



## **ESBT STRATEGIC COMMISSIONING BOARD**

WEDNESDAY, 6 JUNE 2018

10.00 AM COUNCIL CHAMBER - COUNTY HALL, LEWES

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

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

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

### A G E N D A

- 1 Minutes of the previous meeting (*Pages 3 - 6*)
- 2 Apologies for absence
- 3 Disclosure of Interests  
Disclosure by all Members present of personal interests in matters on the agenda, the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct and the CCGs' Conflicts of Interest Policy.
- 4 Urgent items  
Notification of any items which the Chair considers urgent and proposes to take at the appropriate part of the agenda.
- 5 Questions from members of the public
- 6 Strategic Commissioning Board Terms of Reference (*Pages 7 - 12*)
- 7 ESBT Financial position (*To Follow*)
- 8 ESBT Alliance New Model of Care (*Pages 13 - 18*)
- 9 ESBT Outcomes Framework (*Pages 19 - 28*)
- 10 Draft Annual Report to the Health and Wellbeing Board (*Pages 29 - 46*)
- 11 Any other items previously notified under agenda item 4

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

29 May 2018

Contact: Harvey Winder, Democratic Services Officer  
01273 481796  
Email: [harvey.winder@eastsussex.gov.uk](mailto:harvey.winder@eastsussex.gov.uk)

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

[www.eastsussex.gov.uk/yourcouncil/webcasts/default.htm](http://www.eastsussex.gov.uk/yourcouncil/webcasts/default.htm)

## ESBT STRATEGIC COMMISSIONING BOARD

MINUTES of a meeting of the ESBT Strategic Commissioning Board held at County Hall, Lewes on 9 March 2018.

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PRESENT Councillors David Elkin, Keith Glazier (Chair) and Sylvia Tidy;  
Dr Susan Rae, Dr Martin Writer, Barbara Beaton and  
Julia Rudrum

ALSO PRESENT Keith Hinkley, Director of Adult Social Care and Health  
Cynthia Lyons, Acting Director of Public Health  
Jessica Britton, Chief Operating Officer, EHS & HR CCG  
John O'Sullivan, Chief Finance Officer, EHS & HR CCG  
Vicky Smith, Accountable Care Strategic Development  
Manager  
Bianca Byrne, Acting Head of Policy & Strategic Development

### 30 MINUTES OF THE PREVIOUS MEETING

30.1 The minutes of the previous meeting were agreed.

### 31 APOLOGIES FOR ABSENCE

31.1 Apologies for absence were received from Cllr Carl Maynard.

### 32 DISCLOSURE OF INTERESTS

32.1 There were none.

### 33 URGENT ITEMS

33.1 There were none.

### 34 QUESTIONS FROM MEMBERS OF THE PUBLIC

34.1 There were none.

### 35 CQC AREA REVIEW REPORT AND ACTION PLAN

35.1 The Board considered a report on the Care Quality Commission's (CQC) Local Area Review Report and the implementation of an Action Plan developed in response to it.

35.2 In response to questions from the Board, officers made the following key points:

- The CQC has identified as an area of improvement the need for an up-to-date Comprehensive Needs Assessment for older people to form part of the East Sussex

Joint Strategic Needs Assessment (JSNA). This will be actioned, however, the existing JSNA does include the relevant information in relation to older people but it is presented differently. The approach currently taken is to produce JSNA Indicator Scorecards based on CCG or Local Authority areas that contain a wide range of indicators for that area including those for older people, as well as for population, income, education, housing, crime and deprivation.

- The East Sussex Health and Wellbeing Board (HWB) will be responsible for ongoing oversight of the Action Plan. A lot of the work identified in the Action Plan is already underway and will be undertaken using existing resources, however, some additional capacity will be needed in order to manage the overall delivery of the Action Plan.

35.3 The Chair thanked all those who were involved in the CQC inspection, which had published a report that was better than could have been expected. The Chair welcomed the fact that the CQC recognised the good work being delivered in East Sussex so far and was reassured that officers would continue to deliver services despite the enormously challenging financial situation. He believed that the Action Plan was deliverable and that the HWB would monitor its implementation.

35.4 The Board RESOLVED to note the report detailing the outcomes of the CQC Local Area Review report and corresponding action plan.

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

36.1 The Board considered a report providing an update on the ESBT financial position and progress with the Strategic Investment Plan (SIP).

36.2 In response to questions from the Board, officers made the following key points:

- Work is ongoing to identify each ESBT organisations' cost reduction plans and service redesign plans. This is being done to avoid duplication, and to potentially develop a single cost reduction plan and single service redesign plan across ESBT.
- One of the key learning points from the 2017/18 test bed year has been the difficulty in attracting additional staff to ESBT for the newly developed roles and the tendency instead for staff to move from different areas of the existing workforce, creating gaps elsewhere. Work will be undertaken to mitigate against this happening where possible during 2018/19.
- There is now a better understanding of the support needed to develop the ESBT Locality Teams. Central support team will now assist operational managers in developing the teams during 2018/19.
- The CQC was complementary about the ESBT community resilience workstream, for example, the development of community link workers, who make contact with and support local community and voluntary organisations in order to develop the health and wellbeing resilience in their communities. The possibility of ensuring link workers contact town and parish councils will be explored.
- NHS Improvement (NHSI) and NHS England (NHSE) have requested that the CCGs demonstrate that they have identified all possible efficiency savings. This is to enable the contract discussions for 2018/19 to begin with the CCGs presenting the best possible

financial position that is still realistic and deliverable. From this point discussions will progress about how the CCGs can achieve its designated control total.

- The Sussex and East Surrey Sustainability and Transformation Partnership (STP) could potentially provide a strengthened collaborative position with which to engage in contract discussions with NHSI and NHSE because it includes several other CCGs with similar financial issues.
- ESBT was forecast to overspend on prescribing by £850k by the end of the year. This is due to the national lack of availability of cheaper medicine stock resulting in ESBT paying more for prescribing medicines than was previously the case. If this was not the case ESBT would have achieved an efficiency of £5.3m through new initiatives such as the medicines management teams that visit care homes and GP practices to assist with prescribing and electronic repeat prescriptions. The total expenditure on prescribing is around £70m.

### 36.3 The Board RESOLVED to:

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

## 37 ESBT ALLIANCE NEW MODEL OF CARE PROGRESS UPDATE

37.1 The Board considered an update on the progress with further developing the ESBT Alliance and integrated strategic commissioning arrangements for 2018/19 onwards.

