the signs and symptoms of cancer in their communities, leading to 2277 brief interventions and 77% of people reporting increased awareness and understanding of cancer.
- **Enhancing our community pharmacy programme** with 98% of pharmacies achieving Healthy Living Pharmacy Level One qualification.
- **Establishing Health and Wellbeing Community Hubs in North East Hastings, North West Hastings, Central St Leonards, Central Bexhill and Sidley.** Following extensive partnership work in these communities the hubs will help local people and communities to improve and manage their health and wellbeing via access to information, signposting and support in one convenient place.
- **Launching a Safe Space for vulnerable young people** in the Hastings night-time economy where they can access support, advice and first aid.
- **Launching and out of hours Staying Well Space for adults** experiencing mental health problems to de-escalate issues, prevent crisis and reduce hospital attendance.
- **The Primary Care Learning Disability Health Liaison Project** has validated 21 out of 23 Hastings and Rother GP Learning disability registers, increasing the number of people on registers by 213 (23%). This has enabled 97 more annual health checks to be completed in HR than in 2016/17 to ensure the unmet health needs of people with learning disabilities can be identified, for example increasing uptake of cancer screening services and physical health outcomes. Additional information is also added to the Summary Care Record so that vital information can be seen in other healthcare settings, alongside awareness training, 'This is Me' Care Passports and easy read appointment letters and pre-healthcheck questionnaires.
- **Launching a co-investment programme with HBC, Optivo and Orbit housing associations** which includes support for young people and their families, adults on low incomes and/or living with long term conditions; as well as Making Every Contact Count and Leadership training for staff.
- **Continuing to deliver community connector social prescribing service** which has led to a post-intervention decrease in GP appointments by 79%.

In addition, we are proud to report that a number of further projects have received national recognition in 2017/18, including:

- ESCC's project to support patients with long term conditions / dementia was shortlisted for the National Dementia Care Awards
- ESCC's Positive Parenting Programme (Triple P) was highly commended for its commitment to developing and implementing a sustainable programme that reduces health inequalities at the New NHS Alliance's awards.
- SPFT's i-Rock project won the 'Partnership Working and Co-production' award at the National Children and Young People's Mental Health Awards
- Seaview won a Kings Fund and GlaxoSmithKline award for its impact on addressing health inequalities amongst homeless people.

3 Integrated care services

Building on ESBT's vision of joined up proactive community based care, the following progress has been made in 2017/18 on our community based integrated care services and initiatives:

Health and Social Care Connect (HSCC)

Contacts and referrals to HSCC continue to increase. In 2017/18 HSCC received 130,411 contacts and referrals, an increase of 9% compared to 2016/17, all of which was managed within existing resources.

Frailty Practitioner Service

Since the service launched in April 2016 this has supported over 850 patients using Comprehensive Geriatric Assessment framework, of which over 250 have also received the PEACE (Advance Care Planning) intervention giving the following outcomes:

- 85% of patients are satisfied the service supports a better quality of life and 97% are satisfied they are involved as partners in their care
- Reductions of 81% in hospital admissions and 95% in bed days achieved for the first 81 patients receiving the PEACE intervention
- 83% of relatives preferred that PEACE Planning took place in a nursing home and not in hospital
- An estimated net position for PEACE Planning (not all patients) suggests a saving of £3,765 per patient.

Integrated Locality Teams (ILTs)

ILTs continue to develop and build relationships with other practitioners. The Hastings ILT are piloting an ILT led multidisciplinary team meeting in collaboration with primary care and mental health colleagues. This will allow timely multi-professional discussion and planning for individuals with complex care needs. It will also allow the allocation of a care co-ordinator to oversee the agreed plan.

Crisis Response Team

The crisis response team has met its targets for admissions avoided and has now expanded its role to support the discharge to assess agenda. The team has been boosted by Integrated Support Workers (ISWs) who are able to provide immediate homecare support for those who would otherwise be unable to be discharged from hospital, which has had a positive impact on ESHT delayed transfers of care.

Proactive Care Practitioners (PCPs)

PCPs are playing a key role in the new diabetes integrated care pathway. Newly diagnosed diabetics will be assessed using the Patient Activation Measure (PAM). For those who score low on activation the PCPs will work with them on a one to one basis to help them learn about their condition and help them adopt appropriate self-care behaviours.

Six Locality Planning and Delivery Groups (LPDGs) were also launched in 2017/18 across each of our six ESBT localities (Eastbourne, Hailsham and Polegate, Seaford, Hastings and St Leonards, Bexhill and Rural Rother) as a means to enable both planning and oversight of operational delivery of services at a local level. LPDGs have been established to determine local priorities, identify the best use of resources to make the greatest impact and/or the most effective impact on services for local people.

The groups will have a key role in improving access to services and achieving better outcomes for local people by beginning to understand and influence the quality and quantity

of care services within a locality, as the core building block of our ESBT integrated care model. The key functions of the group are summarised below:

- Foster closer partnerships between providers and multi-professional teams to promote the co-ordination and integration of services locally;
- Determine local priorities focussing use of resources where it makes biggest impact;
- Identify opportunities to improve access and achieve more effective outcomes for patients;
- Influence and inform the planning and delivery of local services;
- Ensure the effective adoption and implementation of ESBT SIP clinical strategies and agreed redesign of care pathways within the locality;
- Oversee the quality and quantity of care services within a locality to deliver improved outcomes for the local community.

Membership of each LPDG is varied and is drawn from GPs, community health and social care, mental health, children's services, community pharmacy, the voluntary and independent sector, and District and Borough and housing partners. By bringing together the right people in the room, including key providers and influencers of health and care in the locality, we can begin to unpick and agree what we can do to ensure our integrated health and care system works locally and what we might need to put in place to allow that to happen.

Whilst membership of the LPDGs includes representatives from the voluntary and independent sector, the need for strong links with the newly established 'Locality Networks', which have been established as a way to bring together local people, organisations and communities to share knowledge, insight and experience about their locality and the support provided within it, was recognised from inception. The new Locality Link Worker role (LLWs) that came out of the ESBT Personal Community Resilience workstream will act as the key conduit between the two forums.

The next steps in 2018/19 will be to develop a 'Strategy on a Page' and roadmap which will outline the key objectives and priorities for each locality, in the context of and aligned with our wider ESBT system-wide plans and objectives for 2018/19.

4. Mental Health

Building on the achievement by both CCGs of the target rate for diagnosing people with dementia (greater than 68% in April 2018), so that more people can be identified and given appropriate support, the CCGs have invested in enhanced and expanded post-diagnostic services, which have now been commissioned. These will provide specialist community development workers aligned to GP Practices, to provide a wide-range of 'universal' social care and support services to people with dementia and their carers.

We have sustained and expanded our investment in Psychological Therapies services and trainees, with high conversion rates to local recruitment on becoming qualified. This has resulted in being able to back-fill experienced staff who have undertaken Long Term Conditions training, to be released to increase treatment provision to those with co-morbidities, which evidence suggests reduces avoidable hospital admissions.

At the same time we are able to maintain our target trajectories for improving access to psychological therapies by delivering to 19.5% of population prevalence in 2018/19 with a run-rate of greater than 20% at year-end.

Investment levels in third-sector provision of a wide-range of social care and support services for people with ongoing mental health problems has been sustained, despite the

challenging financial climate. The following services were commissioned in 2017/18:

- a crisis café;
- growth in individual placement (employment) support;
- in association with SPFT (who provide clinical in-reach and psychological therapies), an innovative new service for people with personality disorders, who are currently high users of not only specialist mental health but also primary and acute / general hospital services, including A&E, and;
- two urgent care lounges, offering a calm place to wait for assessment

In order to address the significant health inequalities experienced by those with serious mental illness, we are investing in a new primary care service to deliver a full range of physical health checks to people with Serious Mental Illness (SMI) on QOF Registers, as well as working with voluntary organisations to support onward referrals and the subsequent take-up of smoking cessation and other health and wellbeing programmes. We anticipate these checks being completed for approximately 20% of those on SMI QOF Registers in 2018/19, with a run-rate at year-end sufficient to achieve the target rate of 50% for primary care-based checks in 2019/20

These initiatives will enable us to fulfil our obligations to deliver the Mental Health Investment Standard in 2018/19, whilst at the same time making significant contributions as part of our STP, to the financial sustainability of our mental health services across the spectrum of care.

