



ESBT STRATEGIC COMMISSIONING BOARD

FRIDAY, 12 OCTOBER 2018

2.00 PM COUNCIL CHAMBER - COUNTY HALL, LEWES

MEMBERSHIP - East Sussex County Council Members

Councillor Keith Glazier (Chair)
Councillors David Elkin, Carl Maynard and Sylvia Tidy

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

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

A G E N D A

- 1 Minutes of the previous meeting (*Pages 3 - 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 ESBT Financial position (*To Follow*)
- 7 ESBT Alliance Outcomes Framework: the experience of local people (*Pages 7 - 26*)
- 8 ESBT Alliance New Model of Care progress update (*Pages 27 - 62*)
- 9 Any other items previously notified under agenda item 4

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4 October 2018

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

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

ESBT STRATEGIC COMMISSIONING BOARD

MINUTES of a meeting of the ESBT Strategic Commissioning Board held at County Hall, Lewes on 6 June 2018.

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

ALSO PRESENT Keith Hinkley, Director of Adult Social Care and Health
Jessica Britton, Chief Operating Officer
John O'Sullivan, Chief Finance Officer
Wendy Meredith, Interim Director of Public Health
Candice Miller, Policy Development Manager

1 MINUTES OF THE PREVIOUS MEETING

1.1 The minutes of the meeting held on 9 March 2018 were agreed.

2 APOLOGIES FOR ABSENCE

2.1 Apologies for absence were received from Dr Susan Rae. It was also noted that Amanda Philpott had given her apologies.

3 DISCLOSURE OF INTERESTS

3.1 There were no disclosures of interest.

4 URGENT ITEMS

4.1 There were no urgent items.

5 QUESTIONS FROM MEMBERS OF THE PUBLIC

5.1 There were no questions from members of the public.

6 STRATEGIC COMMISSIONING BOARD TERMS OF REFERENCE

6.1 The Board considered a report about the Strategic Commissioning Board's (SCB) terms of reference. The terms of reference were 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.

6.2 Board members reflected that during 2017/18 they had developed a greater understanding of the role and purpose of the SCB and expressed confidence that the development of the East Sussex Better Together (ESBT) programme was making a positive difference to residents and staff.

6.3 The Board said it was important that it continued to ensure it was not working in isolation and that the executive boards of other partner organisations and other ESBT Alliance bodies were informed of the Board's work, and vice versa, through clear reporting lines. This would avoid creating additional work for officers and ensure consistency of information considered by the different bodies and sovereign organisations.

6.4 The Board RESOLVED to:

- 1) note the report; and
- 2) request that a diagram of the ESBT reporting lines is circulated to the Board.

7 ESBT FINANCIAL POSITION

7.1 The Board considered a report providing an update on the ESBT financial position.

7.2 In response to questions from the Board the following key points were made:

- The forecast deficit control total for Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG), and Hastings and Rother Clinical Commissioning Group (HR CCG) is a combined £32m for 2018/19; this has been agreed with NHS England. As part of meeting this, the CCGs have a Quality, Innovation, Productivity and Prevention (QIPP) expenditure reduction target of £18m and this represents approximately 3% of total expenditure. If the CCGs achieve the control total of £32m deficit at the end of the year, this will attract £32m of national Commissioner Sustainability Funding (CSF) to support a break even position. A System Financial Recovery Board of the all the ESBT organisations with an independent chair has been established to monitor the in-year financial position and achieve the expenditure reduction plans. This supports the individual organisations' governance arrangements. In addition to the Board, financial progress is monitored at weekly 'confirm and challenge' sessions chaired by the Chief Finance Officer of the CCGs; bi-monthly meetings between ESBT commissioners and ESHT; and informal fortnightly meetings of the System Financial Recovery Board. This combination of meetings will help to enable regular and timely reporting of financial performance, including from ESHT.
- Quality impact assessments are carried out on QIPP schemes in order to understand any potential impact on quality or access. Some of the QIPP schemes are aimed at improving quality and reducing costs because they will remove inappropriate referrals and reduce unwarranted clinical variation as well as supporting people in their communities. The impact will also be monitored on an ongoing basis.
- There is an expectation from the new Executive Chair of the Sussex and East Surrey Sustainability and Transformation Partnership (STP) that the STP's acute strategy needs to be reenergised as acute care is a major element of expenditure in the local healthcare system. There is a need for an STP-wide strategy to manage and sustain acute expenditure whilst individual place-based, such as East Sussex Better Together (ESBT), continue to integrate local community care.
- The STP-wide Clinically Effective Commissioning (CEC) programme is helping to reduce costs by reducing unwanted variation in the CCGs' policies around when patients are referred from primary care to acute care for medical procedures based on the best available clinical evidence. CEC will improve quality and reduce costs by spending money in the most effective way. Future reports on the progress of CEC will be made back to this Board.
- The forecast deficit across the whole of the ESBT Alliance for 2018/19 is £79m, including East Sussex Healthcare NHS Trust (ESHT) and ESCC. This means that the ESBT area is under extreme scrutiny from NHS England and will need to demonstrate it can deliver the financial plans for 2018/19 and work towards financial solvency over the next three

years. The aim, however, is still for ESBT to continue to deliver integrated services and improve services to people.

- 2017/18 was the first time in five years that the ESBT CCGs did not deliver a surplus. During the previous four years the CCGs delivered a financial surplus whilst investing in Healthy Hastings and other community programmes.

7.3 The Board RESOLVED to:

- 1) note the East Sussex Better Together system financial outturn for 2017/18;
- 2) note the Health and Social Care Commissioning 2018/19 financial position;
- 3) note the recovery actions being developed and implemented collaboratively through the ESBT structures; and
- 4) note that it expects to see the ESBT financial picture beginning to improve by the time of its next meeting.

8 ESBT ALLIANCE NEW MODEL OF CARE

8.1 The Board considered a report on the progress with implementing the closer integration and leadership of health and care commissioning and transformation in 2018/19, as well as progress and next steps with developing the ESBT integrated (accountable) care system provider model.

8.2 Officers clarified that whilst nationally focus was shifting from creating Accountable Care Organisations to creating Integrated Care Systems there would be no change to the key driver of ESBT: care being delivered in the community through integration of primary, community and social care organisations at a locality level. The main change since the initial development of ESBT has been the creation of the regional STPs that are likely to be the scale at which it will be required that certain services are developed, for example, some acute and mental health services, and whatever is developed locally within the ESBT footprint will need to be able to take this into consideration.

8.3 Officers agreed that the next ESBT progress update would be in plain English and be clear about what is meant by a local integrated care system.

8.4 The Board RESOLVED 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; and
- 2) Note progress and next steps with developing our ESBT integrated (accountable) care system and plans for stakeholder engagement.

9 ESBT OUTCOMES FRAMEWORK

9.1 The Board considered a report providing an update on progress on monitoring system-wide performance against the outcomes in the quality care and support domain.

9.2 Officers clarified that a lot of information in the Children and Young People domain is Public Health data and is not available until November but information will be added to outcomes framework regularly as it becomes available.

9.3 The Board RESOLVED to:

- 1) Note the progress made with identifying and securing the data to understand our performance on a system-wide basis; and
- 2) Note the highlights shown 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.

10 DRAFT ANNUAL REPORT TO THE HEALTH AND WELLBEING BOARD

10.1 The Board considered the draft Annual Report to the Health and Wellbeing Board.

10.2 The Board RESOLVED to agree the draft annual report to the East Sussex Health and Wellbeing Board subject to the addition of diagrams making it clear where ESBT Alliance budget is spent and how the Alliance is organised.

The meeting ended at 11.20 am.

Barbara Beaton
Chair



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

Date of meeting: 12 October 2018

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

Title: ESBT Alliance Outcomes Framework: the experience of local people

Purpose: To provide the ESBT Strategic Commissioning Board with an update on progress with monitoring system-wide performance against the outcomes in the experience of local people domain.

RECOMMENDATIONS

The Board is recommended 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 examples of how we can start to measure outcomes in the experience of local people domain on a system-wide and population basis, and the actions being taken with a view to improving outcomes.

1. Background

The ESBT Alliance Outcomes Framework is a set of shared system-wide priority outcomes the Alliance has agreed to work towards and further test and develop. The framework for 2018/19 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:



1.1 A one page summary of the outcomes framework and the latest performance reports can

be found on the ESBT website¹. 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.

1.2 The last report to the Strategic Commissioning Board on 6 June 2018 focused on the quality care and support domain. This report focuses on the experience of local people domain. 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. The report looks at performance in 2017/18 compared to 2016/17 and 2015/16.

2. The experience of local people

2.1 Desired outcomes

2.1.1 The strategic objectives, outcomes, indicators and measures within this domain can be seen at Appendix 1. The domain consists of six desired outcomes:

- Health and care services talk to each other so that people receive seamless services
- Jargon free health and care information can be found in a range of locations and formats
- People feel respected and able to make informed choices about services
- People have choice and control over services and how they are delivered
- People are as independent as possible
- People are supported to feel safe.

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.

2.2 Desired outcome: health and care services talk to each other so that people receive seamless services

2.2.1 A key indicator of the experience of local people is the proportion of people and carers reporting they have only had to tell their story once. In the outcomes framework this is measured by the two questions asked in our local adult social care (ASC) 'listening to you' survey:

Figure 1: Percentage of people (ASC clients) who contact us about their support, who have not had to keep repeating their story

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

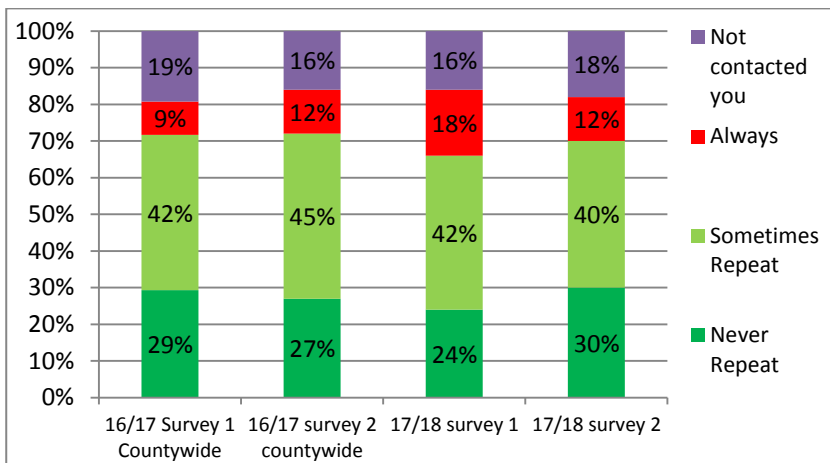
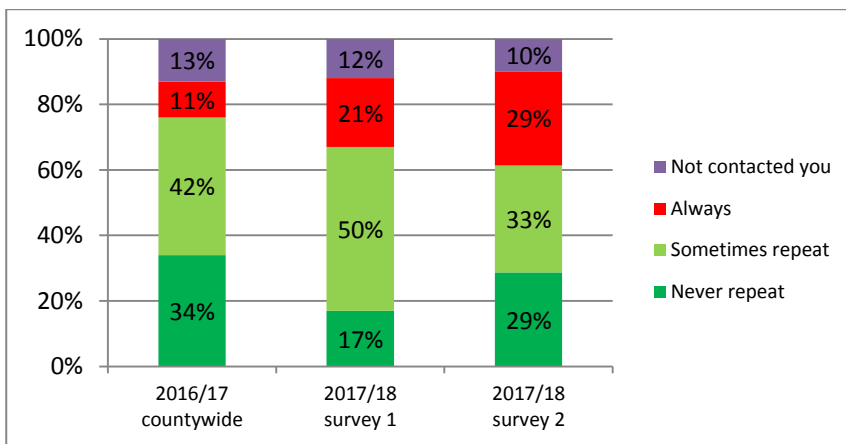


Figure 2: Percentage of carers who contact us about support, who have not had to keep repeating their story



Performance against these measures is mixed however there are a number of services in place and developments under way that are designed to create more seamless services. Some examples are highlighted in sections 2.2.3 – 2.2.6 below.

2.2.2 Results from the latest **East Sussex Healthcare Trust (ESHT) inpatient survey** relating to waiting lists and planned admissions give a score of 8.9 out of 10 for transitions between services. This means that the majority of people referred to hospital felt that the specialist they saw in hospital had been given all the necessary information about their condition or illness from the person who referred them.