37.2 In response to questions from the Board, officers made the following key points:

- The aims of ESBT are aligned with those of the STP. The STP includes members of ESBT and it is firmly committed to the model of care where the majority of integrated health and social care is delivered through the place-based plans such as ESBT. STP-wide workstreams will include those workstreams that are more effectively delivered across a wider area such as specialist hospital services, primary care workforce, and mental health.
- The significant financial challenge will likely impact on the assurance process of the CCGs, which is undertaken annually with NHSE. This assumption is based on what has happened elsewhere in the country to CCGs that have faced similar financial deterioration. The CCGs expect to understand this impact over the coming weeks and will be clearer about the position by the time of the next SCB meeting.
- The STP Executive Board is due to consider a report on 3 April about what future governance arrangements could look like and how the STP will be organised in relation to place based plans.

### 37.3 The Board RESOLVED to:

1. Note the shared learning from the test-bed year of the ESBT Alliance, and the implications for strengthened governance and leadership of the ESBT Alliance to deliver improvements to quality and finances in 2018/19, focussing initially on integrating commissioning for April 2018;

2. Note the current review of ESBT Alliance governance and the proposed review of the Health and Wellbeing Board and place-based governance (as recommended in the CQC Local System Review);
3. Note the proposed arrangements for East Sussex County Council (ESCC), Eastbourne Hailsham Seaford Clinical Commissioning Group (EHS CCG) and Hastings and Rother Clinical Commissioning Group (HR CCG) to lead health and social care commissioning and transformation for our ESBT system together, and manage financial planning as a single process;
4. Note the progress being made to develop the business case for our future ESBT integrated care provider model to achieve a sustainable health and care system by 2020/21, and the plans to engage with our key stakeholders.

### 38 ESBT OUTCOMES FRAMEWORK PROGRESS UPDATE

38.1 The Board considered a report providing an update on progress with development of the evolving ESBT Alliance Outcomes Framework, available data for quarter three of 2017/18, and the proposed refreshed Outcomes Framework for 2018/19.

38.2 In response to questions from the Board, officers made the following key points:

- The outcomes chosen are ones that demonstrate that ESBT is adding value as a partnership and the Outcomes Framework is beginning to be used by commissioners in their work across the system.
- The Healthy Start in Life outcome includes a range of sub-indicators that sit below it. As a system a lot of work is being done in reducing excess weight in children by working with schools and nurseries around a programme focussing on diet and exercise that involves working with staff and parents.

38.3 The Board RESOLVED to:

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

### 39 STRATEGIC COMMISSIONING BOARD WORK PROGRAMME

39.1 The Board considered its future work programme.

39.2 The Board RESOLVED to note the report.

The meeting ended at 11.20 am.

Councillor Keith Glazier  
Chair



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

**Date of meeting:** 6 June 2018

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

**Title:** Strategic Commissioning Board Terms of Reference

**Purpose:** To note the updated Terms of Reference for the Board.

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## **RECOMMENDATION**

**To note the updated Strategic Commissioning Board Terms of Reference.**

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### **1. Background**

1.1. The East Sussex Better Together (ESBT) Strategic Commissioning Board (SCB) has been established by Eastbourne, Hailsham and Seaford (EHS) Clinical Commissioning Group (CCG), Hastings and Rother (HR) CCG and East Sussex County Council (ESCC) to enable the three organisations to jointly undertake responsibilities for addressing population health need and for commissioning health and social care.

### **2. Supporting information**

2.1. The Terms of Reference for the ESBT SCB were agreed by County Council Cabinet on 7 March 2017 and by CCG Governing Bodies on 29 March 2017, and noted by the SCB on 6 June 2017. They set out the Board's purpose, responsibilities and authority. They also recognise that strategic commissioning responsibilities remain the statutory responsibility of the three individual sovereign organisations and that any significant changes to the commissioning strategy will be referred back to the individual organisations for decision, informed by the Board's recommendations.

2.2 The Terms of Reference for the ESBT SCB have been updated to reflect the transition to 2018/19 and the Board's governance role in relation to the Integrated Finance and Investment Plan and the Integrated Commissioning Fund and budget. The updated Terms of Reference are set out in Appendix 1.

2.3 The updated Terms of Reference have been agreed by ESCC and are recommended for approval by the EHS and HR CCG Governing Bodies on 30 May 2018.

### **3. Conclusion and reasons for recommendations**

3.1. The Terms of Reference set out the role of the Strategic Commissioning Board and will guide the Board's work.

3.2. The Board is recommended to note the updated Terms of Reference.

**AMANDA PHILPOTT**  
**Chief Officer**  
**EHS and HAR CCGs**

**KEITH HINKLEY**  
**Director of Adult Social Care and Health**  
**East Sussex County Council**

Contact Officer: Vicky Smith  
Tel. No. 01273 482036  
Email: [Vicky.smith@eastsussex.gov.uk](mailto:Vicky.smith@eastsussex.gov.uk)

Contact Officer: Jessica Britton  
Tel No: 01273 403686  
Email: [jessica.britton@nhs.net](mailto:jessica.britton@nhs.net)





## TERMS OF REFERENCE FOR THE EAST SUSSEX BETTER TOGETHER (ESBT) STRATEGIC COMMISSIONING BOARD

### 1 Governance

Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG), Hastings and Rother Clinical Commissioning Group (HR CCG), and East Sussex County Council (ESCC) have established committees in common known as the 'Strategic Commissioning Board'. The Strategic Commissioning Board is established pursuant to the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 and all other enabling powers.

The Strategic Commissioning Board has the powers specifically delegated in these terms of reference.

### 2 Purpose

The Strategic Commissioning Board will jointly undertake responsibilities for addressing population health need and for commissioning health and social care, through oversight of the ESBT Integrated Finance and Investment Plan (IFIP)<sup>1</sup> and the plan and budget of the Integrated Commissioning Fund, and any other responsibilities agreed by the sovereign statutory commissioning bodies to oversee the effective delivery of outcomes by the ESBT Alliance (to be determined).

### 3 Responsibilities

The Strategic Commissioning Board will:

- Ensure alignment in our understanding of the health and care needs of the population covered by the ESBT footprint
- Set the outcomes to be delivered by the ESBT Alliance to meet the needs of the population, reflecting national policy where this is appropriate
- Ensure that local people are engaged in discussions to understand local needs and the outcomes to be delivered, so that they are informed by local insight

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<sup>1</sup> An ESBT Alliance Integrated Finance and Investment Plan (IFIP), covering a minimum period of one financial year will be approved at least once a year. This will cover all budgets within the ESBT Alliance including that of the ESBT Integrated Commissioning Fund. The IFIP therefore represents the financial plan for the Fund, and will have clear aspects relating to the Integrated Commissioning Fund.

- Set the direction of the investment patterns and oversee the implementation of the ESBT IFIP and the plan and budget of the Integrated Commissioning Fund
- Review recommendations from the ESBT Alliance Governing Board with regard to the ongoing development of the ESBT IFIP, the plan and budget of the Integrated Commissioning Fund, and the investment profile in order to meet population health needs and deliver outcomes
- Monitor and evaluate the meeting of needs and the delivery of outcomes.