5. Enablers – ESBT workforce and IMT/Digital

5.1 ESBT Workforce

Building on the ESBT Workforce Strategy, initiated under the ESBT 150 week programme, a number of programmes of work have been taken forward in 2017/18 as part of wider work to seek whole systems solutions to our local workforce recruitment and retention issues. Work streams cover GP recruitment and retention and innovative working; practice nurse and other practice staff recruitment and development; different ways of working across GP clusters and locality footprints and exploring new roles and ways of working. The following highlights work in 2017/18:

ESBT Community Education Provider Network (CEPN)

- **GP bursary scheme.** The scheme (funded by the CCG through its GP Forward View (GPFV) initiatives programme) made £5,000 available to newly recruited GPs to enable them to continue with their career development and encourage them to remain working in East Sussex.
- **Implementation of Care Navigation pilot within GP practices** commenced with an introductory stakeholder conference in December 2017 followed by training workshops in Spring 2018. The first wave of care navigation has now been launched (May 2018) with 18 practices participating in the pilot, and 283 staff have been trained to date in care navigation. A second phase is being planned for Autumn 2018 for the remaining interested practices.
- **GP Fellowship scheme** introduced in 2017 and funded as a GP Forward View (GPFV) initiative by the CCG, this is a scheme which offers a portfolio approach to a two-year post where GPs work four sessions a week in primary care, four sessions a week in a specialty and undertake a postgraduate certificate in Health and Wellbeing at Canterbury Christ Church University. In 2017, the CEPN recruited three fellows to the scheme and feedback indicates that the place on the scheme has been a major factor on their decision to remain working as a GP in East Sussex.
- **Collating consistent workforce data to inform primary care workforce planning**
The CCGs committed to addressing the gap in primary care workforce planning and

information analysis. A post has since been funded for 0.6 wte (22.5 hours pw) for 2 years and appointed to in May 2018. This role will be key in finalising the workforce planning aspect of the CCGs Primary Care Strategy to be published in 2018.

- **ESBT participation in the Sussex and East Surrey STP International GP recruitment bid to NHS England** - ESBT agreed to join the STP led funding request to be part of the NHSE recruitment campaign for EU GPs. It is anticipated we will welcome the first candidate pool for an orientation weekend in East Sussex / Brighton & Hove in Mid-September, with the first cohort being available to start in January 2019. We now have 8 practices who have committed to become accredited GP clinical supervisors who will be attending a training day on 28th June at University of Brighton. The project team included representation from the Deanery, CEPN and EHS, H&R and HWLH CCGs.
- **Improve the percentage of practices supporting pre-registration student nurses.** Working with practice managers to increase the number of pre-registration places available, 28 of 47 practices have now been audited as ready to host pre-registration student nurses.
- **Preceptorship to all newly qualified practice staff** the preceptorship framework has supported three newly qualified nurses in Eastbourne, Hailsham and Seaford CCG area.
- **Workflow redirection training** Practices across the ESBT footprint have taken part in workflow redirection training to reduce unnecessary admin for GPs. Training was offered in two parts and several practices took part.
- **Local careers events** The CEPN continues to participate in local career events given their value in attracting and retaining GPs and other health professionals in the area.

ESBT Organisational Development Group

- **ESBT OD Practitioner programme and masterclasses** – working in partnership with Sussex Partnership Foundation NHS Trust (SPFT), funding was secured from Kent Surrey and Sussex Leadership Academy (as part of the ‘in place’ leadership development bids held in October 2017) to design and deliver an OD practitioner programme across our ESBT system. 19 attended and completed the taught programme in May 2018 which was delivered alongside a series of six innovative and unique masterclasses. ESBT now has a cohort of 19 trained internal OD practitioners that are able to use their OD knowledge and skills to support our system transformation.

ESBT Strategic Workforce Group

- **Workforce Planning project** - ESBT Strategic Workforce Group has successfully led on a bid to the STP Local Workforce Action Board (LWAB) to fund an STP wide workforce planning project. The project is due to commence in July 2018 and will develop a workforce planning network across the STP, as well as setting out the arrangements and resources needed to collate and analyse workforce information to enable meaningful workforce modelling to be undertaken across the STP. It is expected that this role will inform ESBT place-based workforce plans going forward, including the introduction of new and/or extended roles to address the current workforce supply/skills gap.

5.2 ESBT IMT and Digital

Our ESBT Digital Strategy 2017-2021 was endorsed by the ESBT Alliance Governing Board in November 2017 to further develop our IT digital and back office systems to support the delivery of integrated care.

The ESBT Digital Team, working in close collaboration with organisational digital teams, has completed a number of projects to enhance and enable closer integrated working across health and social care. These include:

- Integrated Care Record development has been progressed during 2017/18, and is currently preparing for delivery of Summary Care Record data into Acute, Community and Social Care service settings directly accessible through health and care professionals' day to day systems, with further developments planned in 18/19;
- Wifi rollout across all main NHS and Local Authority sites in East Sussex, including GP practices so that staff from any organisation can access their own network directly;
- Localised print solutions for joint teams so they can share devices;
- Federating email diaries so that staff in different organisations can see each other's calendars;
- Continued roll out of Skype across all ESBT organisations
- Joint service desk arrangements so users in integrated teams only need ring their usual IT service desk.

Report to: East Sussex Health & Wellbeing Board

Date of meeting: 17 July 2018

By: Director of Adult Social Care & Health

Title: Care Quality Commission (CQC) Local Area Review – Action Plan Progress Report

Purpose: To present a progress report against actions identified following the Care Quality Commission Local Area Review

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Note progress against the CQC Action Plan;
 2. Agree the proposal to close completed actions; and
 3. Agree the revised timelines for delivery against identified actions.
-

1. Background

1.1 Following the Care Quality Commission (CQC) Local Area Review (LAR) that took place October 2017 – January 2018, health and care partners in East Sussex collaborated to develop a system action plan in response to the findings and recommendations from the review.

1.2 The action plan was signed off by the Health & Wellbeing Board on 23 February, and the Board agreed to receive quarterly reports against progress. This is the first of those reports, and provides a summary of progress, issues and activity to date.

2. Supporting information

2.1 The following actions have now been completed in accordance with the June/July timeframe for delivery, and it is proposed that these are now closed:

No	Action	Progress Report
1.2	Review system representation and associated accountabilities on STP Board and workstreams	The STP governance review has been completed, with: 1) A refreshed steering group in place with key agreed outcomes for 2018/19 2) A new core operational group established to coordinate and ensure oversight of all STP agreed workstreams, including the four place based plans
3.1	Produce an on-line Older People's briefing to signpost people to all the relevant JSNA products	A specific Older Peoples Profile has been completed for the county. This document contains links to, and information on, a range of JSNA products relating to the health and wellbeing of Older People at different geographical and administrative boundary levels. The document can be found at: http://www.eastsussexjsna.org.uk/briefings
3.2	Review the structure of the East Sussex JSNA website to ensure Older Peoples products are clearly referenced within the Needs Assessment section of the website.	The Older People's section under the A to Z search has been reviewed to ensure that it contains links to the key older people's resources, such as the Dementia Needs Assessment and Older People's Profile: http://www.eastsussexjsna.org.uk/Site-Index.aspx?index=o Comprehensive Needs Assessments on the site have all been reviewed, and those that are now out-of-date have been removed.