2.2.3 **Health and Social Care Connect (HSCC)** offers both the public and professionals a single point of access for adult health and social care enquiries, assessments, services and referrals. This means adults in need of care and support, and their carers, receive faster access to the services they need at home or closer to home. HSCC was set up by bringing together three separate services (health referrals, social care assessments and a public adult social care helpline) into a single team able to deal with any health or social care enquiry from any source.

2.2.4 Working with Surrey and East Sussex Sustainability and Transformation Partnership (STP), ESBT is implementing an **Integrated Care Record (ICR)** to improve the way we provide care, to prevent people using our services having to relay the same information many times, and to improve information governance. A vital piece of this work is making data held in primary care systems available in the ICR. The central principle of the ICR is that data belonging to someone using our services is properly managed in accordance with the law and sound information governance principles, and is available to appropriate practitioners when they are providing direct

care. We will begin the ICR pilot with a small number of practitioners in Adult Social Care at ESCC and acute care in ESHT in the autumn.

2.2.5 We are working to make mental health crisis plans available across the system to ensure that colleagues in adult social care and in our acute settings have access to crisis plans. Following conversations at our Locality Planning and Delivery Groups access to Sussex Partnership NHS Foundation Trust (SPFT) care notes has been made available to colleagues in our social work teams.

2.2.6 Work to ensure **children and families** receive seamless services includes:

- Health Visitors and midwives work together to co-ordinate approaches to their work on attachment and support to new parents; this includes co-ordinating the time of statutory visits so that they do not clash and developing information sharing protocols to enable timely sharing of relevant information.
- The Inclusion, Special Educational Needs and Disability service, Public Health and Community Paediatrics have worked together to review a number of cases involving health, social care and education with a view to identify action points to improve communications and pathways for vulnerable young children and to make some aspirational recommendations for the future.
- We are working to amalgamate Single Point of Advice (SPOA) front door and Child and Adolescent Mental Health Services (CAMHS) to reduce delay for children and young people and ensure a seamless service (SPOA provides a front door for all referrals for children how need either early help or social care support).

2.3 **Desired outcome: jargon free health and care information can be found in a range of locations and formats**

2.3.1 A key indicator of the experience of local people is the proportion of people and carers reporting they find it easy to access and use information about services. This is measured by the question in the national adult social care survey²: “In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?”

Figure 3: Percentage of people who find it easy to find information and advice about support, services or benefits.

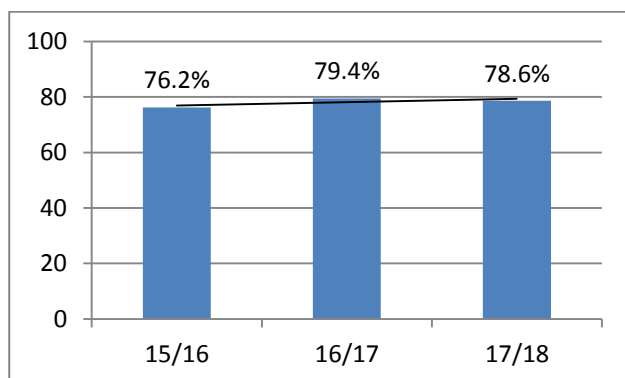
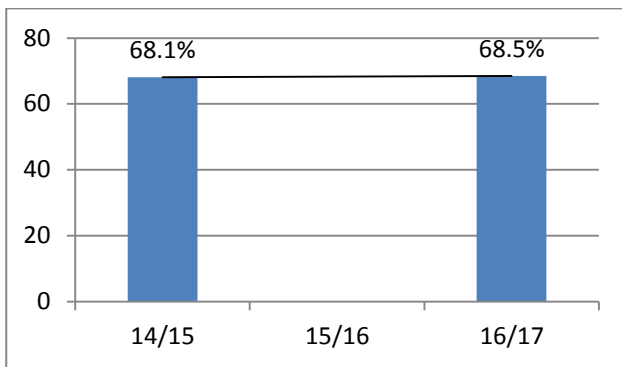


Figure 4: Percentage of carers who find it easy to find information and advice about support, services or benefits (Note: surveys are carried out every two years)

² Adult Social Care Outcomes Framework (ASOCF): <https://digital.nhs.uk/data-and-information/publications/ci-hub/social-care>



The percentage of people using adult social care services who responded *very or fairly easy to find* has shown an overall slight upward trend from 2015/16 and has been above the South East and national averages. The percentage of carers who responded *very or fairly easy to find* has also increased slightly from and was above the South East and national averages.

2.3.2 Ensuring jargon free health and care information can be found in a range of locations and formats remains a key priority for the Alliance partners and there is a broad range of activity across the system designed to achieve this. Examples include:

- **Health and Social Care Connect (HSCC)** our single point of access for adult health and social care enquiries, assessments, services and referrals (see 2.2.2).
- We continue to involve people as we draft and design health and care information to make sure it is easy to understand and jargon free. We use the **Adult Social Care People Bank, Local Voices Network and Patient Participation Groups (PPGs)** to sense check literature, wording and documents. Specific examples include self-care resources; zero tolerance to violence poster; and the extended access GP survey.
- The **'stay positive' social marketing aspect** of Children's Services parenting team focuses on destigmatising parenting support and encouraging earlier access to information and or services either directly from the service or elsewhere, encouraging self-sufficiency and self-regulation. As part of this, the team has recently launched its updated website which has been informed by parents and other stakeholders³.
- Young people from the Youth Cabinet and Download mental health participation group in East Sussex produced a Top Ten Tips booklet and poster **advising schools how to support pupils' mental health and wellbeing**. More detailed guidance has also been produce to promote a whole school approach to addressing mental health and emotional wellbeing.
- Ongoing work with a range of stakeholders to improve knowledge of and **access to community mental health services**, including the current redevelopment of the East Sussex Mental Health Directory of Community Support⁴ and inclusion of services on the GP DXS⁵ system, East Sussex 1Space⁶, ESCIS⁷ and the support with Confidence Directory⁸.

³ openforparents.org.uk/

⁴ eastsussex.gov.uk/media/9677/mental-health-directory-of-community-support-2017.pdf

⁵ dxs-systems.co.uk/Products.html

⁶ eastsussex1space.co.uk

⁷ escis.org.uk/

⁸ apps.eastsussex.gov.uk/socialcare/athome/approvedproviders/

- The **Race Equality Programme in Mental Health Care**⁹ looks to enable more people to have access to support, advice and guidance to ensure good levels of mental health by working alongside statutory and voluntary mental health providers to ensure access to services for this group of people is considered and staff are trained appropriately.
- **Alzheimer’s Society Carer Information and Support Programme (CrISP)**¹⁰ provides support and up-to-date, relevant information in a group environment, where carers can share experiences and find out about local and national services that can offer support. See case study A at Appendix 2.
- We have also had our HelpMyGP and HelpMyA&E booklets translated into Arabic to support those moved here under the **Syrian Resettlement Programme**.

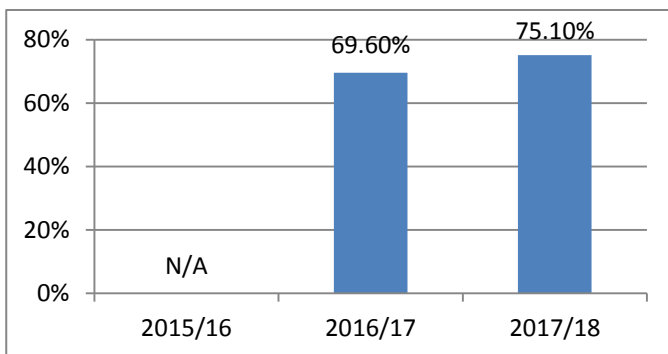
2.4 Desired outcome: people feel respected and able to make informed choices about services

2.4.1 A key indicator of this outcome is the proportion of people using services who feel they have been involved in making decisions about their support. In the outcomes framework this is measured in the following ways:

Figure 5: Percentage of people using services who receive self-directed support

	15/16	16/17	17/18
East Sussex	100.0	100.0	100.0
South East average	90.3	94.6	n/a
National average	88.2	90.6	n/a

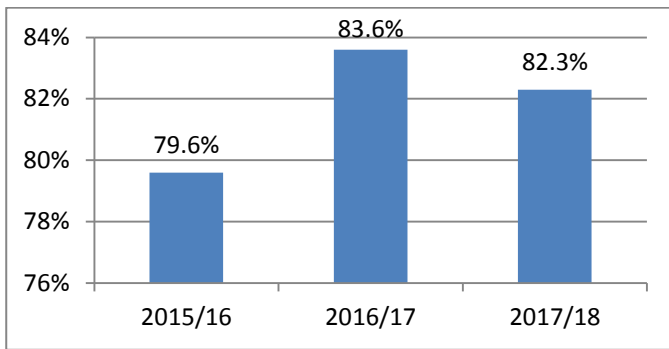
Figure 6: People receiving services who feel they have enough choice over the care and support services they receive



⁹ news.eastsussex.gov.uk/east-sussex-better-together/wp-content/uploads/sites/10/2015/07/NIW2017-Promoting-race-equality-in-mental-health.pdf

¹⁰ <https://www.alzheimers.org.uk/about-us/our-dementia-programmes/carers-information-support-programme>

Figure 7: Percentage of people receiving services who feel they have as much control over their daily life as they want



The percentage of people who receive self-directed support remains consistently at 100% which is above the South East and national averages. The proportion of people who feel they have enough choice over the care and support services they receive is increasing however fewer people are reporting they feel they have enough control.

2.4.2 We also consider whether carers feel respected and able to make informed choices about services by looking at the proportion of carers who feel they have been involved in decisions about services and those who feel their needs were taken into account when planning their support:

Figure 8: Percentage of carers who feel they have been involved or consulted as much as they wanted to be, in discussions about the support or services provided to the person they care for. (Note: surveys are carried out every two years)

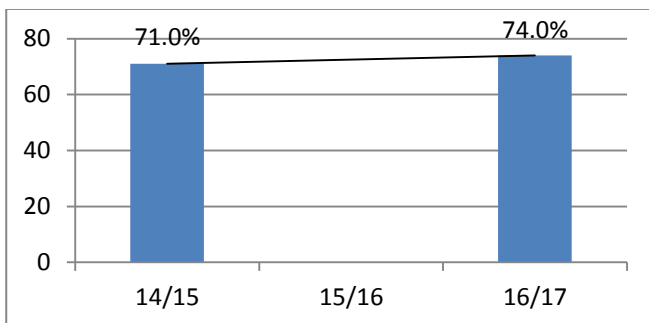
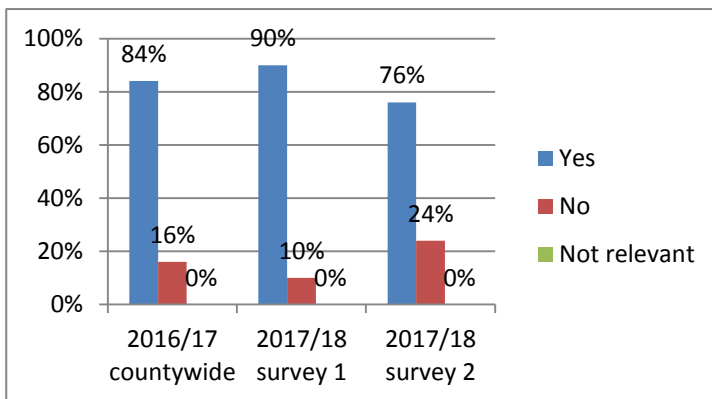


Figure 9: Percentage of carers who feel that their needs as a carer were taken into account in planning their support



The proportion of carers who feel they have been involved in decisions about services increased from 71% in 2014/15 to 74% in 2016/17 and was above the South East and national averages

however fewer carers reported feeling that their needs as a carer were taken into account in planning their support.