#### **4 Authority**

The Strategic Commissioning Board is authorised by the sovereign bodies of EHS CCG, HR CCG and ESCC to jointly undertake activities, and recommend decisions to Governing Bodies and Cabinet, relating to oversight of the ESBT IFIP and the plan and budget of the Integrated Commissioning Fund.

It is recognised that EHS and HR CCGs and ESCC will continue to have their own regulatory and statutory responsibilities. The Strategic Commissioning Board enables the sovereign organisations to undertake and align strategic commissioning activities within the current legislative framework to set outcomes and direction for the IFIP and the plan and budget of the Integrated Commissioning Fund jointly, and monitor delivery of outcomes by the ESBT Alliance jointly, whilst still operating as sovereign organisations as the regulatory framework requires.

#### **5 Membership**

Members of the Strategic Commissioning Board will be Elected Members of ESCC and GP and Lay Members of EHS and HR CCG Governing Bodies and this will be maintained at all times. Each member of the Strategic Commissioning Board will be entitled to vote. Following consultation with other Board members any organisation can remove or replace their respective Strategic Commissioning Board Members at any time by notice in writing to the other partners.

The Chair of the Strategic Commissioning Board will rotate between the CCGs and ESCC and will not have a casting vote. The proposed members of the Strategic Commissioning Board will be 4 members appointed by the CCGs and 4 members appointed by ESCC.

The CCGs' Chief Officer and Chief Finance Officer, and ESCC Director of Adult Social Care and Health, Director of Children's Services, Director of Public Health and Head of Finance (Adult Social Care and Health)/Chief Finance Officer or their substitutes will attend in an advisory capacity.

#### **6 Meeting proceedings and quorum**

Wherever possible decision-making will be discussion driven to arrive at a 'best for the whole system' consensus in accordance with principles set out in the ESBT Alliance Agreement. In the event that a vote is needed, each individual Strategic Commissioning Board member is entitled to one vote

A quorum shall be 3 members appointed by the CCG and 3 members appointed by ESCC.

## **7 Attendance**

Where a Member cannot attend a meeting of the Strategic Commissioning Board then they may send a substitute who will have full voting rights. All matters will be decided by a majority of those members present and voting.

## **8 Reporting**

The Strategic Commissioning Board will report to each of the sovereign organisations as required by that organisation.

An annual report will be provided to the East Sussex Health and Wellbeing Board on the IFIP commissioning strategy and outcomes delivered, with updates provided as required.

## **9 Administration**

ESCC Member Services will provide secretarial support to the Strategic Commissioning Board.

## **10 Frequency**

Meetings will be held every three months. Meetings will be held in public in accordance with the rules adopted by the Board.

Author	V Smith
Sovereign organisations' governing bodies review	May 2018
Strategic Commissioning Board review	June 2018
Strategic Commissioning Board review due	June 2019
Sovereign organisations' governing Bodies review due	May 2019
Version	2.0

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

**Date of meeting:** 6 June 2018

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

**Title:** ESBT Alliance New Model of Care progress update

**Purpose:** To consider progress with implementing our closer integration and leadership of health and care commissioning and transformation in 2018/19, as well as progress and next steps with developing our ESBT integrated (accountable) care system provider model.

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## **RECOMMENDATIONS**

The ESBT Strategic Commissioning Board is recommended to:

- 1) Note progress made with implementing our agreed arrangements for strengthened leadership and integration of commissioning and transformation of our ESBT place in 2018/19;
- 2) Note progress and next steps with developing our ESBT integrated (accountable) care system and plans for stakeholder engagement

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### **1. Background**

1.1 As part of ESBT, our aspiration across Eastbourne Hailsham and Seaford Clinical Commissioning Group (EHS CCG), Hastings and Rother Clinical Commissioning Group (HR CCG) and East Sussex County Council (ESCC) is to commission integrated care across our system. To support this we have agreed we will integrate and strengthen our health and care commissioning expertise in 2018/19, so we can ensure clinically led and locally accountable improvements to the health and wellbeing of our population, a reduction in health inequalities and sustainable services. We want to be in the best position to commission fully integrated care and outcomes from an integrated provider system by 2020/21.

1.2 The scale of our current financial challenge supports the drive 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. As part of the national direction for commissioning reform, our local integration will also be supported by us delegating some commissioning to our Sussex and East Surrey Sustainable Transformation Partnership (the STP) where this is the appropriate level and wherever this makes sense in terms of wider clinical networks or agreed referral thresholds. The benefits of a 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.

1.3 Our aim is to make best use of our total c£860million resource to reinforce our core ESBT focus on commissioning for population health, reducing health inequalities and outcomes to drive improvements. By integrating our commissioning of health and care services on a more formal basis

to make best use of our collective resources, underpinned by an integrated financial planning framework of pooled and aligned funding, we expect to see the following benefits:

- services commissioned around individuals' needs and across the whole care pathway, that truly shift the care model away from reactive acute care to preventive, proactive care in the community;
- more integrated delivery arrangements between providers of health and care;
- providers that are enabled to take collective responsibility for improving outcomes;
- coherent management of a formalised ICF to help address our very challenging system financial context and make best use of our collective resources to benefit population health and well-being; and
- a stronger position to progress our new model of care, through the development of our future ESBT integrated care system provider mode

1.4 Following on from the report at our meeting in March 2018, this report updates the ESBT Strategic Commissioning Board on progress with implementing our agreed closer integration and leadership of health and care commissioning and transformation in 2018/19, supported by an Integrated Commissioning Fund (ICF), as well as progress and next steps with developing our ESBT integrated (accountable) care system<sup>1</sup> provider model.

## **2. Integrating our ESBT commissioning and transformation**

2.1 The 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).

2.2 Informed by local discussion and learning in our 2017/18 ESBT test bed year of operating collectively as an integrated (accountable) care system, arrangements for integrated governance and leadership to strengthen our ESBT Alliance in 2018/19 have focussed on putting in place stronger system leadership of commissioning and transformation.

2.3 These arrangements were agreed by the CCGs Governing Bodies' on 28 March 2018, and by ESCC on 16 April 2018. They include:

- Agreement to the proposed scope and content of the ICF for a combined ESBT resource of approximately £760million<sup>2,3</sup>, and entering into a Financial Framework Agreement to operate this;
- Our 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

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

<sup>2</sup> Excludes budgets for specialised services commissioned by NHS England

<sup>3</sup> Illustrative based on 2017/18 budgets; budgets for 2018/19 and therefore the ICF are in the process of being finalised.

management activities together, and further aligning work programmes and portfolios during 2018/19 to integrate our commissioning structure

2.4 As well as our learning in the test bed year, our plans for 2018/19 take account of the acceleration of the STP and plans for commissioning reform, as well as the recent report from the Care Quality Commission (CQC) Local System Review of East Sussex<sup>4</sup> and the subsequent actions to review the role of the East Sussex Health and Wellbeing Board to address recommendations on whole system governance.