	Ensure the Older Peoples needs assessment information links to Mental Health and Dementia JSNA	
3.3	Identify and respond to commissioning requirements for additional / different older peoples JSNA products to inform strategic commissioning	Public Health are reviewing how the JSNA as a whole can be further developed and improved. Commissioners are being directly consulted in this process to ensure products meet their needs. It is envisaged that a greater array of products will more flexibly and responsively inform commissioning priorities.
6.1	Review East Sussex Better Together Digital Strategy 'Tactical Work' workstream to ensure opportunities to support operational staff through improved IT interconnectivity are prioritised	The Operational Digital Steering Group (ODSG) was set up in January 2018 to generate specific focus on those tactical pieces of work that enable better joint working through system integration. This group meets monthly to identify and prioritise this work and has membership from across ESBT operational teams (Health and Social Care) as well as digital leadership.
6.2	Review IT requirements to address barriers to interconnectivity across integrated teams, e.g. HSCC and JCR	Underway and ongoing – both under the aegis of the ODSG and through individual pieces of work with specific IT teams.
8.4	Engagement with the market to explore sustainable service models to enhance OOH capacity (in addition to Trusted Assessor pilot)	Initial work with providers of last year's interim beds (winter pressures), indicates a range of issues which need to be resolved to support sustainable OOH service models: <ul style="list-style-type: none"> Ensuring adequate medial cover for care homes is available to support 7 day working and short term admission. Establishing a multi-disciplinary team to support assessment process and care planning Establishing a single point of access to manage patient flow, provide daily management information and manage relationships with the care home provider. This work will now be progressed through the Discharge to Assess workstream.
9.1	Develop and implement system-wide mechanisms for evaluating pilot schemes / joint initiatives Develop communications plans aligned to activity	<ul style="list-style-type: none"> System-wide evaluations will be undertaken when opportunities arise. Organisation development capacity has been increased within existing resources through the Practitioners Programme and Masterclasses. Communication plans are being aligned to activity e.g. Urgent Care workstream
9.2	Continue to embed our approach to joint training and development opportunities including: <ul style="list-style-type: none"> Safeguarding and domestic abuse, Self -neglect softer skills such as coaching to improve performance 	<ul style="list-style-type: none"> Range of training opportunities are offered across health and social care staff. The integrated training offer continues to be developed including a joint induction programme for Integrated Support Workers; Locality Team Manager Development Programme.
9.3	Continue to develop reflective practice approaches in integrated locality teams	<ul style="list-style-type: none"> OD Practitioners Programme and Masterclasses. 21 participants from across health and social care (ESBT) to develop OD capacity and support reflective practice activity. Range of opportunities for integrated locality team managers and other staff to attend including leadership lab; resilience in challenging times.
10.1	Ward focussed Discharge Pathway workshop to include Professionals; Patients (and	A range of approaches are being taken through the Urgent Care Trust program including a review and update of documentation to include discharge checklist and criteria lead discharge, and a ward place

	Healthwatch); Providers (including patient transport)	discharge improvement group focusing on ward based discharges.
10.2	Mental Health inpatient workshop to mirror workshop in 10.1 above	An adult mental health patient flow workshop was held 12 June, facilitated by the Trust's Patient Flow Programme Manager and planned jointly with Adult Social Care & Health. Attendance from social care, health and colleagues from districts and borough housing departments.

2.2 The table below contains revised timescales for the actions listed, for agreement by the Board.

No	Action	Progress Report
1.1	<p>Review of Health and Wellbeing Board (see Area for improvement 2) to provide a robust whole system approach to transformation, improved health and wellbeing outcomes for local people.</p> <p>Facilitated workshop to commence review. Scope to include system wide :</p> <ul style="list-style-type: none"> • Planning, performance and commissioning arrangements • Review, confirm and strengthen relationship with the STP 	Please refer to corresponding paper for the Health & Wellbeing Board setting out preliminary review work carried out to date and proposed timeline for further activity. Completion by March 2019 .
2.1	<p>Review the role and purpose of the HWB to:</p> <ul style="list-style-type: none"> • streamline and rationalise whole system governance arrangements • Establish the system leadership role of the Board 	Please refer to corresponding paper for the Health & Wellbeing Board setting out preliminary review work carried out to date and proposed timeline for further activity. Completion by March 2019 .
2.2	Review the role and purpose of the HWB to provide a robust whole system view of planning, performance and Commissioning	Please refer to corresponding paper for the Health & Wellbeing Board setting out preliminary review work carried out to date and proposed timeline for further activity. Completion by March 2019 .
2.3	Review membership of the HWB and clarify roles of Board members	Please refer to corresponding paper for the Health & Wellbeing Board setting out preliminary review work carried out to date and proposed timeline for further activity. Completion by March 2019 .
4.3	Evaluate the IC24 roving GP model and assess whether this approach can be rolled out more broadly across the system	Due to a later than anticipated start date, this service only started in March 2018 and is due to run as a pilot for 6 months. The revised timescale for delivery of the evaluation is October 2018 .
4.5	Develop the Commissioning Intentions and Market Position Statement to include the whole East Sussex Health and Social Care system & STP	Due to the extent of this year's RPPR proposals and consultation process, it was agreed to postpone the date of the Commissioning Intentions & Market Position Statement to the autumn. This will allow engagement with the market and key stakeholders to respond to the outcomes. The revised date for publication is October 2018 .
5.1	Review admission criteria for intermediate care beds across the system to ensure clarity regarding entry requirements and access across the county	This work has been on hold pending recent Cabinet decisions regarding some intermediate care provision, now to be resumed with scheduled completion date of December 2018
6.3	Reduce manual inputting of multi-agency assessments by	Work is underway to fully define the requirements and to assess possible solutions. Delivery will be dependent on the option chosen,

	HSCC	but can be expected before December 2018 .
8.1	Creation of 24 hour crisis response service (ESBT): <ul style="list-style-type: none"> • Optimise crisis response capacity • Merger of Integrated Night Service (INS) and Crisis Response to ensure 24/7 access for admission avoidance • Mental Health to be in scope of the work 	Crisis Response Team in place 08:00 till 22:00 with Integrated Night Service from 22:00 till 08:00. The proposed merger of the two services is on hold pending the outcomes of the ESHT Community Services Review, a further update will be provided when information becomes available. It is anticipated the review will be completed by December 2018 .
8.2	Implementation of Rapid Response service (HWLH)	Now agreed as a priority for service development with SCFT for Community Services contract this year- currently working up action plan to deliver in October 2018 .

2.3 Proposed revised timescales for delivery against the above actions are highlighted in red for consideration and agreement by the Board.

2.4 The full progress report against all actions is attached at Appendix 1 for further information.

3. Conclusions and recommendations

3.1 Good progress has been made against a significant number of key actions identified in the CQC Action Plan, with a number of actions completed and being proposed for closure. Where work is ongoing, proposed revised timescales for completion are indicated.

3.2 The Heath & Wellbeing Board is recommended to:

- Note progress against the CQC Action Plan;
- Agree proposal to close completed actions;
- Agree revised timelines for delivery against identified actions.

3.3 Following agreement to the above by the Board, the progress report will be sent for information to the Social Care Institute for Excellence and Department of Health.

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

Contact Officer: Samantha Williams
Tel. No.: 01273 482115
Email: samantha.williams@eastsussex.gov.uk

Contact Officer: Bianca Byrne
Tel. No.: 01273 336656
Email: bianca.byrne@eastsussex.gov.uk

BACKGROUND DOCUMENTS

None

East Sussex Local Area Review Action Plan:

February 2018

This action plan is the East Sussex Health and Social Care system response to the areas for improvement identified in the CQC Local Area Review undertaken in October/November 2017.

Keith Hinkley, Director of Adult Social Care and Health, East Sussex County Council is the Senior Responsible Officer for the Action Plan. The action plan has been developed by health and social care partners.

The system representatives listed below have been part of the East Sussex Local Area Review Board, Project Group and / or Summit and have played a core role in developing the action plan. They will retain oversight of Action Plan delivery to ensure whole system response. Ownership and delivery of specific actions will be managed through existing partnership arrangements as specified in the plan below.

Delivery of the action plan will be governed through the East Sussex Health and Wellbeing Board.

The timescales for delivering specific actions within the plan have been set to ensure they are realistic and deliverable. There are many partner organisations across the East Sussex system and it will take time to co-ordinate and deliver actions across the system, ensuring all relevant partners are involved. In addition, delivery of the plan will require additional resource. For example, the organisation of workshops; project and service evaluations; process and practice reviews require organisation, facilitation and general administration which action owners do not have the capacity to deliver. Additional resource to support delivery of the plan and support progress reporting arrangements will be in place initially for six months to support implementation.