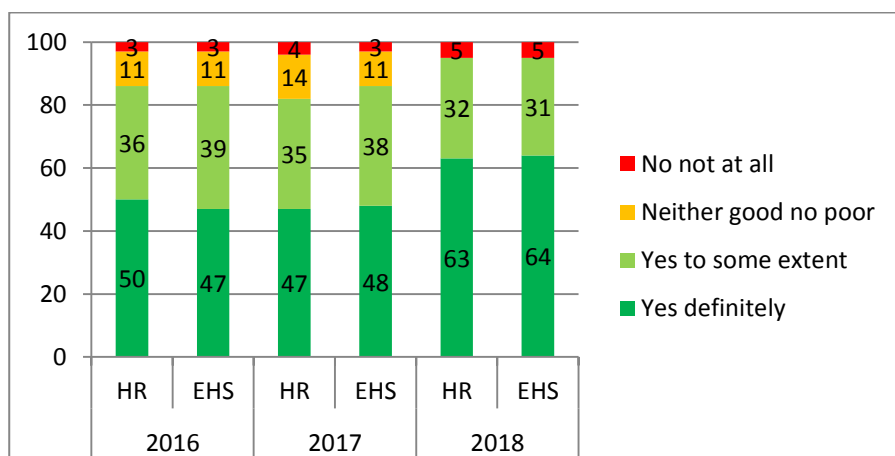
2.4.3 In 2017, **Children’s Services** teams conducted satisfaction surveys. Headline figures show improvements are as follows:

- 99% felt that staff treated them with dignity and respect (2% increase from last year)
- 97% were generally happy with the service they received (1% increase from last year)
- 96% agreed that their needs, feeling and wishes had been taken into account (3% increase from last year)
- 68% stated that things had changed for the better as a result of working with Children’s Services (comparable figure not available for last year)

2.4.4 Results from the latest **East Sussex Healthcare Trust (ESHT) inpatient survey** relating to care and treatment give a score of 7.2 out for 10 for whether people are as involved as much as they wanted to be in decisions about their care and treatment. In relation to leaving hospital and people being involved in decisions about their discharge from hospital, if they wanted to be, the score was 6.9 out of 10.

2.4.5 Results from the **national GP survey**, for Eastbourne, Hailsham and Seaford CCG and Hastings and Rother CCG, relating to perceptions of care at patients’ last appointment with a healthcare professional show that patients are feeling increasingly involved in decisions about their care and treatment:

Figure 10: Percentage of people feeling involved in decisions about their care and treatment



(HR=Hastings and Rother, EHS=Eastbourne, Hailsham and Seaford)

2.4.6 **Sussex Partnership NHS Foundation Trust (SPFT)** has developed a Carers' Charter¹¹. The charter is a statement of the Trust’s values, principles and standards across eight areas that carers have said are important: information; assessment; short breaks; emotional support; support to care; having a voice; a life beyond caring; and equality and diversity.

2.5 Desired outcome: people have choice and control over services and how they are delivered

2.5.1 A key indicator of choice and control is the number of people in receipt of direct payments for their care or personal health budgets and these numbers have been reducing over the last three years.

¹¹ <https://www.sussexpartnership.nhs.uk/carers-charter>

Figure 11: Percentage of people using services who receive direct payments

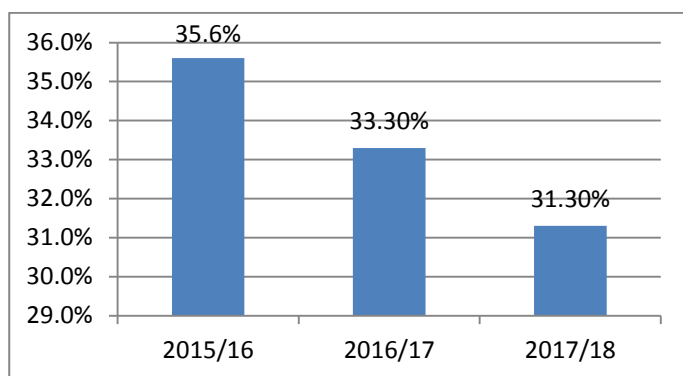
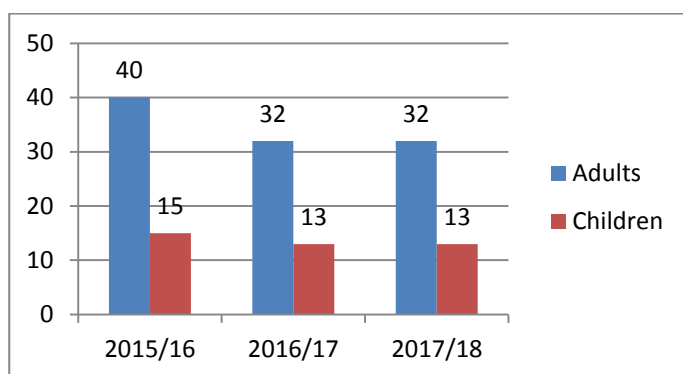


Figure 12: Number of people in receipt of (continuing) personal health budgets



2.5.2 Initial investigations into the declining number of clients with direct payments highlighted that clients required longer involvement than they had received previously at the start of their direct payment. Focussed back office support has been put in place to address this including extra visits and telephone conversation to explain the process and answer any questions that clients or their representatives may have. The proportion increased to 31.9% in the first quarter of 2018/19 which reflects that the number of clients that receive a direct payment has stabilised. The number of people in receipt of personal health budgets has also stabilised.

2.5.3 The majority of community mental health services encourage people to self-refer for support and all mental health community services include client engagement, involvement and co-production opportunities. A dedicated service, People in Partnership (PiP)¹², works with people with mental health problems, their families and carers, to be engaged to represent client and carers views on service delivery and design. They influence and lead commissioning decisions, support the development of good quality, performance and outcomes of services and the effectiveness of care pathways.

2.5.4 Within this outcome we also look at the percentage of carers who receive direct payments which at 100% in East Sussex is above the national and South East average.

Figure 13: Percentage of carers using services who receive direct payments

	15/16	16/17	17/18
East Sussex	100	100	100
South East average	90.0	94.4	n/a
National average	84.7	87.8	n/a

¹² southdown.org/mental-health-recovery/people-partnership-east-sussex

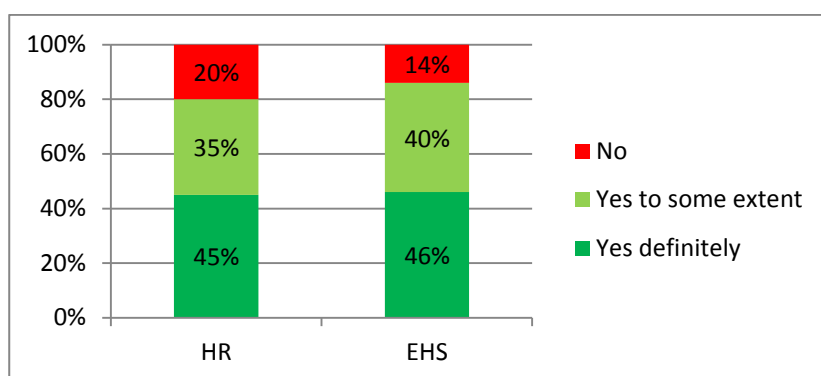
2.5.5 Carers personal budgets are allocated following a carer's assessment that identifies eligible support needs. This is a one-off direct payment to help carers with unmet eligible support needs identified in their carer's assessment/review. It is used if the carer cannot be supported by existing community services, and/or by meeting the care and support needs of the adult they are caring for. In 2017/18, carers personal budgets were allocated to 4,459 carers following assessment/review and the average payment was £170. The annual budget for carers personal budgets is £750K. Examples of spend include gym membership; washing machine; travel costs and respite.

2.5.6 Personal budgets are also offered to young carers and the annual budget for young carers personal budgets is £40K. Examples of spend include laptops; school trips; sports and out of school activities such as dance; Scouts; swimming; counselling and childcare for younger siblings.

2.6 Desired outcome: people are as independent as possible

2.6.1 A key indicator within this outcome is the number of people living at home and accessing support in their communities. Options for quantitative measurement of this indicator are being explored and could include measures such as support with managing long-term health conditions. There is a new question in the national GP survey that asks people whether they have had enough support to manage their long-term health condition so there is no data for previous years however performance in both CCGs is above the national average.

Figure 14: "In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?"



(HR=Hastings and Rother, EHS=Eastbourne, Hailsham and Seaford)

2.6.2 Achievement of this outcome is supported by a range of services including:

- **Joint Community Rehabilitation (JCR)**¹³ service helps people stay as safe and mobile as possible at home and in the community, while also building up their strength and fitness, perhaps following an operation or period in hospital. Occupational therapists from both health and social care backgrounds work with physiotherapists and support workers to help people restore or minimise loss of function and maximise their independence and/or wellbeing.
- **East Sussex Better Together Benefits and Debt Advice Project (BDAP)**¹⁴ enables people to access their correct benefit entitlements and offers free, expert advice on managing debt to those with long-term physical or mental health conditions. In 2017/18:
 - More than 10,000 people received benefits and debt advice.

¹³ <http://news.eastsussex.gov.uk/east-sussex-better-together/whats-improving/better-community-services/joint-community-rehabilitation-jcr-service/>

¹⁴ <http://news.eastsussex.gov.uk/east-sussex-better-together/2018/08/20/money-advice-service-is-helping-local-people-take-back-control-of-their-finances-and-their-health/#more-2842>.

- Over £8.4million in annualised benefit income and one off claims was realised for clients.
 - 80% of respondents said their mental wellbeing had improved following support from the Benefits and Debt Advice Project.
 - The project supported:
 - 7,897 people with long term health conditions
 - 2,758 older people
 - 2,020 families with children
 - 1,355 people at risk from becoming homeless
 - The expert debt service supported over 700 people, managing debts totalling £4.4million.
 - 1,000 people have been referred by health and social care professionals or at outreach sessions delivered from health and wellbeing locations.
- **Support with Confidence**¹⁵ provides a directory of vetted and approved personal assistants and care and support providers who can help people at home.
 - **Integrated Community Equipment Services (ICES)** are jointly commissioned services that provide community equipment and installations, bespoke adaptations and equipment for people with sensory impairments.
 - **Locality Link Workers**¹⁶ work with frontline health and social care to grow assets and networks and encourage the development of stronger, more resilient communities which will help to keep vulnerable people active and well. The case study at Appendix 3 shows how a Locality Link Worker's involvement helped someone to stay living at home.
 - **Association of Carers**¹⁷ provide a range of services that support unpaid carers to be as independent as possible through free, high quality, volunteer-led services that encourage independence and reduce isolation:
 - A carer who benefited from the **Computer Help at Home** service said: *"My volunteer is so caring, professional and tolerant. I am 77 years old, and for the first time I have felt empowered to learn computer skills."*
 - Another carer whose husband had managed the technology in the home before coming unwell had been supported to shop online, talk to her family via FaceTime and set up ICE on her mobile phone (In Case of an Emergency).
 - Case study B at Appendix 2 shows how the volunteer respite prevented a crisis and supported someone to remaining at home while their carer was in hospital.

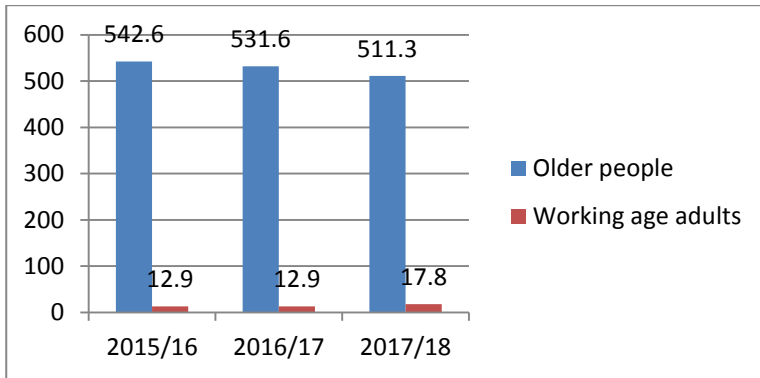
2.6.3 The number of people who are permanently admitted to residential and nursing care homes is one measure of people living as independently as possible:

¹⁵ <https://www.eastsussex.gov.uk/socialcare/support-to-stay-at-home/support-with-confidence/>

¹⁶ <http://news.eastsussex.gov.uk/east-sussex-better-together/2017/12/12/so-you-think-you-know-locality-link-workers/>

¹⁷ <http://associationofcarers.org.uk/>

Figure 15: Rate of permanent admissions to residential and nursing care homes



The rate of older people being permanently admitted to residential and nursing care is steadily reducing which is positive however the 2017/18 rate of permanent admissions of working age adults is showing an increase on 2016/17. This is due to a range of reasons including high level of need.