2.5 Both of these processes and reviews are due to have been progressed by July 2018; our ESBT plans ensure we are well able to incorporate the outcomes to shape the best governance for our local system, and work to deliver the required pace of transformation as we implement our financial recovery plans in 2018/19.

### **3. Next steps for ESBT integrated commissioning**

3.1 A single planning process is being put in place to support integrated commissioning across our health and social care system, whilst continuing to work within our existing statutory accountabilities and within the ESBT Alliance framework.

3.2 In line with this, the terms of reference for the ESBT Strategic Commissioning Board (SCB) have been updated to reflect the transition to 2018/19, and the SCB's governance role in relation to the Integrated Finance and Investment Plan (IFIP) and the ICF and budget.

3.3 Our senior teams are also integrating to undertake core management activities together and a first meeting took place on 24 April. Future work will include developing detailed proposals on how the work of ESCC and CCGs will be fully aligned to integrate our health and care commissioning workforce, comprising an integrated commissioning structure and business infrastructure support. This work will be completed in parallel with the STP wide work so we have the right capacity for planning, commissioning and contracting across our system, and at the right level.

### **4. Developing our integrated (accountable) care system model**

4.1 Putting integrated commissioning of ESBT health and care on a more formal footing better enables us to drive the integration of care delivery across our system. In line with our ESBT milestone plan we have agreed that the next phase of our ESBT development will be to describe our future ESBT integrated care system provider model.

4.2 On behalf of our ESBT Alliance, the ESBT Integrated Care System Development Group (ICSDG) is progressing work on our new model of care, to set out how our integrated care provision locally can best support prevention and manage demand as well as deliver quality services and integrated care, in the context of our STP.

4.3 Reflecting our original principles and characteristics for 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 will also include what will be core delivery for the integrated care provider model, and what will be commissioned from other providers.

4.4 As an ESBT Alliance we have agreed to develop a broader East Sussex approach to rapidly re-establish ambition, vision and system shape over three to five years, in the context of the 2018/19 system position and our contribution within our STP. Building on our strong ESBT foundations for improvements in delivery, this will include how we collaborate as an Alliance on our priorities for system transformation and support next phase implementation.

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<sup>4</sup> *East Sussex Local System Review Report 13 – 17 November 2017 (CQC, January 2018)*

4.5 We have 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 framework, which has been tested with the collaborative health and wellbeing Stakeholder Engagement Group at its meeting on 16 April, includes:

- engagement in the broader conversation about our shared challenges and decisions as part of the refreshed framework for engaging local people and our staff in the wider ESBT Communications and Engagement Strategy;
- sharing the context for developing our integrated care system provider model at existing events such as the Health and Wellbeing Stakeholder Group and Shaping Health and Care events;
- developing models of citizen governance and ownership with local people, initially through a focus group to explore the options and co-design our preferred model, then sharing and testing more widely;
- developing the menu of options for GPs to interact with the model as providers of primary care. A first task and finish group with interested GPs has taken place to begin to explore ideas and develop options to deliver better coordinated and integrated care, and support resilient and sustainable primary care services, then sharing and testing more widely;
- developing the menu of options for voluntary and community organisations to interact with the model as providers of out of hospital services and support, and a workshop with members of the SpeakUp forum took place on 15 May to make a start with this; and
- undertaking Equalities and health impact assessments where relevant and appropriate building on previous exercises.

4.6 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.

4.7 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 described above, including within our STP, as well as take in the outcomes of local ESBT Alliance discussions, developments with our STP-wide commissioning and the outcome of the Health and Wellbeing Board review, and our work to improve system finances and quality during 2018/19.

4.8 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 tackling the challenge of an ageing population.

## 5. Conclusion and reasons for recommendations

5.1 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 a new integrated (accountable) care system model.

5.2 The ESBT Strategic Commissioning Board is recommended to

- **Note** progress made with implementing our agreed arrangements for strengthened leadership and integration of commissioning and transformation of our ESBT place;
- **Note** progress and next steps with developing our ESBT integrated (accountable) care system and plans for stakeholder engagement



**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](mailto:jessica.britton@nhs.net)

Contact Officer: Vicky Smith  
Tel. No: 01273 482036  
Email: [vicky.smith@eastsussex.gov.uk](mailto:vicky.smith@eastsussex.gov.uk)

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

**Date of meeting:** 6 June 2018

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

**Title:** ESBT Alliance Outcomes Framework: quality care and support

**Purpose:** To provide the ESBT Strategic Commissioning Board with an update on progress on monitoring system-wide performance against the outcomes in the quality care and support domain.

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### **RECOMMENDATIONS**

The ESBT Strategic Commissioning Board is recommended to:

- Note the progress made with identifying and securing the data to understand our performance on a system-wide basis.
- Note the highlights shown here as an example of how we can start to measure outcomes in the quality care and support domain on a system-wide basis, and the actions being taken with a view to improving outcomes.

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### **1. Background**

1.1 As part of the 2017/18 test-bed year for the formal ESBT Alliance, a small group of shared system-wide priority outcomes were agreed to work towards and further test and refine during the year. The 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:



1.2 A reviewed and refreshed version of the framework 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 and the latest performance reports can be found on the ESBT

website<sup>1</sup>. Ultimately it is envisaged that the outcomes framework will:

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

1.3 At the last Strategic Commissioning Board meeting it was agreed that reporting in 2018/19 will focus on one domain each quarter. For this report we are focusing on the quality care and support domain.

1.4 It should be noted that we are predominantly using data that is currently available through our ESBT organisations, although we are seeking to take a whole population focus wherever possible. To produce this focused report, we have brought together current performance information collected by the Alliance organisations, and included within the outcomes framework (the data source is noted in the report), with additional quantitative and qualitative information. This includes compliments, case studies, staff survey data and feedback gathered over three months at the end of 2017 until the end of February as part of the ESBT Public Reference Forum. The report looks at performance in 2017/18 compared to 2016/17 and 2015/16. We are also working on a summary infographic that we can use to present the highlights to the public and staff, which will be available on the ESBT website.

## 2. Quality care and support

2.1 The strategic objectives, outcomes, indicators and measures within the quality care and support domain can be seen at appendix 1. The domain consists of three desired outcomes:

- People receive high quality care and support
- People are kept safe and free from avoidable harm
- People are supported by skilled staff, delivering person-centred care

2.2 The paragraphs below describe the key indicators and performance measures under each outcome that have been chosen to demonstrate progress and trends over the last three years.