Sam Allen, Chief Executive, Sussex Partnership Foundation Trust
Mark Angus, Urgent Care System Improvement Director, Hastings and Rother CCG and Eastbourne, Hailsham and Seaford CCG
Chris Ashcroft, Chief Operating Officer, Brighton Sussex University Hospital
Evelyn Barker, Managing Director, Brighton Sussex University Hospital
Jessica Britton, Chief Operating Officer, NHS Hastings and Rother CCG, NHS Eastbourne, Hailsham and Seaford CCG
Adrian Bull, Chief Executive, East Sussex Healthcare Trust
Pauline Butterworth, Deputy Chief Operating Officer, East Sussex Healthcare Trust
Allison Cannon, Chief Nurse of Eastbourne, Hailsham and Seaford CCG and Hastings and Rother CCG
Garry East, Director of Performance and Delivery, Hastings and Rother CCG and Eastbourne, Hailsham and Seaford CCG
Martin Hayles, Assistant Director Strategy, Commissioning and Supply Management, Adult Social Care and Health, East Sussex County Council
Hugo Luck, Associate Director of Operations, High Weald Lewes Havens CCG
Cynthia Lyons, Acting Director of Public Health
Liz Mackie, Volunteer & Community Liaison Manager, Healthwatch
Amanda Philpott, Chief Executive, NHS Hastings and Rother CCG, NHS Eastbourne, Hailsham and Seaford CCG
Kate Pilcher, Director of Operations, Sussex Community NHS Foundation Trust
John Routledge, Chief Executive, Healthwatch
Becky Shaw, Chief Executive, East Sussex County Council
Mark Stainton, Assistant Director Operations, Adult Social Care and Health, East Sussex County Council
Ian Thompson, Business Manager Sussex, South Central Ambulance Service
Samantha Williams, Assistant Director Planning, Performance and Engagement, Adult Social Care and Health, East Sussex County Council
Helen Wilshaw-Roberts, Customer Account Manager (Sussex), South East Coast Ambulance Service

Area for improvement 1: Work is required to develop a wider system vision for the STP footprint and develop a common framework for prioritising actions and for specifying accountabilities and shared governance arrangements across ESBT and C4Y

Action		Outcome	Action Owner	Timescale	Assurance	HWB Progress Report 17 July 2018
1.1	<p>Review of Health and Wellbeing Board (see Area for improvement 2) to provide a robust whole system approach to transformation, improved health and wellbeing outcomes for local people.</p> <p>Facilitated workshop to commence review. Scope to include system wide :</p> <ul style="list-style-type: none">• Planning, performance and commissioning arrangements• Review, confirm and strengthen relationship with the STP	<ul style="list-style-type: none">• System vision which aligns the two East Sussex transformation programmes• Streamline and rationalise governance arrangements• Clearer system vision across STP footprint	Becky Shaw, Chief Exec ESCC	March 2019	Arrangements agreed by all relevant Governing Bodies and Councils	Please refer to corresponding paper for the Health & Wellbeing Board setting out preliminary review work carried out to date and proposed timeline for further activity. Completion by March 2019.
1.2	Review system representation and associated accountabilities on STP Board and workstreams	<ul style="list-style-type: none">• STP and East Sussex system developments are aligned	ESBT Alliance Executive and C4Y Board	July 2018	STP has effective oversight of all services within the East Sussex footprint	The STP governance review has been completed, with: 1) A refreshed steering group in place with key agreed outcomes for 2018/19 2) A new core operational group established to coordinate and ensure oversight of all STP agreed workstreams, including the four place based plans

Area for Improvement 2: The Health and Wellbeing Board (HWB) would benefit from increased vigour in calling system leaders to account to ensure that the agreed plans and service improvements are delivered, and to ensure whole system integration

Action		Outcome	Action Owner	Timescale	Assurance	HWB Progress Report 17 July 2018
2.1	Review the role and purpose of the HWB to: <ul style="list-style-type: none"> streamline and rationalise whole system governance arrangements Establish the system leadership role of the Board 	<ul style="list-style-type: none"> Clarity of purpose and decision making function Whole System leadership and accountability 	Becky Shaw, Chief Exec ESCC	March 2019	Arrangements agreed by all relevant Governing Bodies and Councils Reconstituted Board convened with revised terms of reference and membership	Please refer to corresponding paper for the Health & Wellbeing Board setting out preliminary review work carried out to date and proposed timeline for further activity. Completion by March 2019 .
2.2	Review the role and purpose of the HWB to provide a robust whole system view of planning, performance and Commissioning	<ul style="list-style-type: none"> Clarity of purpose and decision making function Whole System accountability 	Becky Shaw, Chief Exec ESCC	March 2019		Please refer to corresponding paper for the Health & Wellbeing Board setting out preliminary review work carried out to date and proposed timeline for further activity. Completion by March 2019 .
2.3	Review membership of the HWB and clarify roles of Board members	<ul style="list-style-type: none"> HWB becomes a more effective decision making Board Clarity of whole-system accountability arrangements 	Becky Shaw, Chief Exec ESCC	March 2019		Please refer to corresponding paper for the Health & Wellbeing Board setting out preliminary review work carried out to date and proposed timeline for further activity. Completion by March 2019 .

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Area for Improvement 3: Work is required to ensure that there is a JSNA for older people which is fit for purpose and can be used to inform strategic commissioning of services across East Sussex

Action		Outcome	Action owner	Timescale	Assurance	HWB Progress Report 17 July 2018
3.1	Produce an on-line Older People's briefing to signpost people to all the relevant JSNA products	<ul style="list-style-type: none"> Facilitate ease of access to Older People's JSNA products 	Director of Public Health	June 2018	Older Peoples JSNA products are used to inform strategic commissioning of services across East Sussex Older People's Briefing signposts to	A specific Older Peoples Profile has been completed for the county. This document contains links to, and information on, a range of JSNA products relating to the health and wellbeing of Older People at different geographical and administrative boundary levels. The document can be found at: http://www.eastsussexjsna.org.uk/briefin

					all the relevant products to facilitate ease of access	gs
3.2	Review the structure of the East Sussex JSNA website to ensure Older Peoples products are clearly referenced within the Needs Assessment section of the website Ensure the Older Peoples needs assessment information links to Mental Health and Dementia JSNA	<ul style="list-style-type: none"> Facilitate ease of access to Older People's JSNA products 	Director of Public Health	June 2018		<p>The Older People's section under the A to Z search has been reviewed to ensure that it contains links to the key older people's resources, such as the Dementia Needs Assessment and Older People's Profile: http://www.eastsussexjsna.org.uk/Site-Index.aspx?index=o</p> <p>Comprehensive Needs Assessments on the site have all been reviewed, and those that are now out-of-date have been removed.</p>
3.3 Page 61	Identify and respond to commissioning requirements for additional / different older peoples JSNA products to inform strategic commissioning	<ul style="list-style-type: none"> Ensure JSNA products are designed to meet strategic commissioning needs for older peoples services across East Sussex 	Director of Public Health	June 2018		Public Health, who lead on the JSNA, are reviewing how the JSNA as a whole can be further developed and improved. Commissioners are being directly consulted in this process to ensure products meet their needs. It is envisaged that a greater array of products will more flexibly and responsively inform commissioning priorities.