2.6.4 The number of people accessing Technology Enable Care Services (TECS) has been added to the framework for 2018/19 to help measure the number of people living at home and accessing support in their communities. We promote the use of Telecare equipment in the community wherever it is suitable for the needs of the individual. This includes a range of personal and health monitoring devices that enable people to remain safe and independent at home.

2.6.5 A key indicator of people being as independent as possible is the proportion of people with support needs in paid employment. Public Health England recognise that employment is a primary determinant of health, impacting both directly and indirectly on the individual, their families and communities. Unemployment is associated with an increased risk of mortality and morbidity, including limiting illness, cardiovascular disease, poor mental health, suicide and health-damaging behaviours. The indicator is measured for people with learning disabilities and those in contact with secondary mental health services in paid employment:

Figure 16: Percentage of adults with learning disabilities in paid employment

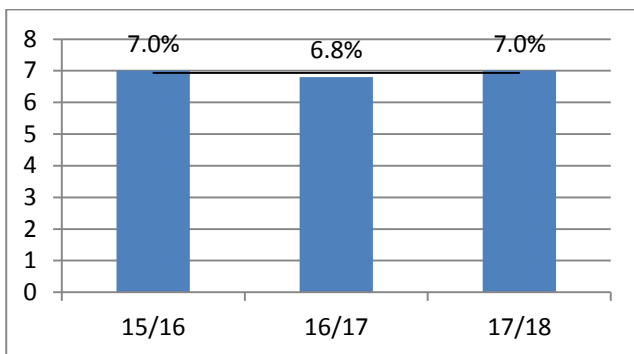
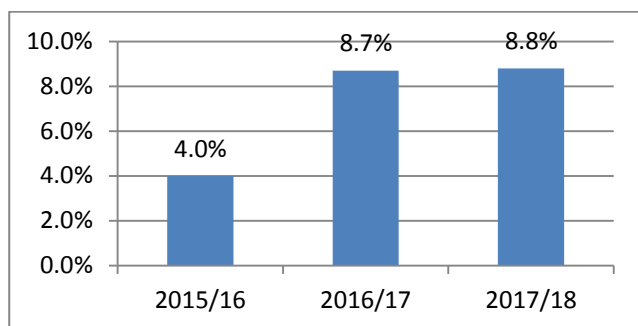


Figure 17: Percentage of adults in contact with secondary mental health services in paid employment



2.6.6 **East Sussex Supported Employment Service**¹⁸ supports people to gain and retain paid employment through an approach called Individual Placement and Support (IPS)¹⁹. It is internationally recognised as best practice to supporting people with mental health challenges to secure or retain paid work. The providers, Southdown, are the largest provider of IPS in the UK and are recognised as an IPS Centre of Excellence by the Centre for Mental Health.

2.6.7 **Let's Get Working**²⁰ supports people with long-term health issues and disabilities to take the next steps towards volunteering, working and getting involved in their local community. Since 2017:

- 215 people with disabilities or long term illnesses have been supported
- ¾ of people were previously economically inactive
- 16 have already gained employment
- 78% are more active in the labour market
- 65% report significantly improved mental health
- 63% improved everyday living conditions
- 60% more family or community connections
- 50% report reduced need for medicalised intervention or greater ability to self-manage conditions

Quotes from people using the service also highlight its value to individuals:

- "This is totally different to any other service, so much more positive"
- "I needed education, not medication"
- "Makes you feel like you can do what you want to"
- "Its positive action rather than just talking"

2.6.8 Another key indicator within this outcome is the proportion of people who regain their independence after using services. This is measured by the proportion of people aged 65 and older who are still at home three months after a period of rehabilitation and the proportion of people needing less acute, or no ongoing, support after using short-term services:

¹⁸ <https://www.southdown.org/mental-health-recovery/our-employment-support>

¹⁹ <https://www.centreformentalhealth.org.uk/what-is-ips>

²⁰ <http://sussexcommunity.org.uk/work-learning-volunteering/lets-get-working/>

Figure 18: Proportion of people 65+ who are still at home three months after a period of rehabilitation

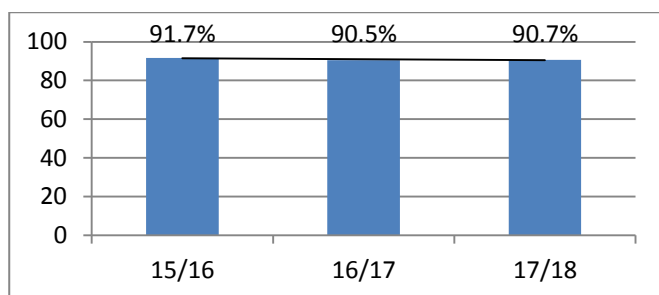
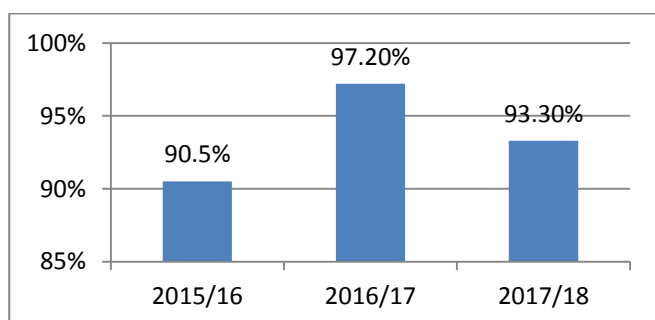


Figure 19: Proportion of people needing less acute, or no ongoing, support after using short term services



Performance shows a downward trend from 2016/17 to 2017/18 however there has been an overall improvement over the three year period.

2.6.9 There are a range of services that help to achieve these outcomes and examples of compliments received show that they continue to be valued:

- **Occupational Therapy (OT) and Reablement Services:** “Thank you to the OT Team for all of your help. You have been so very helpful, supportive and understanding. You have helped me make a remarkable recovery following breaking my pelvis in three places, one of which was shattered. It is amazing and I am very grateful to everyone. I am blind and often find that people do not treat me as an individual but the team treated me as an individual and I can’t say how much I appreciated that. Having spent 9 months in hospital I am now back living independently in my own home due to your support.”
- **Sensory Impairment Reablement Services:** “Thank you and your team for all the help and support I have received. I want to let you know how it has changed my life and made life so much brighter despite the darkness and dark times. I have been overwhelmed by the help offered and cannot thank you all enough for everything you have done. Me and my family would not have known where to start accessing groups and equipment and the signposting and assistance has been second to none.”
- **Joint Community Rehabilitation (JCR)** remains key to ensuring people regain their independence after using services and client feedback
 - “Everything was client based and was exactly what was needed”
 - “I can now go up and down stairs easier. I have also been able to sit out in the garden with confidence”
 - “I can now enjoy my shower again – on my own!”

2.7 Desired outcome: people feel safe

2.7.1 A key indicator of the experience of local people is the proportion of people and carers who report feeling safe. The health and social care system plays a key role in helping people with care

and support needs, and their carers, feel safe the environment and other agencies have an important influence (e.g. the police).

Figure 20: Percentage of people who feel as safe as they want

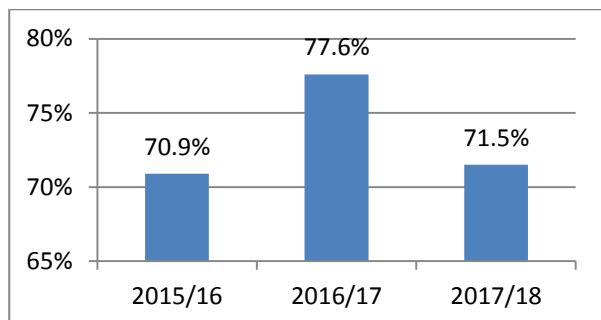
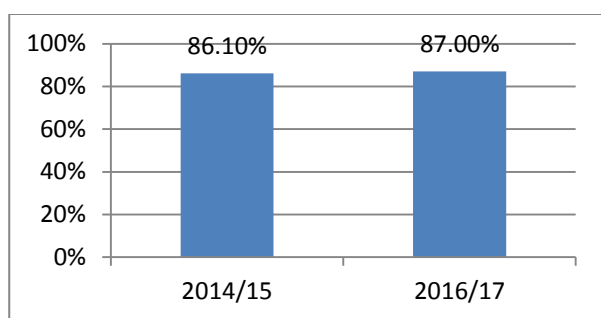


Figure 21: Percentage of carers who feel safe and have no worries about their personal safety is increased (surveys are carried out every two years)



The data shows an overall improvement in people using adult social care services feeling as safe as they want over the three year period however the percentage reduced in the last year. There was slight increase in the proportion of carers who feel safe and have no worries about their personal safety.

2.7.2 The reasons why people respond to these questions in the way they do can vary significantly and can be influenced by a range of factors. Our priority is to support those people in our community who are vulnerable and/or at risk of abuse. There are a wide range of ways in which we do this; some of them are highlighted below.

2.7.3 The ‘**Health Independent Domestic Violence Advice Service**’ (HIDVA)²¹ is working with primary care professionals (such as GPs), community healthcare staff, midwives and patients to improve the identification of domestic violence and abuse, and make sure people are referred to the right support. The service is also supporting Conquest Hospital staff, including the A&E department, doctors, nurses, and reception. A midwife working with an Advisor at Conquest Hospital said;

“Having the new Advisor working with maternity will make sure women receive the appropriate referral and guidance. Having a specialist worker that supports and guides maternity staff will also be invaluable. She can help women make choices to keep themselves and their children safe. Our advisor has only been with us for a few months but the work she is doing and the support she offers to women and staff is of huge benefit.”

²¹ <http://news.eastsussex.gov.uk/east-sussex-better-together/2018/08/17/specialist-service-improves-support-for-people-affected-by-domestic-violence-and-abuse/#more-2828>

2.7.4 In Children's Services, a total of 3,089 Year 10 pupils (14 and 15 year olds) from all state funded secondary schools in East Sussex and the Pupil Referral Unit took part in the **East Sussex Health Related Behaviour Survey** (a 65% participation rate)²²:

- 87% of Year 10 students rate their safety during the day as good or very good in 2017 - up from 84% in 2012.
- 97% of Year 10 students say they have been told how to stay safe online in 2017 - up from 87% in 2012.

2.7.5 **East Sussex Against Scams Initiative** SCAMBassadors, SCAMchampions and Friends are all part of the National Trading Standards Scams Team's Friends Against Scams initiative²³, a tool used to help keep people safe by raising awareness about scams.to date:

- 2,247 people have attended a Friends Against Scams awareness session
- 101 organisations are supporting the East Sussex Against Scams Partnership project
- There are 68 'SCAMchampions' in East Sussex
- There are 14 'SCAMBassadors' in East Sussex

3. Conclusion and reasons for recommendations

3.1 This focused report on the experience of local people domain highlights progress towards achieving the ESBT aim to deliver sustainable health and social care that better meets the needs of local people, offering high quality care at the right time, in the right place. It gives examples of the range of activity across the system aimed at improving the experience of patients, people who use social care services and carers and shows how quantitative data can be supplemented with qualitative information to give a broader picture of progress.

3.2 There are improvements in key areas for example:

- More people and carers report they find it easy to access and use information about services.
- More people using services feel they have been involved in making decisions about their support.
- More people in contact with secondary mental health services are in paid employment.
- We are maintaining the proportion of carers in receipt of direct payments at 100%.

3.3 However fewer carers are feeling their needs were taken into account in planning their support, there was a slight increase in the number of people reporting they have had to keep repeating their story and performance in a number of areas is stable rather than improving. This is being monitored closely and if current trends continue further work will be undertaken to understand the reasons behind this.

3.3 The ESBT Strategic Commissioning Board is recommended 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 examples of how we can start to measure outcomes in the experience of local people domain on a system-wide and population basis, and the actions being taken with a view to improving outcomes.