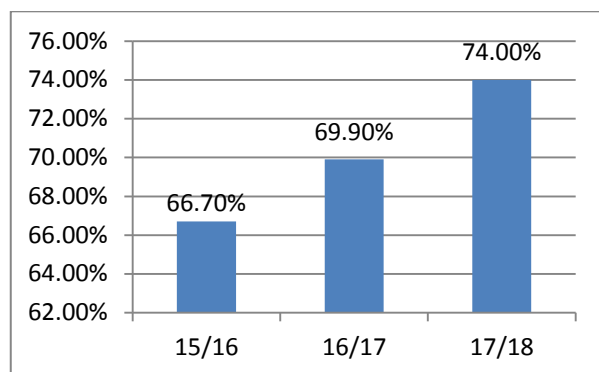
### ***Desired outcome: people receive high quality care and support***

2.3 A key indicator of the quality of care and support is the proportion of people reporting satisfaction with the services they have received and performance in this area is steadily improving:

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<sup>1</sup> <https://news.eastsussex.gov.uk/east-sussex-better-together/stakeholders/outcomes-framework/>

### Proportion of people reporting satisfaction with the services they have received 2015-2018



Source: Personal Social Services Adult Social Care Survey (ASCS)<sup>2</sup>

2.4 Compliments received for the Joint Community Rehabilitation Service support the improvements in the survey data. There has been a steady increase in the number of compliments received over the last three years from 243 in 2015/16 and 313 in 2016/17 to 333 in 2017/18 and this is one example:

*“I would like to extend my heartfelt thanks to the wonderful team of people during my 6 weeks of being under their care. Their kindness, helpfulness, cheerfulness and care was absolutely fantastic. I had no idea what to expect, but now I would not hesitate to recommend your services.”*

2.5 Within this outcome we also consider the effectiveness of the health and care intervention people receive and this is currently measured in two ways. We are looking to increase the health gain people experience after an elective procedure<sup>3</sup>. This is measured by the national Patient Reported Outcome Measures (PROMs) programme which provides information on how patients feel they benefited from their operation. This data has not been included in this report, as it is too soon to see any trends because of the time-lag between pre- and post-operative questionnaires. However, we will seek to include this in future reports when it is available as it is important to understand where a patient experiences little change in mobility or in the level of discomfort they experience, even though an operation might seem to have gone well from a surgical perspective.

2.6 We are also aiming to reduce the number of emergency readmissions within 30 days of discharge from hospital however the latest figures show numbers to be increasing.

### Number of emergency readmissions within 30 days of discharge 2015-2018



Data supplied by NHS South, Central and West Commissioning Support Unit

2.7 This increase in numbers is in line with an increase in the overall number of emergency admissions for the Trust, up from 45,708 in 2016/17 to 51,061 in 2017/18 representing an 11%

<sup>2</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-adult-social-care-survey>

<sup>3</sup> Covered groin hernia surgery, varicose veins and full hip and knee replacements until October 2017.

Now focusing on hip and knee replacements.

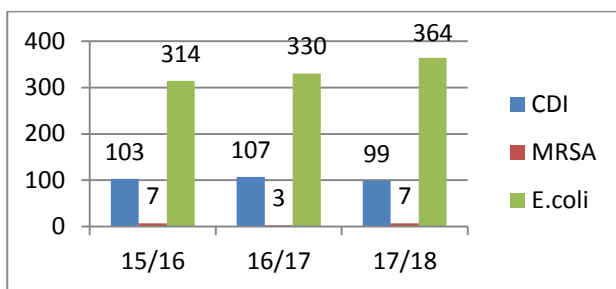
increase. Therefore the increase in the number of emergency readmissions is a factor of the general activity increase. The overall proportion of emergency readmissions has remained relatively consistent with a small increase from 9.3% in 2016/17 to 9.9% in 2017/18. The local health economy has instigated a system wide ESBT review to understand the reason for this increase and ESBT are undertaking a project to ensure patients are involved and communicated early in relation to their discharge from hospital environments.

**Desired outcome: people are kept safe and free from avoidable harm**

2.8 There are three key indicators within this desired outcome: the number of healthcare associated infections and serious incidents; the effectiveness of the safeguarding inquiry; and the number of hospital admissions from falls.

2.9 We are aiming to reduce the number of healthcare associated infections and performance against this measure is mixed. The number of MRSA and clostridium difficile infections (CDI) over the last three years has remained relatively level, with the number of Escherchia coli (E.coli) infections increasing:

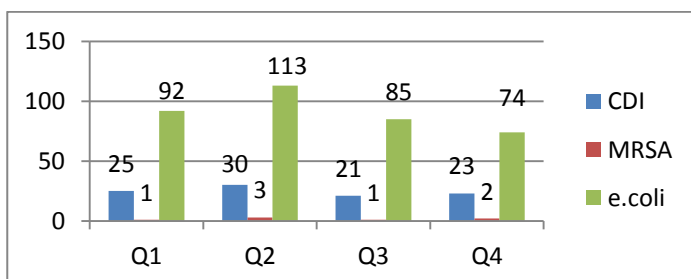
*Total number of healthcare associated infections within ESBT 2015-2018*



Source: EHS CCG and HR CCG – Public Health England Healthcare Associated Infection Data Tool

2.10 Quarterly performance data however shows recent improvements and a reduction in the number of CDI and E.Coli infections over the last two quarters:

*Total number of healthcare associated infections within ESBT during 2017/18*



Source: EHS CCG and HR CCG Healthcare Associated Infection Data Tool

2.11 A number of initiatives are in place to improve performance and reduce the number of healthcare associated infections:

- Infection Control Champions programmes: The CCGs provide an education and audit programme for general practices and care homes across East Sussex.
- Gram negative Bacteraemias4 reduction programme: The CCGs will be hosting a conference for community providers on ‘Leading the fight against gram negative

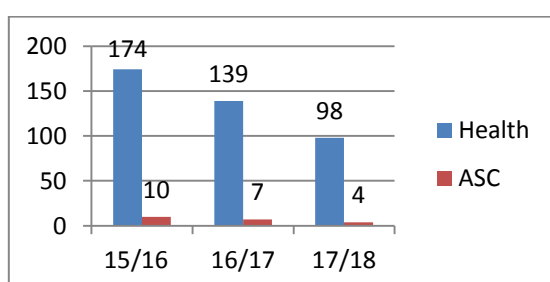
<sup>4</sup> [https://improvement.nhs.uk/documents/1394/HCA\\_BSI\\_definitions\\_guidance.pdf](https://improvement.nhs.uk/documents/1394/HCA_BSI_definitions_guidance.pdf)

bacteraemias' in May 2018. This will bring together a number of professionals in a targeted education programme for community nursing and care staff.

- Healthcare Associated Infection (HCAI) Strategy: The STP5 HCAI quality team are launching a two year HCAI reduction strategy across eight CCGs. The programme will allow a standardised but local approach in the reduction of HCAI across ESBT.
- Clostridium difficile: The CCGs will continue to review all cases of CDI to determine any lapses of care and implement actions to prevent further cases across the local health economy.