Area for Improvement 4: There needs to be a system-wide response to effectively managing and shaping an affordable nursing home market and increasing domiciliary care

Action		Outcome	Action owner	Timescale	Assurance	HWB Progress Report 17 July 2018
4.1	System review of market provision of beds to ensure bed profile and capacity better reflects demand Scope of review to include	<ul style="list-style-type: none"> Improved bed capacity to meet complex needs Improved bed capacity to meet short term / complex 	Martin Hayles, Assistant Director Strategy, Commissioning and Supply Management	Sept 2018	Support to improve CQC ratings of Adult Social Care Services provided by the Market Support Team	A Task & Finish Group has been established to oversee the System Review of Beds, phase 1 will focus on ASCH market capacity and development opportunities in the following market sectors:

	access; waiting times; assessments; need (including ABI, Mental Health, stroke) and costs Provider forums and planning and partnerships stakeholder group to be directly involved in the review	needs <ul style="list-style-type: none"> Improved commissioning arrangements to meet changing demand and complexity 			Maintain the rate of A&E attendances from care homes per 100,000 population (65+) below the national average Delivery of bedded care strategy to maximise capacity across the system	<ul style="list-style-type: none"> extra care residential home care nursing home care <p>The outputs of the review will inform the Commissioning Intentions & Market Position Statement, due for publication in the autumn.</p>
4.2	Improve patient / family / staff information relating to choice (Ref actions 7.4 and 10.4)	<ul style="list-style-type: none"> Improved understanding of the system for patients, carers and families. Staff are better equipped to manage patient / family / carer expectations 	ESBT and C4Y communications and engagement leads	July 2018		An update will be provided at the next Health & Wellbeing Board meeting.
4.3 Page 62	Evaluate the IC24 roving GP model and assess whether this approach can be rolled out more broadly across the system	<ul style="list-style-type: none"> Maintain lower rates / further reduce A&E attendances from care homes Reduction in emergency admissions 	Garry East, Paula Gorvett, Sally Smith	October 2018		Due to a later than anticipated start date, this service only started in March 2018 and is due to run as a pilot for 6 months. The revised timescale for delivery of the evaluation is October 2018 .
4.4	Continue to develop the new Adult Social Care Market Support Team to support independent sector residential and community services to improve their CQC rating	<ul style="list-style-type: none"> Higher quality care provision Improved market sustainability 	Head of Supply Management, ASC&H, ESCC	Ongoing		<p>ASC Market Support Officers continue to work closely with local CQC inspectors to ensure that appropriate targeted support can be offered to independent sector care providers.</p> <p>A Partnership Quality Working Group with representation from CQC, ASC, CCG and Healthwatch has been established. This has enabled data and market intelligence to be shared between the key agencies.</p> <p>The East Sussex Market Oversight Panel</p>

						(MOP) meets bi-weekly. As part of this meeting service suspensions, adult safeguarding, provider improvement plans are regularly reviewed within a risk management and business continuity framework.
4.5	<p>Develop the Commissioning Intentions and Market Position Statement to include the whole East Sussex Health and Social Care system</p> <p>Develop the Commissioning Intentions and Market Position Statement to reflect Strategic Transformation Partnership commissioning intentions</p> <p>Mental Health and dementia within scope of the position statement</p>	<ul style="list-style-type: none"> Service providers are clear about the system commissioning intentions, Market is better placed to contribute and respond to emerging need, required service developments and pathway reconfiguration. System-wide approach to developing a sustainable service offer and continue to deliver quality outcomes for the local population. 	Head of Policy & Strategic Development, ASC&H, ESCC	October 2018		<p>Due to the extent of this year's RPPR proposals and consultation process, it was agreed to postpone the date of the Commissioning Intentions & Market Position Statement to the autumn. This will allow engagement with the market and key stakeholders to respond to the outcomes. The revised date for publication is October 2018.</p>

Area for Improvement 5: Work is required to improve access to step-down, reablement and intermediate care facilities across East Sussex through the review of admission criteria						
	Action	Outcome	Action owner	Timescale	Assurance	HWB Progress Report 17 July 2018
5.1	Review admission criteria across the system to ensure clarity regarding entry requirements and access across the county (see also 8.3)	<ul style="list-style-type: none"> Improved access to services Greater clarity on appropriate pathways for staff across the 	Sally Reed, ASC&H, ESCC	Review complete by December 2018	Achieve local target of 90% of people 65+ who are still at home three months after a period of	This work has been on hold pending recent Cabinet decisions regarding some intermediate care provision, now to be resumed with scheduled completion date of December 2018

		system			rehabilitation / intermediate care (Jan 18 91.3%)	
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Area for Improvement 6: A review of IT interconnectivity should be completed to ensure appropriate information sharing and a more joined up approach to IT communication is established across health and social care services

Action		Outcome	Action owner	Timescale	Assurance	HWB Progress Report 17 July 2018	
Page 64	6.1	Review East Sussex Better Together Digital Strategy ‘Tactical Work’ workstream to ensure opportunities to support operational staff through improved IT interconnectivity are prioritised: <i>(Tactical Work - Exploiting Existing Technologies – exploiting what we already have to deliver benefit and capability to operational services until strategic systems are in place)</i>	<ul style="list-style-type: none">Improved efficiency for staffImproved multi-agency working	Simon Jones, ESBT Informatics Programme Lead	July 2018	<p>Integrated teams experiencing improved interconnectivity and associated efficiencies</p> <p>The ESBT Digital Governance model aligns with that of the STP. There are strong working relationships between Digital leads across the STP.</p>	The Operational Digital Steering Group (ODSG) was set up in January 2018 to generate specific focus on those tactical pieces of work that enable better joint working through system integration. This group meets monthly to identify and prioritise this work and has membership from across ESBT operational teams (Health and Social Care) as well as digital leadership.
	6.2	Review IT requirements to address barriers to interconnectivity across integrated teams, e.g. HSCC and JCR	<ul style="list-style-type: none">Improved efficiency for staffImproved multi-agency working	Simon Jones, ESBT Informatics Programme Lead	July 2018		Underway and ongoing – both under the aegis of the ODSG and through individual pieces of work with specific IT teams.
	6.3	Reduce manual inputting of multi-agency assessments by HSCC	<ul style="list-style-type: none">Improved efficiency for staffImproved multi-agency working	Simon Jones, ESBT Informatics Programme Lead	December 2018		Work is underway to fully define the requirements and to assess possible solutions. Delivery will be dependent on the option chosen, but can be expected before December 2018.
	6.4	Primary Care access to E-Searcher and ESHT access to EMIS to share patient medical records (To support delivery of Area for Improvement 10)	<ul style="list-style-type: none">Improved information sharing to inform discharge	Simon Jones, ESBT Informatics Programme Lead	Sept 2018		This is spread across phases 1 & 2 of the Integrated Care Record work. ESHT/social care access to GP data will be delivered later this year (September 2018). GPs already have access to

						eSearcher but as it's a separate system, uptake is low. The second phase of the ICR project includes embedding eSearcher within the GP system, which will make their experience seamless.
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Area for Improvement 7: Work towards fully incorporating principles of the High Impact Change model, particularly discharge to assess and the trusted assessor model, needs to be prioritised across the system

Action		Outcome	Action owner	Timescale	Assurance	HWB Progress Report 17 July 2018
7.1	Continuing Health Care (community and acute) <ul style="list-style-type: none"> • Process improvement: develop system wide local agreement to reduce waiting times for assessment • Short term intensive project to reduce assessment & review backlog • Culture: Work with CHC team and referring teams to develop a whole system approach to CHC provision • Performance and outcomes: develop CHC measures for inclusion on Health and Social Care Outcomes Framework • Sustainable Transformation Partnership: Link local CHC development with STP review to maximise opportunities for improved service provision 	<ul style="list-style-type: none"> • Improved patient experience from reduced waiting times; whole system approach • Improved outcome and performance management arrangements • Improved multi-agency working through development of whole system approach to CHC provision 	Garry East, Hastings and Rother CCG, Eastbourne, Hailsham and Seaford CCG A&E Delivery Board	Sept 2018	Maintain improved performance in delays due to awaiting nursing home and domiciliary care packages: (Locally collected data through weekly SITREP's (snapshot count on a Thursday)) An average 3.8 people delayed per week awaiting nursing home (this has improved from 10.5 per week in July) An average 5.5 people delayed per week awaiting domiciliary care packages (this has improved from 18.8 per week in July). 365 Day access to Service Placement	The East Sussex CCGs have achieved and sustained the national target of less than 15% of continuing health care assessments being undertaken in an Acute bed since October 2017. For EHS and HWLH CCGs there was an improvement of 1% in May 2018, achieving 12% and 11% respectively compared to April 2018. In HR the target was met at 14% but increased by 3% higher compared to April 2018. There is a national target for 80% or more of CHC Assessments to be undertaken within 28 days of request. This target is reported quarterly. All the East Sussex CCGs exceeded the 28 day target considerably in Quarter 4 of 2017/18 demonstrating a significant improvement during 2017/18, resulting in 97% achievement in EHS, 91% in HR and 93% in HWLH.