²² Source: 2017 East Sussex Health Related Behaviour Survey for Year 10

²³

https://www.friendsagainstscams.org.uk/article.php/11/how_can_i_get_involved/7532fdc1a51736c7ae59d8c5c958a407

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BACKGROUND DOCUMENTS

None

Appendices

Appendix 1: Quality care and support domain

Appendix 2: Carers case studies

Appendix 3: Cooking up a sense of camaraderie: The Men's Meals project

Appendix 1: The experience of local people



The experience of local people

We want good communication and access to information for local people

Outcomes	These indicators and measures will tell us how we are doing...	
Health and care services talk to each other so that people receive seamless services	The proportion of people and carers reporting they have only had to tell their story once	<p>⇒ The percentage of people who contact us about their support, who have not had to keep repeating their story, is increased</p> <p>The percentage of carers who contact us about their support, who have not had to keep repeating their story, is increased</p>
Jargon free health and care information can be found in a range of locations and formats	The proportion of people and carers reporting they find it easy to access and use information about services	<p>⇒ The percentage of people who find it easy to find information and advice about support, services or benefits is increased</p> <p>The percentage of carers who find it easy to find information and advice about support, services or benefits is increased</p>

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

People feel respected and able to make informed choices about services	The proportion of people using services who feel they have been involved in making decisions about their support	<p>⇒ The percentage of people using services who receive self-directed support is maintained</p> <p>The percentage of people receiving services who feel they have enough choice over their care and support services is increased</p> <p>The percentage of people receiving services who feel they have as much control as they want over their daily life is increased</p>
	The proportion of carers who feel they have been involved in decisions about services	<p>⇒ The percentage of carers who feel they have been involved or consulted as much as they wanted to be, in discussions about the support or services provided to the person they care, for is increased</p> <p>The percentage of carers who feel that their needs as a carer were taken into account in planning their support is increased</p>
People have choice and control over services and how they are delivered	The number of people in receipt of direct payments for their care or personal health budgets	<p>⇒ The percentage of people using services who receive direct payments for their care is increased</p> <p>The number of adults in receipt of a personal health budget for their continuing healthcare is increased</p> <p>The number of children and young people in receipt of a personal health budget for their continuing care is increased</p>
	The proportion of carers in receipt of direct payments	<p>⇒ The percentage of carers using services who receive direct payments is maintained</p>

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

People are as independent as possible	The number of people living at home and accessing support in their communities	<p>⇒ The number of people accessing the support available to them in their local communities is increased</p> <p>The number of people are permanently admitted to residential and nursing care homes is reduced</p> <p>The number of people accessing Technology Enabled Care Services (TECS) is increased</p>
	The proportion of people with support needs who are in paid employment	<p>⇒ The percentage of adults with learning disabilities in paid employment is increased</p> <p>The percentage of adults in contact with secondary mental health services in paid employment is increased</p>
	The proportion of people who regain their independence after using services	<p>⇒ The percentage of people 65+ who are still at home three months after a period of rehabilitation is increased</p> <p>The percentage of people needing less acute, or no ongoing, support after using short-term services is increased</p>
People feel safe	The proportion of people and carers who report feeling safe	<p>⇒ The percentage of people who feel as safe as they want is increased</p> <p>The percentage of carers who feel safe and have no worries about their personal safety is increased</p>

Appendix 2: Carers case studies

Case study A: CrISP training – information and advice

Mrs A (88), whose husband was diagnosed with vascular dementia 18 months ago, attended the CrISP1 course with her daughter.

Through the session on 'legal and money matters' she was made aware that her husband no longer had capacity to deal with financial matters and that it was therefore necessary to get the existing enduring power of attorney (EPA) registered. The following week she informed the service that she had contacted her solicitor and everything necessary was being arranged.

She started the course feeling quite depressed and low. Through attending the course she was made aware of a carer support group for herself nearby, as well as a supper club she could attend with her husband. She was unsure about attending by herself, but developed a friendship with another lady on the course, and they arranged to go to both groups together in the following month.

During the session on meaningful activities and daily activities she was able to discuss her concern that her husband appears to be no longer showing interest in activities. Through discussion and information provision she has now bought dementia specific puzzles, which he very much enjoys and she is planning to make him a memory box and album.

Mrs A's husband general physical health is not well. Through the course she became aware of other health reasons that could make his dementia appear worse and has now booked for a hearing test for her husband as well as encouraging him to take in more fluids to stay hydrated.

Comments from group evaluations include:

- The group gained lots from shared experiences and felt that they had learned from others.
- They appreciated being given 'loads' of printed information.
- "Emma shared information with empathy and understanding."
- "The size of the group helps. It is helpful to share with the group realising you are not on your own."
- "It has given us answers to situations we might not have thought of."

Case study B: Association of Carers Volunteer Respite

Our respite volunteer S has been providing a regular respite break for carer D for several months. D cares for his wife A, who has osteoporosis, arthritis, poor mobility, diverticulitis and poor hearing. During one regular visit, D went out on his bicycle (he is a keen cyclist) and fell off was taken to hospital with a bump to the head and a knee injury. He telephoned S and updated her on the situation and called Lifeline who contacted adult social care (ASC) to put his Carer Respite Emergency Support Scheme (CRESS)²⁴ plan into action.

S then took several calls from ASC who explained that emergency contacts were the neighbours but they were not able to contact them. S acted as an intermediary between ASC and the cared-for A. Due to A's poor hearing and limited mobility, this would have proved extremely difficult, if not impossible, if A had been alone.

S successfully contacted the neighbours when they returned home and arranged for them to sit with A after her respite visit finished. S also spoke with ASC regarding overnight support for A and meals being delivered.

D remained in hospital for a week. During this time S kept in contact with A and the neighbours to ensure support was in place.

²⁴ <https://www.eastsussex.gov.uk/socialcare/carers/respite/emergency/>

Appendix 3: Cooking up a sense of camaraderie: The Men's Meals project

Take a cup of cookery training tailored for older men, add a healthy dash of social interaction, mix them up in a supportive community venue and what have you got? A sure fire recipe for health and wellbeing that hits a target audience that needs some help.

One of East Sussex Better Together's (ESBT) earliest innovations was the introduction of six Locality Link Workers. They provide a vital link between frontline health and care services and the voluntary and community sectors, creating a network of information about local projects, clubs and initiatives, which can support people to keep well and feel less isolated.

Min Stone is the Locality Link Worker that covers Seaford and was instrumental in setting up the Men's Meals project in the town. "I work closely with our Proactive Care Practitioners (PCPs) and Community Nursing teams and they were often telling me about older men on their patches, who lived alone, weren't getting out much and were resorting to 'TV dinners' because they weren't confident in cooking for themselves," she explains.

This planted a seed that grew into the Men's Meals project. With help from the Sussex Community Development Association, who trained the volunteer who would lead the cooking sessions, and enthusiastic support from St James' Trust in Seaford, who provided the venue for the courses, the project was soon 'cooking on gas'.

Bryan Turner, Managing Director of St James' Trust and an ex-chef himself, was delighted to be involved. "It's gone really well and we've had some really great feedback from the guys who took part," he explains. "Not only have they learned that there's more to eggs than just scrambling them, they've also found out about nutrition and hygiene too. It's been a real success so St James' are keen to develop this project for the future, maybe turning it into more of a lunch club. The whole experience has been a win-win all-round – helping our local residents to be healthier and happier, which in turn helps our health services."

"I have been delighted by the enthusiasm that Seaford has shown for the project and St James' have been so brilliant in picking it up and running with it," says Min Stone. "It's a really sustainable idea and with the level of local support I'm sure it will carry on and benefit even more people."

Local resident, Roger, attended two Men's Meals courses at St James' Trust: "My wife died three years ago so now I'm catering for myself. The thing you find as a single person is that you tend not to try new things and I was relying too much on ready meals, which my daughter wasn't happy about! It was nice to talk amongst ourselves in the group, we were quite a friendly bunch and got on well together – camaraderie developed between us all. It was good to push yourself out of your comfort zone and do something different."

Roger now has a real 'taste' for cooking and has signed up to a subscription-based recipe box service to keep trying new things – watch out MasterChef!



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

Date of meeting: 12 October 2018

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

Title: ESBT Alliance New Model of Care progress update

Purpose: To provide an update on changes in local NHS leadership and the Sussex and East Surrey Sustainability and Transformation Partnership (STP) and the next steps for resetting ESBT plans in 2018/19 and 2019/20 as a result of work on system financial recovery

RECOMMENDATIONS

The ESBT Strategic Commissioning Board is recommended to:

- Note the update on leadership changes within the local NHS and the STP
- Note the changes to ESBT working arrangements in 2018/19 and the next steps the ESBT Alliance is taking forward to reset ESBT plans to support in-year financial recovery and planning for 2019/20
- Note the positive development work with GPs and the VCS to support our future partnership working

1. Background

1.1 East Sussex Better Together (ESBT) is our whole system health and care transformation programme. Our shared vision is that by 2020/21, there will be an integrated, sustainable health and care economy in East Sussex that ensures people receive proactive, joined up care, supporting them to live as well and as independently as possible. Since we started in August 2014, our ESBT partnership has taken away some of the barriers to our staff working well together. This has enabled us to deliver significant improvements in the accessibility, quality and safety of our services, as well as helping more people to live well in their home setting.

1.2 ESBT is one of four places in our Sussex and East Surrey Sustainability and Transformation Partnership (STP). Local integration of health and care services in each of the four places within our STP will be the fundamental building block for how we manage population health, prevention, integrated care delivery and demand for acute hospital services.

1.3 The scale of our system financial challenge has meant we have needed to adapt our ESBT Alliance way of operating in 2018/19, in order to provide a clear focus and grip on delivering in-year financial recovery. In addition the national move along the pathway from Primary and Acute Care Systems (PACS) models of integrated accountable care organisations to Sustainable Transformation Partnerships and Integrated Care Systems, where commissioners and providers work alongside each other in new ways to support different patterns of delivery and outcomes, has prompted a need to test and confirm our long term ESBT vision for transformation.

1.4 This, and our context of financial recovery, has given rise to a pause point where we need to consider the priority next steps for ESBT development in the current timeframe that can strengthen delivery of integrated care in 2018/19 and 2019/20, as well as support delivering our objectives of fully integrated and sustainable care for future generations.

1.5 As part of the national direction for commissioning reform, our local integration will also be positively strengthened by the strategic approach to commissioning being taken forward at the statutory level across the Sussex and East Surrey area. The resulting changes to local NHS leadership, and 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 the journey towards sustainability.

1.6 Following on from the report at our meeting in June 2018, in the context of delivering financial recovery in 2018/19 and developing our plans for 2019/20, this report updates the ESBT Strategic Commissioning Board on recent changes within our NHS leadership locally and in the STP; changes in our ESBT Alliance working arrangements; and the steps the ESBT Alliance is taking to reset our ESBT plans to strengthen critical areas of integrated care delivery.

2. Local leadership changes within the NHS

2.1 In order to strengthen the leadership of commissioning across Sussex and East Surrey, and put all eight CCGs across the STP in a better position to address the similar challenges they face, the following recent moves have recently been announced:

- As of 17th September Adam Doyle has been appointed to the Accountable Officer role for Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG) and Hastings and Rother Commissioning Group (HR CCG) and will combine this with his existing role as Accountable Officer for the five CCGs of the Central Sussex and East Surrey Commissioning Alliance (CSESCA) and Coastal West Sussex CCG. At the same time Jessica Britton has taken up the role of Managing Director of the two ESBT CCGs and will be responsible for the day-to-day running of the organisations.
- Amanda Philpott has taken up a new role covering all eight CCGs within the STP as Executive Director of Health and Care Strategy. The purpose of this new role is to accelerate the development of our whole system commissioning strategy for health and care, addressing how we achieve the best use of resources by working more effectively together across all parts of our system.

2.2 The changes have been approved by NHS England and the clinical chairs of all eight CCGs across Sussex and East Surrey, and are fully supported as a move to ensuring that all eight CCGs across the STP will be taking the same approach to addressing the similar financial challenges faced across the system, whilst continuing the positive work for patients at the local ESBT level to address health inequalities and improve access, quality and safety.

2.3 In the immediate timeframe we're undertaking a rapid review to understand where we are and to reset our urgent next steps in order to address the in-year financial challenge. In line with this we're reviewing our recent activity and will look to implement plans to stabilise the financial position in-year. In parallel the STP leadership team is working with local authority leaders to better scope out the transitional model for commissioning.

3. ESBT Alliance Governance in 2018/19

3.1 Working closely as a health and care system remains a high priority for all the ESBT partners, and CCG Governing Bodies, Trust Boards and Council leaders have recently renewed commitment to the ESBT Alliance, by extending the ESBT Alliance Agreement for a further year until March 2020. This will help provide stability and continuity for our Alliance working during this complex and challenging period.