2.12 We are also aiming to reduce the number of serious incidents<sup>6</sup> across the system and there are clear improvements with this measure in both health and Adult Social Care.

*Number of serious incidents (SIs) 2015-2018*



*Health source: All SIs reported on Strategic Executive Information System (STEIS)*

*ASC source: All SIs RIDDOR reported and recorded as such in the Health & Safety Incident Reporting system*

2.13 The measure relating to the effectiveness of the safeguarding enquiry is an adult social care measure which is part of statutory reporting and monthly local monitoring. To measure this we look at the proportion of people who are asked what their desired outcomes of the safeguarding enquiry are, and the percentage of those that were fully or partially achieved. We are looking to maintain or improve on our current performance. Figures taken from a recent snapshot show that this is being achieved, in March 2018:

- 129 safeguarding enquiries were completed in March 2018.
- Of the 129 people, 97 (75.8%) were asked for, and expressed desired outcomes. This is up from 70.2% at the same point last year.
- A further 12 were asked about desired outcomes but did not express any.
- Of the 97 people asked, 92 (94.8%) had their outcomes either fully or partially met. This is a slight increase on 94.3% the previous year.

2.14 The number of hospital admissions from falls in the population of local people in the year 2017/18 was higher than in 2016/17 (there were 36 more admissions in 2017/18) however the ESBT Falls Service was established during the year with all aspects of the service fully operational by November 2017. The service focuses on the following key elements:

- Strength and balance training for those at low to moderate risk of falls
- Multi-factorial intervention for those at higher risk of falls

<sup>5</sup> Sussex and East Surrey Sustainability and Transformation Partnership

<sup>6</sup> Adult Social Care: <http://www.hse.gov.uk/riddor/reportable-incidents.htm>

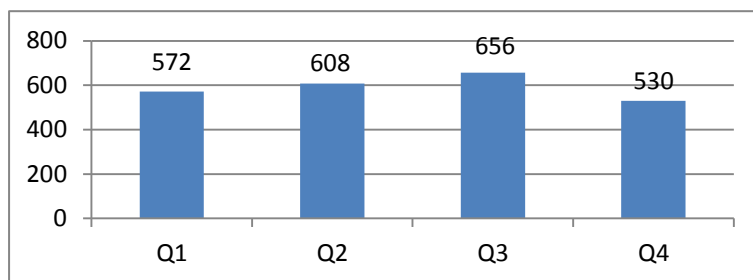
Healthcare: <http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=68464&type=full>

- Fracture liaison service for those who have had a fragility fracture
- Targeted support to care homes.

2.15 These elements are in line with national evidence of best practice which suggest once these services are in place, a reduction in falls admissions can be expected. This is supported by the quarterly data which shows that there were 126 fewer falls in the last quarter of the year compared to the previous quarter and feedback from people using the service for example:

*“Classes have given me back my confidence and I am delighted”*  
(Quote from someone who attends the strength and balance classes.)

*Number of hospital admissions from falls during 2017/18*



***Desired outcome: people are supported by skilled staff, delivering person-centred care***

2.16 Levels of staff satisfaction are measured through staff satisfaction surveys and staff turnover rates. There is no national staff survey for social care staff and surveys are carried out locally at a service level. The national NHS staff survey results for 2017 show key improvements for the two CCG and East Sussex Healthcare (ESHT) staff in the area of staff satisfaction and more staff are satisfied that their work is valued by the organisation. In 2017, 69% of staff said they would recommend their organisation as a place of work, up from 66% in 2016 and higher than the average for CC Source: NHS South, Central and West Commissioning Support Unit

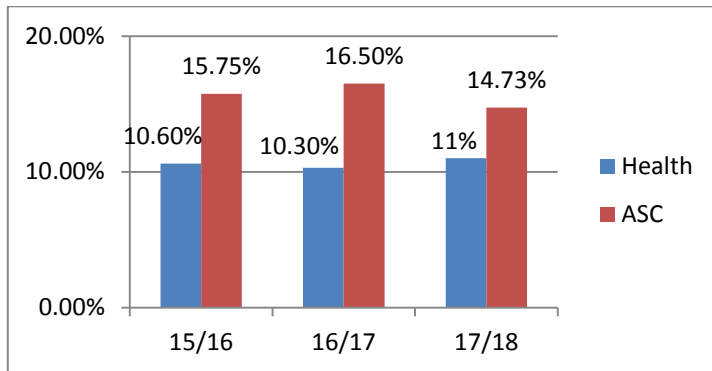
2.17 A recent case study produced by NHS Employers explores how the trust has made significant improvements in recent years with staff engagement, overcome many of its challenges and developed a positive culture.<sup>7</sup>

2.18 **Staff turnover rates** show an overall reduction in turnover for ESCC ASC frontline staff in 2017/18 and a small increase for ESHT staff. This increase is in common with the wider NHS and locally in Kent, Surrey and Sussex Trusts, however there has been a reduction from a high point of 11.6% (Sept 2017) which is currently continuing in 2018/19. A retention strategy is being developed for nursing and midwifery staff.

<sup>7</sup> <http://www.nhsemployers.org/case-studies-and-resources/2018/04/making-progress-on-staff-engagement-the-east-sussex-experience>



### Staff turnover rates 2015-2018



Health source: NHS Electronic Staff Record system (ESR)<sup>8</sup>  
ASC source: Systems, Applications & Products (SAP)

2.19 The proportion of staff who have received training in person-centred care is measured by the percentage of ESHT staff who have completed their mandatory and statutory training. This is a key priority for the trust, the CCGs and also staff themselves. There has been an increase from 86.5% of staff in 2015/16 to 88.5% in both 2016/17 and 2017/18. The trust carries out an annual training needs analysis looking at capacity and resources. If any additional needs are identified then learning and development will work to address them. A monitoring system is in place with trust divisions receiving monthly updates on individual compliance.

2.20 Feedback from the ESHT Public Reference Forum in response to the question “*what worked well and why?*” found that staff attitudes are positive, despite capacity/resource issues. Staff survey results for 2017 show that this area remains a priority as “training helping staff to deliver patient/service user experience” was still highlighted as an issue to address.

2.21 The Support with Confidence (SWC) scheme<sup>9</sup> operated by Adult Social Care and Health is a directory of vetted and approved care and service providers who can help you at home. SWC had accredited members as at 31 March 2018: 40 businesses, 10 Care Quality Commission (CQC) registered businesses, two Independent Financial Advisors and 124 Personal Assistants. A quote from one of the accredited Personal Assistants on the scheme highlights how the scheme helps to ensure people receive support from skilled staff, delivering person centred care:

*“The benefits of being a member of SWC is that there is free training and support. There is training in almost every aspect of social care that you could possibly want. This can range from one-off certificates, to an induction course for someone who has no health and social care qualifications and wants to become a Personal Assistant. That once you are a member of the scheme as long as you provide person centred care, work towards and exceed the code of conduct and promote your services to the Social Care teams your diary will remain full, your phone will ring and your email box will fill. Also SWC actively promote the scheme in the county magazine.”*

2.22 There has been an increase in the number of ESHT staff who hold the care certificate from 6 in 2015/16 to 97 in 2017/18. All new Healthcare Support Workers are supported to undertake Care Certificate development as part of their induction and existing staff will be supported to undertake it as well, so numbers should continue to increase.