7.2	Full Implementation of Discharge to Assess community pathway (community home first principle) to support long stay admission avoidance and to reduce unnecessary assessment in hospital and address stranded patients across all wards.	<ul style="list-style-type: none"> Enables patients who could receive therapy input in their own home environment to be discharged earlier in the pathway 	A&E Delivery Board	Sept 2018	<p>Team to reduce delays in sourcing and brokerage for discharges.</p> <p>Full implementation of Stranded Patient Review (over 7 days) Process</p>	<p>Early supported discharge in place via Crisis Response Team which enables D2A principles to be applied to patients who are discharged to own home.</p> <p>Rehab pathway already in place into intermediate care beds.</p> <p>D2A service for patients requiring resettlement from hospital under development.</p>
7.3	Evaluate Enhanced Discharge Control arrangements currently in place within ESHT: Twice weekly multi agency meetings including ward staff; focus on patients approaching being medically fit for discharge. Information links directly into daily system-wide operational discharge calls	<ul style="list-style-type: none"> Improved system-wide understanding of patients approaching discharge, enabling early discharge planning Reduction in Stranded patient numbers 	A&E Delivery Board	Sept 2018	System wide implementation of a significantly strengthened choice (no choice in acute) policy.	Full implementation of Stranded Patient Review (over 7 days) Process in place
7.4	<p>Patient Choice</p> <p>Embed System wide Choice Policy – ‘Let’s Get You Home’</p> <ul style="list-style-type: none"> Ongoing involvement of key clinicians to support potentially difficult conversations with patients and families. Focus on embedding at front door to help manage patient, carer and family expectations Develop communications and engagement plan to support front line staff (and communications and engagement teams) with 	<ul style="list-style-type: none"> Improved patient experience More consistent approach to patient choice across the system 	A&E Delivery Board	August 2018		A strengthened choice (no choice in acute) policy has been implemented and review undertaken. Further development of policy will be undertaken as part of Discharge to Assess pathway developments. Choice incorporated into developments of effective board rounds

	core messages and other content to promote the Lets Get You Home objectives in getting patients home quickly and safely.					
7.5	Trusted Assessor <ul style="list-style-type: none"> Professional 'trusted assessor' arrangements in place in key services such as crisis response. Continued implementation of trusted social care + equipment assessor training for NHS staff. Trusted Assessor for Care Homes to be trialled with a number of Care Homes. 11 care homes are currently involved in shaping the pilot. Scope options for introducing Trusted Assessor model for CHC 	<ul style="list-style-type: none"> Improved patient, family, carer experience resulting from a consistent system wide approach and more timely assessments 	A&E Delivery Board	Sept 2018		Initial pilot completed, lessons learnt. Business case needed to take forward.
7.6	Seven day working – please see Area for Improvement 8: 8.3 and 8.5	N/A	N/A	N/A		N/A

Area for Improvement 8: Seven-day working and referral pathways should be aligned across the system to make the systems and process consistent across the East Sussex footprint

	Action	Outcome	Action owner	Timescale	Assurance	HWB Progress Report 17 July 2018
8.1	Creation of 24 hour crisis response service (ESBT): <ul style="list-style-type: none"> Optimise crisis response capacity Merger of Integrated Night 	<ul style="list-style-type: none"> Improved access to services Improved outcomes for patient, family, carers 	Integrated Community Operations Management Meeting	December 2018	Maintain rate of emergency admissions per 100,000 population (65+) (DH measure), below the	Crisis Response Team in place 08:00 till 22:00 with Integrated Night Service from 22:00 till 08:00. The proposed merger of the two services is on hold pending the outcomes of the ESHT

	Service (INS) and Crisis Response to ensure 24/7 access for admission avoidance <ul style="list-style-type: none"> Mental Health to be in scope of the work 				national average. Maintain % of emergency admissions within 30 days of discharge (65+) below the national average	Community Services Review, a further update will be provided when information becomes available. It is anticipated the review will be completed by December 2018 .
8.2	Implementation of Rapid Response service (HWLH)	<ul style="list-style-type: none"> Improved access to services Improved outcomes for patient, family, carers 	Hugo Luck, High Weald Lewes Havens CCG	October 2018	Well established voluntary sector services including Home from Hospital. Community sector embedded in discharge planning.	Now agreed as a priority for service development with SCFT for Community Services contract this year- currently working up action plan to deliver in October 2018.
8.3	Review medical model based commissioning arrangements for weekend Intermediate Care admissions (ref also Area for Improvement 5)	<ul style="list-style-type: none"> Increased capacity for weekend discharges from acute to community / intermediate care beds Improved discharge planning and patient experience 	Hugo Luck, High Weald Lewes Havens CCG	Sept 2018	Extended access and bookable appointments included in the planning of primary care streaming services	7 day admissions are now possible at Uckfield and Crowborough. At Lewes there are 6 day admissions for out of area patients, but only 5 day admissions for HWLH patients pending finalisation of arrangements with Lewes practices (on track for September 2018)
8.4	Engagement with the market to explore sustainable service models to enhance OOH capacity (in addition to Trusted Assessor pilot)	<ul style="list-style-type: none"> Improved access to services Improved outcomes for patient, family, carers 	Head of Policy & Strategic Development, ASC&H, ESCC	July 2018		Initial work with providers of last year's interim beds (winter pressures), indicates a range of issues which need to be resolved to support sustainable OOH service models: <ul style="list-style-type: none"> Ensuring adequate medial cover for care homes is available to support 7 day working and short term admission. Establishing a multi-disciplinary team to support assessment process and care planning Establishing a single point of access to manage patient flow, provide daily management information and manage relationships with the care

						home provider. This work will now be progressed through the Discharge to Assess workstream.
8.5	Produce a staff and public narrative to explain out of hour's service availability.	<ul style="list-style-type: none"> Clarity about what is available and when 	ESBT and C4Y communications and engagement leads	Sept 2018		An update will be provided at the next Health & Wellbeing Board meeting.

Area for Improvement 9: Work should be undertaken to share learning between staff across the system rather than at an organisational level

Action		Outcome	Action owner	Timescale	Assurance	HWB Progress Report 17 July 2018
9.1	Develop and implement system-wide mechanisms for evaluating pilot schemes / joint initiatives Develop communications plans aligned to activity	<ul style="list-style-type: none"> Shared learning outcomes System-wide perspectives inform evaluations and future commissioning / service developments 	PMO and ESBT Strategic Workforce Group; HWLH workforce lead	July 2018	Staff feedback mechanisms Training and development activity is evaluated across organisations System wide communications in place	<ul style="list-style-type: none"> System-wide evaluations will be undertaken when opportunities arise. This area of work is ongoing. Organisation development capacity has been increased within existing resources through the OD Practitioners Programme and Masterclasses. Communication plans are being aligned to activity e.g. Urgent Care workstream
9.2	Continue to embed our approach to joint training and development opportunities including: <ul style="list-style-type: none"> Safeguarding and domestic abuse, Self -neglect softer skills such as coaching to improve performance 	<ul style="list-style-type: none"> multi-agency training supports the workforce to deal with the complexity of cases they manage improved service delivery and integrated working Improved outcomes for patient, family, carers 	ESBT Strategic Workforce Group; HWLH workforce lead	July 2018		<ul style="list-style-type: none"> This work is ongoing. Range of training opportunities are offered across health and social care staff. The integrated training offer continues to be developed including a joint induction programme for Integrated Support Workers; Locality Team Manager Development Programme.
9.3	Continue to develop reflective practice approaches in	<ul style="list-style-type: none"> Multi-disciplinary approach to learning 	ESBT Strategic Workforce Group;	July 2018		<ul style="list-style-type: none"> OD Practitioners Programme and Masterclasses. 21 participants from

	integrated locality teams	<ul style="list-style-type: none"> and development Improved service delivery resulting from practice developments 	HWLH workforce lead			<p>across health and social care (ESBT) to develop OD capacity and support reflective practice activity.</p> <ul style="list-style-type: none"> Range of development opportunities for integrated locality team managers and other staff to attend including leadership lab; resilience in challenging times. This work is ongoing and developmental.
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Area for Improvement 10: Discharge processes need to be reviewed to ensure information is communicated with all involved partners across the system, including families and carers