3.2 After the first test-bed year of operation, aspects of ESBT governance are subject to review as we seek to implement the best governance for our system to add value and maintain focus to help us manage the challenges we face. The main changes are described in the following paragraphs.

3.3 In order to provide a necessary focus on system financial recovery in 2018/19 we now have an ESBT System Financial Recovery Board. With membership that brings together Chief Finance Officers and Chief Officers with the STP chair and other senior managers, this Board has been meeting to manage the in-year position and receives detailed reports on the overall financial position and individual expenditure reduction plans. This is to provide assurance that:

- the system is achieving the required financial improvement;
- the effect of individual plans is understood by all partners;
- individual and system risks are being actively managed; and
- urgent action is taken where expenditure reduction plans are not delivering so that overall system financial position is achieved.

3.4 The ESBT Alliance Governing Board (ESBT AGB) met on an informal basis in May to review the first year of the ESBT Alliance test bed phase and the learning, and consider how the role of the Board can add value in 2018/19 in the context of financial recovery, and avoiding duplicating the work of other forums. In line with this our system leadership is currently working through how we can further reset our ESBT governance arrangements to best deliver in-year, as well as continue to work together to deliver what is required as we move forward.

4. Next steps for the ESBT Alliance

4.1 As a result of our health system being in special measures, a number of reviews have taken place to diagnose where the best opportunities lie for system financial recovery and future system sustainability. These reviews have covered a range of specialist, acute, community and primary care services.

4.2 We are working together to develop a single financial recovery plan that is fully aligned and unified. There is a recognised focus on the health aspect of this and we are also working to ensure that the perspective of our other integrated service delivery in our localities is taken into account.

4.3 This represents an important opportunity to build on our achievements and learning, complete a root cause analysis of our underlying deficit, and make effective use of external support and challenge. Local leaders recognise this will demand systems leadership and behaviours at every level, and sustained and collaborative relationships and trust between partner organisations, as well as effective communication and engagement with local people to help develop fair care and support arrangements that meet the current and evolving needs of our populations.

4.4 In addition to better alignment and unification of system financial recovery plans, work is currently taking place to identify the key priorities that ESBT needs to deliver in 2018/19 and 2019/20 to support financial recovery as well as improvements in health and quality. This resetting exercise will focus on the immediate and critical areas of development needed to drive improvements in locality working and further develop closer relationships with GPs, to get the key building blocks of our integrated care model in place for long-term recovery and sustainability.

4.6 Overall, building on our strong ESBT foundations for improvements in delivery, the reset of our ESBT plans will support how we collaborate as an Alliance on our priorities for service model transformation and support next phase implementation in 2018/19 and 2019/20. The reset exercise will also inform and complement the broader conversations that have been taken forward on behalf of our ESBT Alliance over the summer period by the ESBT Integrated Care System Development Group (ICSDG) and our stakeholders, about our future ESBT integrated model and system shape and 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.

4.7 The reset of the ESBT plan will include our plans to inform, engage and co-design with stakeholders including staff, patients and clients and the public. Our approach to engagement with all of our stakeholders will build iteratively as we set out our plans for the next eighteen months in more detail.

4.8 The appointment of a single Accountable Officer to set direction for the statutory commissioning organisations across our Sussex and East Surrey region will strengthen our local approach and plans. 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 expected in the Autumn, 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. Development work with General Practice and the Voluntary and Community Sector (VCS)

5.1 Under the auspices of the ESBT ICSDG two pieces of work have also been taken forward with General Practice, as a key provider within our integrated care system, and the VCS as key partners in providing out of hospital services and support.

5.2 Work has been taken forward to understand and develop the menu of options with GPs to interact with Integrated Care Systems as providers of primary care, taking in a range of examples from the NHS vanguards including Multi-Specialty Community Provider and Primary Care Home models. A task and finish group with interested GPs has met twice to begin to explore ideas and develop options to deliver better coordinated and integrated care, and support resilient and sustainable primary care services, and what the key step changes look like. The intention is to review this work in light of the outcomes of the recent review activity, ahead of finalising and then sharing and testing more widely with GPs.

5.3 Building on our positive history of partnership working with the VCS, task and finish sessions have also been taking place with the VCS to develop a toolkit to help all partners navigate ESBT governance and partnership arrangements, and support involvement in all levels of strategic and service development going forward. The Collaboration Toolkit is designed to help people across the statutory and voluntary sectors understand each other's role and the contribution of our partnership working to delivering ESBT vision and objectives going forward.

5.4 The toolkit presents information as a snapshot at this current time, and will be circulated and kept on websites as a 'live' document which will be updated in line with any future adaptations to ESBT governance that may arise from current changes and reviews. For example this could include further changes that result from moving to STP-wide and place-based commissioning, as well as our work to improve system finances and quality during 2018/19.

5.5 The draft Collaboration Toolkit is included in Appendix 1 for information and a case study example of good practice involving voluntary organisations in ESBT service design and development is outlined in Appendix 2.

6. Conclusion and reasons for recommendations

6.1 It is recognised that our significant history of partnership working has enabled strong foundations to be laid to make improvements in-year, with a critical focus on financial recovery. Within this context resetting our ESBT plans will enable us to deliver the urgent priorities for delivery in 2018/19 and 2019/20, to ensure that our locality integrated care model is fit for purpose in the future. This reset exercise is taking place currently and will focus on the areas of development needed to drive improvements in locality working, and further developing closer relationships with General Practice.

6.2 To support this, and build on our positive history of system-wide working, tools and materials have also been produced to help further develop relationships with GPs and the VCS as providers of key services and support in our locality based integrated care service model.

6.3 The ESBT Strategic Commissioning Board is recommended to

- **Note** the update on leadership changes within the local NHS and the SES STP
- **Note** the changes to ESBT working arrangements in 2018/19 and the next steps the ESBT Alliance is taking forward to reset ESBT plans to support in-year financial recovery and planning for 2019/20
- **Note** the positive development work with GPs and the VCS to support our future partnership working

KEITH HINKLEY
Director of Adult Social Care and Health
ESCC

JESSICA BRITTON
Managing Director
EHS and HR CCGs

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

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East Sussex Better Together Collaboration Toolkit

Supporting collaboration between the statutory
sector and the voluntary and community sector (VCS)

Version 1: October 2018

We have produced this toolkit to help navigate the governance and partnerships that help us deliver our ESBT objectives, so that all organisations that play a part in our health and care system can contribute effectively.

Please note that this represents a snapshot of our current governance at this time and our principles of strong partnership working. It recognises the involvement to date of all our partners, and our intention to keep all partners involved as we change and adapt governance arrangements to support our ESBT objectives going forward.



Introduction

Welcome to the East Sussex Better Together (ESBT) collaboration toolkit! In ESBT we have been working hard as partners across the statutory, voluntary and private sector to create an environment that can allow all organisations to play their part in delivering our health and care system.

The views and roles of the voluntary and community sector are hugely important to achieving our vision of integrated, sustainable health and care economy in East Sussex that ensures people receive proactive, joined up care, supporting them to live as well and as independently as possible. In particular VCS organisations can

- support community activities, and harness local skills, knowledge and expertise to generate social value
- provide services in response to local needs and aspirations
- enable local people and communities to have a voice in shaping local priorities
- draw in additional resources which increases our collective capacity to deliver services and improve the wellbeing of local people
- provide a trusted 'bridge' which builds collaboration between people, communities, organisations, public sector, and the private sector.

We hope that this toolkit will strengthen the way we listen to each other, share our expertise and ultimately make our contribution to meeting the health, care and wellbeing needs of our population.

Signatories:

ESBT SROs

SpeakUp Forum Chair

VA CEOs

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Please note: *this toolkit has been produced for the ESBT partnership. It doesn't currently cover the Connecting4You (C4Y) partnership programme which relates to the area covered by the High Weald Lewes Havens Clinical Commissioning Group, however some partnerships do cover the whole county. If you would like more information about C4Y please contact hwlhccg.enquiries@nhs.net*

1. Summary

Partnership working across the statutory, voluntary and community sectors helps us to make the most of the shared resources we have to meet the needs of our communities. In short, without collaborating we won't be successful in achieving the outcomes we need for our population.

ESBT is our whole system health and care transformation programme. Our shared vision is that by 2020/21, there will be an integrated, sustainable health and care economy in East Sussex that ensures people receive proactive, joined up care, supporting them to live as well and as independently as possible.

ESBT is one of four places in our Sussex and East Surrey Sustainability and Transformation Partnership (STP). Local integration of our out of hospital health and social care services will be the fundamental building block for how we manage population health, prevention, integrated care delivery and demand for acute hospital services and long-term care.

There is a history of successful collaboration and partnership working in ESBT. Our partnership environment has grown in complexity, and as a result of the SpeakUp Cross Sector Reflection and Learning Event held in February 2018, we have produced this collaboration toolkit in recognition of the need to involve voluntary organisations and groups in all aspects of ESBT in a consistent, fair, open and effective way.

It provides information about governance and sets out the framework for the different types of collaboration and involvement in health, care and wellbeing services – strategy and planning across our whole system, developing and designing services and care pathways and working together to coordinate and integrate service delivery

Anyone who is involved in a multi-agency partnership can use this toolkit to identify the type of work their partnership is doing and the best way to involve the VCS. There are also useful tools and templates to clarify the different roles of VCS representatives, and the expectations we have of each other. Overall, we hope that the toolkit will complement existing partnership good practice to help develop:

- Our shared understanding of the health and wellbeing needs of the community and our collective strategic response
- An early understanding of the potential opportunities and impacts of our plans
- A health and care system that responds to the whole person, tailored to individual strengths and circumstances
- Improved quality and experience of care
- Better coordinated and integrated front line delivery of care and support, and better use of resources, avoiding duplication
- Innovation in the design and delivery of systems and services, making the most of the unique assets and strengths of each sector

The toolkit is a live resource and represents our arrangements at the time of writing. It will be updated as and when significant changes take place in ESBT and/or the VCS. For further information or guidance on this toolkit, please contact:

- Rebecca Luton, SpeakUp, speakup@3va.org.uk | 01323 639 373 ext 209
- Vicky Smith, ESBT, vicky.smith@eastsussex.gov.uk | 01273 482036

2. The Voluntary and Community Sector – what it is and what it contributes to East Sussex

The voluntary and community sector (VCS) is sometimes known as the charitable sector, not-for-profit or third sector, non-government organisations (NGOs) or the social economy. In East Sussex it is an important contributor to community life and the economy. Voluntary organisations exist because people with shared values come together to achieve something independently of state and business. It is a vibrant, dynamic sector and can undertake a range of roles that complement and enhance core public services to respond to community needs, including preventing needs from getting worse, and providing out of hospital services and support. Shared values include:

- a belief in collective action
- social justice and making a positive difference to people's lives
- taking a holistic approach to people's needs
- empowering people and making voices heard
- building social capital and reinvesting financial surpluses for community need ¹

Characteristically VCS organisations are self-governing, do not distribute any surplus and are primarily non-business. The sector benefits from philanthropy (i.e. gifts in kind and time – essentially non-paid trustees), demonstrates public benefit, and has a majority of non-statutory bodies, appointees or representatives on their boards of trustees and a majority of non-statutory members. A range of organisations fit these criteria, including large well known charities, such as Macmillan Cancer Support, who employ large numbers of highly qualified staff, or small voluntary groups, for example church groups or village youth groups, where all the work is likely to be done on an unpaid basis.

The VCS includes agencies that provide services, including as part of public sector contracts, activities groups, groups and organisations supporting and empowering people who use public services, and groups who represent the views of service users, carers and other communities of interest. Organisations can fund-raise, generate income, tender for public service contracts and apply for funding from grant-making trusts.

Infrastructure support for the VCS

There are three Voluntary Actions (VAs) in East Sussex who act as umbrella bodies for voluntary and community organisations in their areas; Hastings Voluntary Action, Rother Voluntary Action and 3VA which covers Eastbourne, Lewes and Wealden. They are core funded by East Sussex County Council, the District and Borough Councils and Clinical Commissioning Groups in East Sussex to inform, support and advise the voluntary sector. This includes the infrastructure to support effective representation, involvement and consultation of the voluntary sector, allowing local groups and organisations to be represented and have a voice in local decision-making.

The SpeakUp Forum is the countywide infrastructure body for the VCS, which brings together the three VAs and most of the countywide voluntary organisations in East Sussex.