<sup>8</sup> Turnover is FTE leavers in 12 months as a % of average FTE over those 12 months. Excludes TUPE transfers and junior doctors rotation

<sup>9</sup> <https://www.eastsussex.gov.uk/socialcare/support-to-stay-at-home/support-with-confidence/>

2.23 In the refreshed outcomes framework for 2018/19 we have added a new indicator and will be using the proportion of temporary staff used as a measure of whether people are supported by skilled staff delivering person-centred care. Reducing the proportion of temporary staff used will help to improve the quality of care. It is also a priority for patients and the public as highlighted in the Public Reference Forum survey responses. When asked “what do you want to change and why?”, “continuity of care in health and care” came out as a key theme.

### **3. Conclusion and reasons for recommendations**

3.1 This focused report on the quality care and support domain shows the value of supplementing the quantitative data available with additional qualitative information. Overall, performance against the outcomes in this domain is encouraging with some key areas to be strengthened and developed such as reducing the number of healthcare associated infections and the number of emergency readmissions within 30 days of discharge. Although we have predominantly used data that is currently available through our ESBT organisations for this report, we aim to refine our approach to data collection to try and make sure we have a whole population focus wherever possible.

3.2 The ESBT Strategic Commissioning Board is asked to:

- Note the progress made with identifying and securing data to further understand our performance on a system-wide basis.
- Note the highlights shown here as an example of how we can start to measure outcomes in the quality care and support domain on a system-wide and population basis, and the actions being taken with a view to improving outcomes.

**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](mailto:jessica.britton@nhs.net)

Contact Officer: Candice Miller  
Tel. No: 01273 482718  
Email: [candice.miller@eastsussex.gov.uk](mailto:candice.miller@eastsussex.gov.uk)

Contact Officer: Vicky Smith  
Tel. No: 01273 482036  
Email: [vicky.smith@eastsussex.gov.uk](mailto:vicky.smith@eastsussex.gov.uk)

### **BACKGROUND DOCUMENTS**

Appendix 1: Quality care and support domain

## Appendix 1: Quality care and support domain



# Quality care and support

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

Outcomes	These indicators and measures will tell us how we are doing...	
People receive high quality care and support	The proportion of people reporting satisfaction with the services they have received	⇒ The percentage of people who report they are satisfied with the care and support they receive is increased The percentage of carers who report they are satisfied with the care and support they receive is increased
	The effectiveness of the health and care intervention the person has received	⇒ Health gain people experience after elective procedures is increased Emergency readmissions within 30 days of discharge from hospital are reduced
People are kept safe and free from avoidable harm	The number of healthcare-related infections and serious incidents	⇒ The number of healthcare-related infections is reduced The number of serious incidents in healthcare is reduced
	The effectiveness of the safeguarding enquiry	⇒ People are asked what their desired outcomes of the safeguarding enquiry are, and the percentage of those that were fully or partially achieved is increased
	The number of falls in the population of local people	⇒ The number of hospital admissions from falls in East Sussex is reduced
We want to deliver person centred care through integrated and skilled service provision		
People are supported by skilled staff, delivering person-centred care	Levels of staff satisfaction	⇒ Staff satisfaction levels are increased Staff turnover is reduced
	The proportion of staff who have received training in person-centred care	⇒ The percentage of staff who have completed their mandatory and statutory training is increased
	The proportion of temporary staff used	⇒ The percentage of temporary agency staff used is reduced

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

**Date of meeting:** 6 June 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:** Draft Annual Report to the Health and Wellbeing Board

**Purpose:** To provide the East Sussex Health and Wellbeing Board with an annual report of activity in 2017/18.

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## **RECOMMENDATIONS**

**The ESBT Strategic Commissioning Board is recommended to agree the draft annual report to the East Sussex Health and Wellbeing Board**

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### **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 As part of the national direction for commissioning reform, our local integration will also be supported by us delegating some commissioning to our Sussex and East Surrey Sustainable Transformation Partnership (the STP), where this is the appropriate level and wherever this makes sense in terms of wider clinical networks or agreed referral thresholds. 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.

1.4 In line with this 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 year, to enable us to rapidly develop our capacity to manage the health and social care system collectively as an Alliance partnership.

1.5 This arrangement was underpinned by an Alliance Agreement which provided 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.

1.6 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 (SIP) 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.

1.7 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 or system regulators, to design our ESBT Alliance integrated care model. This annual report for the East Sussex Health and Wellbeing Board of the ESBT Alliance test bed year provides a summary of activity in the 2017/18 test bed year, outcomes delivered, and next steps structured around the key areas of focus for the ESBT Strategic Commissioning Board:

- ESBT Alliance Outcomes Framework;
- ESBT Strategic Investment Plan (SIP);
- Further developing the ESBT Alliance and integrated strategic commissioning arrangements for 2018/19; and
- Developing our ESBT integrated (accountable) care system model

## **2. Supporting information**

### ***ESBT Alliance Outcomes Framework***

2.1 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 part of how integrated care systems can be incentivised to make improvements. To start to prototype this as part of the 2017/18 ESBT Alliance 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.

2.2 The agreed outcomes have been developed into a framework which has ten strategic objectives and eighteen desired outcomes set out within four domains: population health and wellbeing; experience of local people; transforming services for sustainability and quality care and support. This draft outcomes framework was agreed at the ESBT Strategic Commissioning Board meeting on 6 June 2017 for use and testing further during 2017/18.



2.3 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 quarterly performance reports with baseline data for 2015/16 alongside performance data for 2016/17 are published on the ESBT website<sup>1</sup>.

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

2.5 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 website<sup>2</sup>. This shows that there has been some measurable improvements against previous years' performance in the areas that local people have told us are important.

### **ESBT Strategic Investment Plan (SIP)**

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

2.7 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.

2.8 Each of the six community investments in the SIP (Crisis Response, Frailty Practitioner Service, Enhanced Hospital Intervention Team, Integrated Support Workers, Proactive Care

<sup>1</sup> and <sup>2</sup> <https://news.eastsussex.gov.uk/east-sussex-better-together/stakeholders/outcomes-framework/>

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.

2.9 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.