Action		Outcome	Action owner	Timescale	Assurance	HWB Progress Report 17 July 2018
10.1	Ward focussed Discharge Pathway workshop to include Professionals; Patients (and Healthwatch); Providers (including patient transport)	<ul style="list-style-type: none"> Improved patient / family / staff information and communications One version of the truth for professionals Lead professional for each complex discharge Discharge checklist 	<p>Jo Chadwick-Bell, Chief Operating Officer ESHT</p> <p>Chris Ashcroft , Chief Operating Officer BSUH</p>	July 2018	<p>Patient / user / carer feedback mechanisms</p> <p>Maintain performance of 'the proportion of people who use Adult Social Care services who find it easy to find information about support' above the national average (East Sussex: 79.8%; England 75.4%)</p>	A range of approaches are being taken through the Urgent Care Trust program including a review and update of documentation to include discharge checklist and criteria lead discharge, and a ward place discharge improvement group focusing on ward based discharges.
10.2	Mental Health inpatient workshop to mirror workshop in 10.1 above	<ul style="list-style-type: none"> Improved patient / family / staff information and communications One version of the truth for professionals Lead professional for each complex discharge Discharge checklist 	John Childs, SPFT	July 2018	<p>Maintain performance of 'the proportion of carers who report that they have been included or consulted in</p>	An adult mental health patient flow workshop was held 12 June, facilitated by the Trust's Patient Flow Programme Manager and planned jointly with Adult Social Care & Health. Attendance from social care, health and colleagues from districts and borough housing departments.

10.3	ESHT Community Services workshop	<ul style="list-style-type: none"> Improved patient / family / carer / staff information and communications One version of the truth for professionals Lead professional for each complex discharge Discharge checklist 	Abi Turner, ESHT Chris Ashcroft , Chief Operating Officer BSUH	July 2018	discussion about the person they care for' above the national average (East Sussex: 71.3%; England 68.6) Reduce length of hospital stay (aged 65+) for emergency admissions to meet or exceed the England average	An update will be provided at the next Health & Wellbeing Board meeting.
10.4	Develop patient / family / staff communications to support outcomes of workshops (10.1,10.2,10.3) to include: <ul style="list-style-type: none"> Pathway information Lets Get you Home / Choice SAFER 	<ul style="list-style-type: none"> Improved patient / family / carer / staff information and communications 	ESBT and C4Y Comms and Engagement Leads	July 2018		An update will be provided at the next Health & Wellbeing Board meeting.
10.5	Review Hospital Transport booking process to reduce the number of bookings made with less than 24 hours' notice Review access for Mental health patients	<ul style="list-style-type: none"> Improved service delivery resulting in better patient experience 	Pauline Butterworth, ESHT; Kalvert Wells; South Central Ambulance Service	July 2018		Embedded within the Discharge Planning and Improvement approach

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Report to: East Sussex Health and Wellbeing Board

Date: 17 July 2018

By: Chief Executive

Title: East Sussex Health and Wellbeing Board (HWB) Review

Purpose: To report the preliminary review work and set out the plans for further review of the Health and Wellbeing Board following the CQC recommendations.

RECOMMENDATIONS

The Board is recommended to:

- 1. Note the preliminary review work carried out to date.**
 - 2. Agree to contribute to the review through a questionnaire and follow up workshop**
 - 3. Agree to receive a further report on the proposed role, function and membership of the Health and Wellbeing Board at a future meeting.**
-

1. Background

1.1 East Sussex participated in the first round of Care Quality Commission (CQC) local system reviews that took place during 2017/18. The focus of the review was the interface between health and social care and the outcomes for older people moving through the system. There was an assessment of the governance in place for the management of resources and of commissioning across the interface; specialist commissioning and mental health services were out of scope.

1.2 There were ten areas for improvement identified in the report, with one focussing on the Health and Wellbeing Board:

- The Health and Wellbeing Board (HWB) would benefit from increased vigour in calling system leaders to account to ensure that the agreed plans and service improvements are delivered, and to ensure whole system integration.

1.3 The East Sussex HWB in March 2018 agreed, following the recommendations of the CQC Area Review, to review its role and purpose. The current terms of reference (July 2015) are attached at appendix 1 and the agreed CQC action plan extract at appendix 2. It is important to note that the HWB is a statutory committee of the Council and is required to cover those boundaries.

2. Supporting information

2.1 In its initial discussion the HWB agreed:

- a) the importance of clear, evidenced based, agreed priorities for the East Sussex health and social care system.
- b) the key role of the HWB in ensuring a strong and coherent network of partnership working was focussed on the agreed priorities with partners being held accountable for delivery.
- c) the importance of the voice of residents being heard was emphasised and also the value placed on the work and views of the voluntary and community sector
- d) to let Becky Shaw (Chief Executive) have any individual views to inform the content and process of the review.

2.2 To inform the review, research has been undertaken into the approaches taken by other areas (appendix 3). The analysis demonstrates that there is no single model that works, especially in a two tier council area, but there are useful ways of working that can inform the review.

2.3 One of the key local considerations is to ensure we have a coherent set of local partnerships informed by high quality local evidence and galvanised and held accountable for delivery of agreed local priorities. There are a range of bodies/partnerships which currently exist, some required in law e.g. the Health Overview and Scrutiny Committee (HOSC), others determined locally and others that exist at a larger geographical scale. Appendix 4 captures the current partnership map.

2.4 Now that the initial research is done it is proposed to hold a workshop to explore views in more detail and seek a consensus about what is right for East Sussex. To help shape the work it would be helpful to agree some principles:

- To provide whole system leadership for the health and wellbeing of the people of East Sussex and the development of sustainable and integrated of health and care services.
- East Sussex is the appropriate geographical building block for priority setting for the health and social care system. Given the variation across the county and the multiplicity of organisations, smaller geographical focus may well be appropriate but the county is the primary planning unit.
- A robust and up to date evidence base will be used to agree priorities and devise plans.
- There will be strong and effective engagement and communications between residents, communities, commissioners and providers.
- There will be a compelling shared vision for health and social care in East Sussex that clearly explains our joint purpose to residents, communities and staff/volunteers in all organisations.
- Plans for delivery and accountability for them must be clear and robustly exercised.
- The partnerships and bodies involved in the local system must be coherent, well-articulated and connected by strong infrastructure.
- The HWB needs to work effectively both in and outside meetings. The meetings' programme needs to be timed appropriately (as far as possible) for the issues and all have will need to contribute to ensure they are effective and relevant.
- The core test must be "does this feel right for East Sussex?"

3. Next steps

3.1 To ensure the review captures all HWB members' perspectives it will be necessary to ensure that adequate time is taken to carry out the review and therefore the following timeline is proposed:

July/August 2018	Engagement with HWB members through questionnaire based on the principles of the HWB role, membership and function.
September 2018	Workshop based on the results of the questionnaire.
September-December 2018	HWB role, function and membership to be determined following workshop and questionnaire.
December 2018	Final meeting of HWB in current form.
December 2018-March 2019	Proposals to go to Governance Committee and Full Council
March 2019	Reviewed HWB meets for the first time to coincide with new financial year and monitoring arrangements.

4. Recommendations

4.1. The Health and Wellbeing Board is recommended to:

- Note the preliminary work carried out to date.
- Agree to contribute to the review through a questionnaire and a follow up workshop to set out the principles.
- Agree to receive a further report on the proposed role, function and membership of the Health and Wellbeing Board at a future meeting.

Becky Shaw
Chief Executive

Contact Officers: Sarah Feather
Tel: 01273 335712
Email: sarah.feather@eastsussex.gov.uk

BACKGROUND DOCUMENTS

None

Appendix 1 Current terms of reference of the Health and Wellbeing Board

Constitution

The East Sussex Health and Wellbeing Board (the Board) includes representation from all bodies in East Sussex with major responsibilities for commissioning health services, public health and social care.