¹ www.ncvo.org.uk, (2018). *Independence and values*. [online] Available at: <https://www.ncvo.org.uk/policy-and-research/independence-values>

In 2010, RVA, HVA and 3VA conducted a wide-ranging survey of over 1,300 organisations across East Sussex², and showed that the sector:

- *Works across all areas of the community. The top five are; children and families; advice/information and advocacy; older people; education, training and learning; and health.*
- *Is a major employer - 7% of the county's working age population work in the sector.*
- *Involves 12% of the population in volunteering, worth over £80m annually.*
- *Contributes £476m to the local economy annually.*
- *Is dominated by small enterprises, with 59% having an income of £20,000 or less.*
- *Is dominated by groups that have been in existence for more than five years, but with a significant proportion of new groups formed in response to new and emerging needs.*
- *Contributes to the local community and economy through their volunteers who give time and expertise freely.*

The experience of RVA, HVA and 3VA in the intervening years indicates that these broad conclusions continue to still be true. An adaptable and resourceful sector, the voluntary and community sector is nevertheless struggling in an extremely challenging public sector financial environment.

To involve this diverse range of groups and organisations effectively requires structure, trust and accountability, both within the voluntary sector itself, as well as between the sector and statutory partners.

New ways of working - the VCS Alliance Development Group

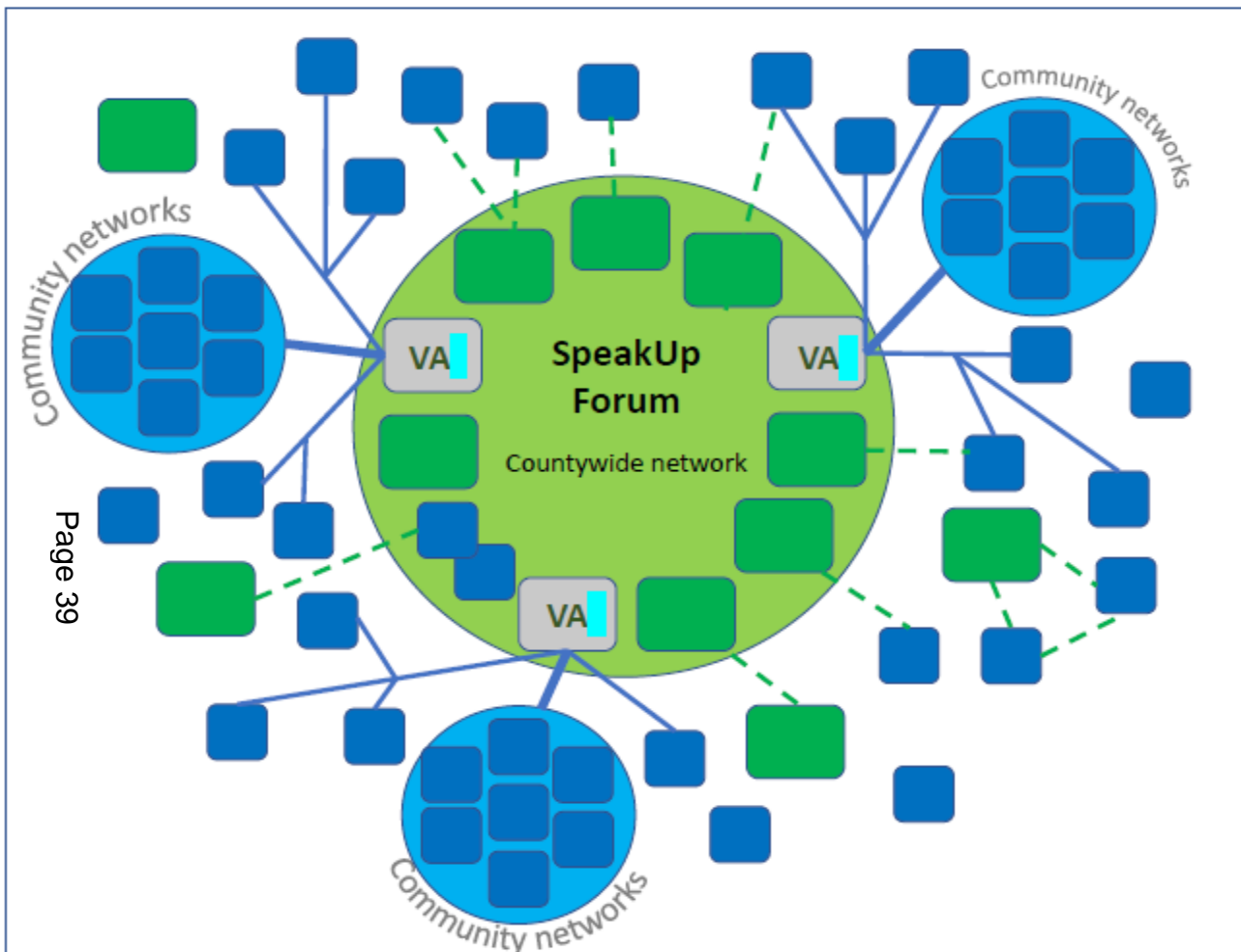
The Voluntary and Community Sector Alliance Development Group (ADG) brings together an initial fifteen local VCOs to develop collaborative practice in the design and delivery of services and activities. Recognising the need to 'do things differently' within the voluntary sector in the context of changing health and care systems in East Sussex and beyond, the aim of the ADG is to building the capacity to collaborate for the benefit of the wider sector and our local communities.

As of August 2018, ADG members are adopting a formal Memorandum of Understanding which outlines a framework for developing collaboration with each another. This includes transparent and open sharing of information among members about opportunities to shape service models, seek funding, develop workforce skills, and access and share other resources – and to discuss openly and honestly the challenges that arise through doing this.

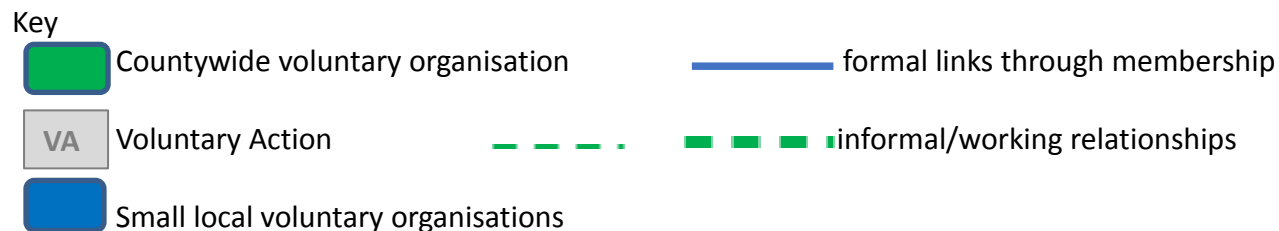
The lessons and models that emerge will be shared to benefit the whole voluntary sector, and the ADG will be actively exploring ways to co-create and share opportunities with non-member organisations. The ADG will also be actively seeking to engage with the appropriate ESBT, C4Y and other partnerships to share experiences and learning. Along with the SpeakUp Forum, the ADG will be a valuable resource for collectively designing our future integrated systems for planning and delivering services for the benefit of local communities. Further information and updates on the ADG will be available on the SpeakUp Forum website from October 2018 www.speakupforum.org.uk

² 3VA, HVA & RVA (2011). Valuing the Voluntary Sector. The economic impact of voluntary and community organisations in East Sussex.

3. The Voluntary and Community Sector in East Sussex: non-hierarchical and diverse



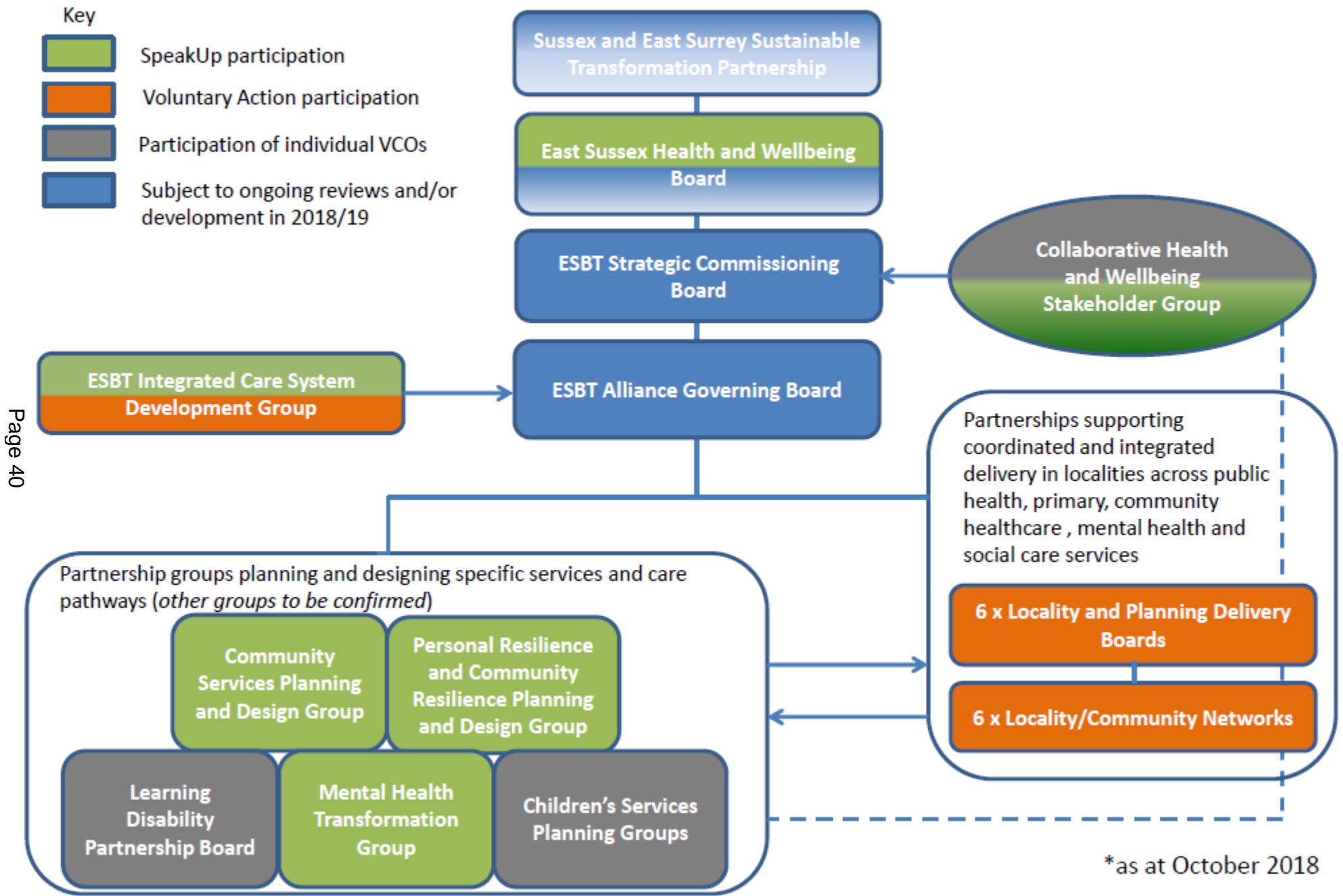
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SpeakUp Forum's Organising Role

- SpeakUp Forum members are in constant communication through face-to-face meetings and online discussion.
- The Voluntary Actions work directly with smaller, local voluntary organisations and run a number of community networks.
- All SpeakUp members are aware of issues and perspectives from the communities and beneficiaries they work with in their day to day organisational roles.
- SpeakUp brings members together to share information and perspectives, identify trends and patterns across the county, agree priorities, and lead actions.
- SpeakUp works directly with the public sector at SpeakUp Forum meetings, in smaller 'task and finish' groups, and through appointing representatives of the SpeakUp Forum to participate in public sector-led partnerships.
- SpeakUp communicates with the wider VCS through members, e-newsletters, social media, the SpeakUp website, and direct collaborations to understand and take action around specific topics.
- In 2017 SpeakUp established a VCS Alliance Development Group to explore and take forward new models of increased collaborative working. An initial 15 VCS organisations have now agreed a Memorandum of Understanding. The Alliance has identified a number of priority workstream areas, one of which is the development of the Integrated East Sussex Social Prescribing Pathway.