2.10 A number of 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.

2.11 More favourably, prescribed 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.

2.12 Looking forward to 2018/19 the ESBT Alliance has agreed a financial planning framework for 2018/19 consisting of an ESBT Integrated Finance and Investment Plan, made up of an ESBT Service Redesign Plan, ESBT Cost Reduction Plans, and an ESBT Financial Recovery Plan.

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

#### ***Developing our ESBT integrated (accountable) care system model***

2.15 Putting integrated commissioning of ESBT health and care on a more formal footing better enables us to drive the integration of care delivery across our system. In line with our ESBT milestone plan we have agreed that the next phase of our ESBT development will be to describe our future ESBT integrated care system provider model.

2.16 On behalf of our ESBT Alliance, the ESBT Integrated Care System Development Group (ICSDG) is progressing work on our new model of care, to set out how our integrated care provision locally can best support prevention and manage demand as well as deliver quality services and integrated care, in the context of our STP.

2.17 Reflecting our original principles and characteristics for 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 will also include what will be core delivery for the integrated care provider model, and what will be commissioned from other providers.

2.18 As an ESBT Alliance we have agreed to develop a broader East Sussex approach to rapidly re-establish ambition, vision and system shape over three to five years, in the context of the 2018/19 system position and our contribution within our STP. Building on our strong



ESBT foundations for improvements in delivery, this will include how we collaborate as an Alliance on our priorities for system transformation and support next phase implementation.

2.19 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.

2.20 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 outcome of the Health and Wellbeing Board review, and our work to improve system finances and quality during 2018/19.

2.21 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. 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 a new integrated (accountable) care system model.

3.4 The ESBT Strategic Commissioning Board is recommended to agree the draft annual report to the East Sussex Health and Wellbeing Board

**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](mailto:jessica.britton@nhs.net)

Contact Officer: Vicky Smith  
Tel. No: 01273 482036  
Email: [vicky.smith@eastsussex.gov.uk](mailto:vicky.smith@eastsussex.gov.uk)

#### **BACKGROUND DOCUMENTS**

Appendix 1 ESBT Alliance Outcomes Framework 1 page summary

Appendix 2 ESBT Alliance 2017/18 Test Bed Year Learning and Impact Report

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# East Sussex Better Together (ESBT) Alliance Outcomes Framework



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

## Population health and wellbeing

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

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

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## 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"> <li>People have access to timely and responsive care</li> <li>People access emergency hospital services only when they need to</li> <li>Financial balance is achieved across the health and care system</li> </ul>
Deliver joined up information technology	<ul style="list-style-type: none"> <li>People and staff have access to shared and integrated electronic information</li> </ul>
Prioritise prevention, early intervention, self care and self management	<ul style="list-style-type: none"> <li>People get help early and services support those most at risk</li> </ul>

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

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

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 help inform wider discussions as we develop our thinking for strengthening our ESBT Alliance governance arrangements 2018/19.



## ESBT Alliance Test Bed Year 2017/18

### Draft Impact and Learning Report

#### 1. Introduction

- 1.1 In April 2017 the members of the ESBT Programme Board moved formally into an ESBT Alliance arrangement for a test bed year, in order to enable us to rapidly develop our capacity to manage the health and social care system collectively as an Alliance partnership.
- 1.2 This arrangement was underpinned by an Alliance Agreement which provided the framework to operate 'as if' were an accountable care system, in order to test ways of working, configure resources more flexibly, and improve services for the population in 2017/18 and in the longer-term.
- 1.3 To support our ambition to work as one system in 2017/18 we put in place a system wide governance structure, to support our ESBT Alliance to cover the following areas during the test bed year:
  - The commissioning and delivery of health and care services to the local population and with an annual budget of approximately £860m (2017/18), focussing on what matters to local people. This has included continuing our programme of transformation and service change and raising the profile and investment in prevention and proactive care while reducing reliance on secondary care (hospital) services;
  - Collaboration to deliver our integrated Strategic Investment Plan and further development of integration plans and practice; and
  - The alignment of our budgets so we can design a payment mechanism that incentivises population health outcomes more than activity and invest appropriately across our health and care system to best benefit local people.
- 1.4 Part of the purpose of the test bed year was to create the space and time to undertake the necessary learning and development, with support from NHS Improvement (NHSI) and NHS England (NHSE) as the system regulators, to design our ESBT Alliance integrated care model.
- 1.5 These transformation activities were set out in schedule 2 of the ESBT Alliance Agreement, and a draft summary of the progress made with the activities in the test bed year is set out in Appendix A. This summary is not definitive, and is intended to support wider discussions 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 (DTC).
- A&E is now in the upper quartile of performance nationally and DTCs 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 7<sup>th</sup> and 9<sup>th</sup> best nationally.
- Over and above this, by working together we have reduced serious incidents, and improved stroke measures and outcomes.

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

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

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<sup>1</sup> 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 nationally<sup>2</sup>.
- 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 System<sup>3</sup> 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

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

<sup>3</sup> 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/](http://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.

Draft v1.1 24/05/18 Authors: V.Smith and J.Britton

## 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><b>Activity:</b> 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><b>Progress:</b> 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><b>Activity:</b> 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><b>Progress:</b> 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><b>Activity:</b> 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><b>Progress:</b> 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><b>Activity:</b> 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><b>Progress:</b> 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><b>Activity:</b> 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.	
	<b>Progress:</b> This was explored as part of the Aligned Incentive Contract discussions, noted under 4.	
6	<b>Activity:</b> 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><b>Progress:</b> 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&amp;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	<b>Activity:</b> 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	
	<b>Progress:</b> 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	<b>Activity:</b> 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)	
	<b>Progress:</b> 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	<b>Activity:</b> 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><b>Progress:</b> 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><b>Activity:</b> 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><b>Progress:</b> 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><b>Activity:</b> develop a proposal for the residual strategic commissioning functions (population needs assessment, outcomes setting and oversight of performance) for the Alliance Commissioners</p> <p><b>Progress:</b> 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><b>Activity:</b> 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><b>Progress:</b> 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 Activity:** design an integrated governance model for the Test-Bed Period and future ACM that integrates citizens into the leadership of the new care model of care and engages them appropriately at all levels of the governance structure

**Progress:** a new Health and Wellbeing Stakeholder Group has been co-designed with stakeholders and a representative has been nominated to sit on the ESBT Strategic Commissioning Board. The meetings of the group are focussed around key areas of service development, and other areas of interest for our stakeholders.

Healthwatch also has a seat on key elements of the ESBT Alliance governance structure to ensure that the views of local people are taken into account.

Representatives from the voluntary sector also participate in the planning and design groups for personal and community resilience and community services, and the ESBT locality planning and delivery groups and locality networks which are focussed on engagement with local groups and organisations working in their areas.

As part of the preferred option for the future integrated care model agreed in July 2017, it has been agreed to co-design models of citizen governance so that our future integrated care delivery model is owned and championed by local people.