Membership:

- 4 Members* of the County Council
- 2 Members* representing the five District and Borough Councils (rotated annually)
- East Sussex County Council Director of Public Health
- East Sussex County Council Director of Adult Social Care
- East Sussex County Council Director of Children's Services
- One representative from each of the three Clinical Commissioning Groups (CCG)
- One representative of NHS England Surrey and Sussex Area Team
- One representative of Healthwatch East Sussex (to avoid conflict of interest Healthwatch East Sussex will not be members of the Health and Overview Scrutiny Committee Member or any Council Scrutiny Committee)

The Board will be chaired by an elected Member of East Sussex County Council to be determined by the four nominated County Councillors.

A Deputy Chairman will be chosen from among the CCG group representatives.

The quorum for a Board meeting shall be half of the membership including at least one elected Member of the County Council and one representative of the CCGs.

In the event of equal votes the Chair will have the casting vote. All members of the Board will be entitled to vote.

* To avoid conflict of interest Members must be different from the Health and Overview Scrutiny Committee Member.

Observers

In addition to the Members listed above, additional non-voting observers from relevant agencies will be invited attend to assist in achieving the Board's objectives. The invited observers with speaking rights are:

- One Member* from each of the three Borough and District Councils within East Sussex that are not voting representatives
- Chief Executive of East Sussex County Council
- Chief Executive of East Sussex Healthcare NHS Trust
- Chief Executive of Sussex Partnership NHS Foundation Trust
- A representative of the East Sussex Voluntary and Community Sector nominated by SpeakUp
- Sussex Police and Crime Commissioner

Role and Function

- To provide strategic influence over commissioning decisions across health, public health and social care.
- To strengthen democratic legitimacy by involving democratically elected representatives and patient representatives in commissioning decisions alongside commissioners across health and social care and provide a forum for challenge, discussion, and the involvement of local people.
- To bring together clinical commissioning groups and the council to develop a shared understanding of the health and wellbeing needs of the community.
- To drive local commissioning of health care, social care and public health and create a more effective and responsive local health and care system.

These functions will be delivered through the following activities:

Identify needs and priorities

1. Publish and refresh the East Sussex Joint Strategic Needs Assessment (JSNA), using a variety of tools, evidence and data including user experience, to ensure that the JSNA supports commissioning and policy decisions and identification of priorities.

Deliver and review the Health and Wellbeing Strategy

2. Review and update the Joint Health and Wellbeing Strategy regularly to ensure the identified priorities reflect the needs of East Sussex.
3. Ensure the CCGs and other commissioners contribute to the delivery of the Joint Health and Wellbeing Strategy and integrate its agreed objectives into their respective commissioning plans.

Ensure achievement of outcomes

4. Communicate and engage with local people about how they can achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing.
5. Have oversight of the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus and integration across the outcomes spanning healthcare, social care and public health.
6. As part of the NHS Commissioning Board annual appraisal of CCGs within the County, the Board will report its views on the CCGs contribution to the delivery of the Joint Health and Wellbeing Strategy.

Reporting

7. Propose recommendations regarding the work of the Health and Wellbeing Board to:
 - East Sussex County Council; and
 - East Sussex CCGs.
8. Direct issues to and receive reports from the appropriate ESCC Scrutiny Committees.
9. Provide an annual report to a meeting of the full ESCC on the work and achievements of the Board.

Reviewed following HWB July 2015

Appendix 2 Agreed CQC Action Plan extract

Area for improvement 1: Work is required to develop a wider system vision for the STP footprint and develop a common framework for prioritising actions and for specifying accountabilities and shared governance arrangements across ESBT and C4Y					
Action		Outcome	Action Owner	Timescale	Assurance
1.1	<p>Review of Health and Wellbeing Board (see Area for improvement 2) to provide a robust whole system approach to transformation, improved health and wellbeing outcomes for local people.</p> <p>Facilitated workshop to commence review. Scope to include system wide :</p> <ul style="list-style-type: none"> Planning, performance and commissioning arrangements Review, confirm and strengthen relationship with the STP 	<ul style="list-style-type: none"> System vision which aligns the two East Sussex transformation programmes Streamline and rationalise governance arrangements Clearer system vision across STP footprint 	Becky Shaw, Chief Exec ESCC	July 2018	Arrangements agreed by all relevant Governing Bodies and Councils
1.2	<p>Review system representation and associated accountabilities on STP Board and workstreams</p>	<ul style="list-style-type: none"> STP and East Sussex system developments are aligned 	ESBT Alliance Executive and C4Y	July 2018	STP has effective oversight of all services within the East Sussex footprint
Area for Improvement 2: The Health and Wellbeing Board (HWB) would benefit from increased vigour in calling system leaders to account to ensure that the agreed plans and service improvements are delivered, and to ensure whole system integration					
Action		Outcome	Action Owner	Timescale	Assurance
2.1	<p>Review the role and purpose of the HWB to:</p> <ul style="list-style-type: none"> streamline and rationalise whole system governance arrangements Establish the system leadership role of the Board 	<ul style="list-style-type: none"> Clarity of purpose and decision making function Whole System leadership and accountability 	Becky Shaw, Chief Exec ESCC	July 2018	<p>Arrangements agreed by all relevant Governing Bodies and Councils</p> <p>Reconstituted Board convened with revised terms of reference and membership</p>
2.2	Review the role and purpose of the HWB to provide a robust whole system view of planning, performance and Commissioning	<ul style="list-style-type: none"> Clarity of purpose and decision making function Whole System accountability 	Becky Shaw, Chief Exec ESCC	July 2018	
2.3	Review membership of the HWB and clarify roles of Board members	<ul style="list-style-type: none"> HWB becomes a more effective decision making Board Clarity of whole-system accountability 	Becky Shaw, Chief Exec ESCC	July 2018	

Appendix 3 Research undertaken into the approaches taken by other areas

The picture across the Country is varied with some Health and Wellbeing Boards consisting of only a core group of commissioners, others have opted to have a larger membership on the Board, sometimes including providers, and then have subgroups of commissioners or for project work. Most two tier areas appear to have District and Borough Council representation although this can be restricted to one or two representatives only and some Boards have Chief Execs as representatives rather than Councillors. Many HWBs have only Cabinet Members as the top tier elected representatives. There is no preferred option.

The LGA commissioned Shared Intelligence to review Health and Wellbeing Boards since 2014 with four reports to date giving insight into the boards and their effectiveness:

The reports drew on a number of sources of evidence, some of which are the feedback to places from LGA health and wellbeing peer challenge visits. In 2017 the annual report focused on the drivers and barriers to a more effective board some of which are recognisable in the ESCC HWB, such as complex geographies making the task of collaboration more difficult.

The report titled 'Effective Health and Wellbeing Boards' describe the characteristics of effective boards through a number of case studies. The following are key ways of working across the case studies:

- JHWP strategy that is built around themes, with a set of priorities and anticipated outcomes, as well as examples of current service delivery and measures of progress
- Working groups - strategic objectives and priorities of the HWB are aligned to local delivery. A coordinator from the working groups reports on work and issues arising to the HWB.
- Moving meetings around the County to allow discussion of issues specific to local areas and to showcase work.
- Annual events
- Joint reports e.g. on workforce development plans allowing the HWB to see issues across health and social care.
- Annual agenda settings to look at setting the work programme and ensuring no duplication with other meetings/scrutiny boards.
- One area has no standalone HWB strategy but a 'module' in their area plan (similar to Pride of Place)
- Meetings held in public alternating with a less formal meeting, non-webcast meeting.
- Using the JSNAA for stakeholders including CCGs to set priorities – the JSNA was developed through the HWB holding workshops with partners;
- Mitigate the impact of members moving on with an induction pack for new members to include JSNAA, JHWP strategy, area profiles and any partnership working arrangements such as concordats, MoUs
- Rotating Chair between Council and Health
- HWB being involved in recommissioning of services

Appendix 4 Current Partnership Map