4. Current ESBT governance, partnership and planning structure*



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5. The governance structure key explained

SpeakUp participation

The SpeakUp Forum is a network of CEOs and senior staff from the larger, East Sussex based Voluntary and Community Organisations across the county. SpeakUp members are committed to leading the Voluntary and Community Sector and working to ensure sector development and sustainability. When SpeakUp representatives participate in ESBT/C4Y planning structures, they are mandated to represent the interests and perspectives of the SpeakUp countywide network – rather than the interests of their own organisation. SpeakUp has a set of communications and feedback mechanisms designed to enable and support its representatives to do this.

Voluntary Action participation

There are three Voluntary Actions in East Sussex: Hastings VA, Rother VA, and 3VA (Eastbourne, Wealden, Lewes). Voluntary Actions are membership organisations that work with the smaller, more local Voluntary and Community Organisations (VCOs) within the county. When Voluntary Action representatives participate in ESBT planning structures, they bring the perspectives of these smaller VCOs and a specific, detailed knowledge of their own geographies.

Participation of individual VCOs

When individual Voluntary and Community Organisations (VCOs) participate in ESBT/C4Y planning structures, their primary role is to represent their own organisations and beneficiaries and provide specialist expertise in a given area. There is no formal commitment to be representing a broader cross-section of the Voluntary and Community Sector.

Subject to ongoing reviews and/or development in 2018/19

After the first year of operation, aspects of the ESBT governance arrangements are subject to reviews and further development of their role, purpose and focus, as we seek reset the best governance for our system to add value and help us manage the challenges we face.

As part of the national direction for commissioning reform, a strengthened approach to strategic commissioning is being taken forward at the statutory level across the Sussex and East Surrey area. This will provide a helpful framework to enable local places such as ESBT to further develop plans and activity to achieve system financial recovery, and the journey towards sustainability.

In addition, the Care Quality Commission (CQC) Local System review recommended that the Health and Wellbeing Board (HWB) review its role and purpose, in the context of its ability to call system leaders to account to ensure that the agreed plans and service improvements are delivered, and to ensure whole system integration.

The HWB is a statutory committee of East Sussex County Council (ESCC) and is required to cover those boundaries. The outcome of the review of the HWB is of particular importance to ESBT as it may impact on the shape of our place based governance in the future, and how we take forward an integrated approach to commissioning local services to meet population health and care need in the context of our Sussex and Surrey Sustainable Transformation Partnership.

6. Guide to ESBT partnerships and planning groups including roles, responsibilities and contact details

Surrey and East Sussex Sustainable Transformation Partnership (SES STP)

The SES STP is one of 44 areas across England where the NHS and local councils have come together and formed new partnerships – known as sustainability and transformation partnerships – to plan improvements jointly for the next few years. In the SES STP there are 24 partners all working together to meet the changing needs of all the people who live in the area, including the local authorities, health and care providers and clinical commissioning groups across the region.

This gives an opportunity to bring about significant improvements in health and care over the next five years, over and above the improvements that are already taking place at the local level, by making sure that all partners' plans are joined up and working together and no part of the health and care system operates in isolation.

Executive Chair: Bob Alexander

Website: <http://www.seshealthandcare.org.uk/>

Email: to contact the STP team, please e-mail info@seshealthandcare.org.uk

East Sussex Health and Wellbeing Board (HWB)

The HWB is a statutory Council committee with membership from all three East Sussex CCGs, Healthwatch and representation from District and Borough Councils. It ensures there is a shared understanding of countywide health and wellbeing needs and a clear strategy to meet those needs. It provides strategic influence over commissioning decisions across health, social care and public health and strengthens democratic involvement to help create a more responsive health and care system.

Chair: Councillor Keith Glazier, Leader, East Sussex County Council

Lead manager: Sarah Feather, Policy Manager, East Sussex County Council

Sarah.Feather@eastsussex.gov.uk | 01273 335712

VCS representative: representation is organised by SpeakUp, please contact Rebecca Luton, SpeakUp, speakup@3va.org.uk | 01323 639 373 ext 209

Meeting agendas and papers:

<https://democracy.eastsussex.gov.uk/mgCommitteeDetails.aspx?ID=153>

ESBT Strategic Commissioning Board (SCB)

The ESBT SCB allows commissioner members of the ESBT Alliance to jointly discharge responsibilities for addressing population health need and for commissioning health and social care through oversight of the agreed integrated strategic investment plans and the integrated ESBT Outcomes Framework. Any recommended significant changes would need to be referred back to the Cabinet and the CCG Governing Bodies. The SCB makes an annual report to the HWB (above) on its work.

Joint Chairs: Councillor Keith Glazier, Leader East Sussex County Council and Barbara Beaton, Lay Member, Eastbourne Hailsham and Seaford and Hastings and Rother Clinical Commissioning Groups

Lead Contact: Harvey Winder, Democratic Services Officer, ESCC,
harvey.winder@eastsussex.gov.uk | 01273 481796

East Sussex Collaborative Stakeholder Group representative: *named representative to be confirmed*

Meeting agenda and papers:

<https://democracy.eastsussex.gov.uk/mgCommitteeDetails.aspx?ID=485>

ESBT Alliance Governing Board (AGB)

The ESBT AGB is made up of the group of Chief Officers, Trust Board Directors and CCG Governing Body Members who are signatories to the ESBT Alliance Agreement. Originally developed to have responsibility for developing and agreeing delivery of the integrated strategic investment plans and the operation of the ESBT Alliance Agreement, holding the integrated senior management team to account for the management of risk and changes to proposed service arrangements, performance and resource allocations. The AGB also leads developments of proposals for the future ESBT delivery model. It reports to the ESBT SCB (above) and the Boards of East Sussex Healthcare NHS Trust and Sussex Partnership NHS Foundation Trust.

Chairing arrangements: *currently under review*

Lead Manager Vicky Smith, Integrated Care System Strategic Development Manager, ESBT, vicky.smith@eastsussex.gov.uk | 01273 482036

Contact: Andy Lane, Governance & Corporate Services Officer, NHS Hastings and Rother CCG and NHS Eastbourne, Hailsham and Seaford CCG Andy.Lane1@nhs.net | 01273 485343

Meeting agenda and papers:

<http://news.eastsussex.gov.uk/east-sussex-better-together/stakeholders/alliance-governing-board/>

NB Our ESBT Alliance Governing Board meetings have been temporarily postponed for the moment, while we focus on financial recovery planning for our local health and care system and also review our governance arrangements to support this.

ESBT Integrated Care System (ICS) Development Group

The ESBT ICS Development Group has been set up on a task and finish basis to enable the ESBT AGB to develop proposals for the future ESBT delivery model for our system, through exploring the options for integrated accountable care and making recommendations for the most appropriate vehicle to deliver high quality, effective care for the population covered by the ESBT footprint.

Chair: Jessica Britton, Managing Director, NHS Hastings and Rother CCG and NHS Eastbourne, Hailsham and Seaford CCG

Lead Manager Vicky Smith, Integrated Care System Strategic Development Manager

ESBT, vicky.smith@eastsussex.gov.uk | 01273 482036

Contact: Andy Lane, Governance & Corporate Services Officer, NHS Hastings and Rother CCG and NHS Eastbourne, Hailsham and Seaford CCG

Andy.Lane1@nhs.net | 01273-485343

VCS representation:

SpeakUp Forum (at least one of these representatives comes to every meeting)

Penny Shimmin, Chief Executive, Sussex Community Development Association

penny@sussexcommunity.org.uk | 01273 517250

Neil Blanchard Chief Executive, Southdown Housing Association

neil.blanchard@southdown.org | 01273 405821

Steve Hare, Chief Executive, Age UK East Sussex

steve.hare@ageukeastsussex.org.uk | 01273 476704

The role of the SpeakUp representatives is to jointly lead on strategic system development and commissioner/provider aspects of the work.

Voluntary Action representative:

Steve Manwaring, Director, Hastings Voluntary Action, steve@hvauk.org | 01424 444 010

The role of the Voluntary Action representative is to jointly lead on strategic system development and community needs.

Collaborative Health and Wellbeing Stakeholder Group

This group forms part of engagement plans and the governance framework for people and organisations to work collaboratively to help shape health and care in East Sussex. The group is about developing a shared responsibility for working together, mobilising and embedding co-production, building trust and creating a space for collaboration which is honest and real. Its purpose is:

- To ensure that best use is made of the experiences and expertise of stakeholders in improving health and care strategic planning

- To ensure stakeholders can input into and influence strategic decision making and priority setting in ESBT and C4Y.
- To inform the ongoing development of co-production within health and care which in turn drives practice across the system.

Chairing arrangements: the group is currently independently facilitated

For more information contact: Candice Miller, Policy Development Manager,
candice.miller@eastsussex.gov.uk | 01273 482718

VCS representation: a range of VCS organisations are members of the Group

Specific service and care pathway planning and redesign groups

Some planning and design groups have been set up to take forward programmes of work in partnership to develop and redesign specific integrated care pathways and services. New groups may be established as the need arises. The current groups are as follows:

Community Services Planning and Design Group

This group focuses on the full range of integrated services and pathways that are provided outside of the acute hospital inpatient services to support older people and people with long term conditions and disabilities, including services that help avoid unnecessary admission to hospital and successful transition out of hospital.

Working with primary care, integrated community services spans the development of multi-disciplinary Integrated Locality Teams including the delivery of core functions such as proactive care, frailty, crisis response, single point of contact, rehabilitation and re-ablement, supported by care finding and case management approaches.

Chair: Paula Gorvett, Director of Localities and Primary Care, East Sussex Better Together

Lead Manager: Sally Reed, Joint Commissioning Manager, Hastings and Rother CCG, Eastbourne Hailsham and Seaford CCG , High Weald Lewes Havens CCG and East Sussex County Council
sally.reed@eastsussex.gov.uk | 01273 481912

Contact: Emma Winter Project Support Officer (Integrated Care), Joint Commissioning Team, ESCC and NHS Hastings and Rother CCG and NHS Eastbourne, Hailsham and Seaford CCG emma.winter4@nhs.net | 07342 064548

VCS representation: Neil Blanchard, Chief Executive, Southdown Housing Association
neil.blanchard@southdown.org | 01273 405821

Personal Resilience and Community Resilience (PRCR) Planning and Design Group

Improving health and embedding prevention across the system is a core part of place based whole systems transformation programmes in East Sussex (East Sussex Better Together (ESBT) and as part of Connecting4 You (C4Y) in the West of the county). The PRCR Programme has a particular focus on:

- how we can make best use of our settings – the places where people spend their lives such as communities, schools, nurseries, health care settings and workplaces – to embed primary prevention activity
- improving community resilience by building on communities’ strengths, assets and energies to tackle health inequalities.
- developing a ‘whole system’ approach where communities and the wider public health workforce are seen as an integral part of the health and social care delivery system.

The programme is predicated on re-designing systems across health, social care, voluntary sector and wider partners to improve health outcomes.

Chair: Darrell Gale, Director of Public Health, East Sussex County Council

Lead Manager: Terry Hume, Community Resilience Programme Manager, Public Health
Terry.Hume@eastsussex.gov.uk | 01273 337572

VCS representation: VCS representation in planning and design of the programme is through the [SpeakUp Forum](#). Locality and Community Networks have also been established across East Sussex to enable a space to identify shared priorities at a local level and collaboratively develop local solutions with communities (for more information see the section below on Locality and Community Networks).

Learning Disability Partnership Board

The Learning Disability Partnership Board (LDPB) is a group of people who work together to improve the lives of people with learning disabilities across East Sussex. They include the Involvement Matters Team, Parent/Carers, people from health services, East Sussex County Council, service providers and community services. The aims of the partnership board are to

- improve the lives of local people with learning disabilities
- make sure people with learning disabilities and their carers have a say in the work to make services better

The LDPB is supported by local network meetings to listen to the views of local people with learning disabilities, their carers and support providers. There are two local networks which each meet twice a year in the east and west of the county.

Chair: meetings are co-chaired by Debbie Endersby, Head of Strategic Commissioning (Learning Disability Joint Commissioning) and Sonia Reed who is a member of the Involvement Matters Team

Lead manager and contact: Richard Lewis, Strategic Commissioning Manager Learning Disability ldpb@eastsussex.gov.uk | 01273 337765

VCS representation: individual voluntary organisations participate through the two local network meetings in the east and west of the county

Mental Health Transformation Group

The Mental Health Transformation Group (MHTG) is responsible for planning, commissioning and implementing mental health service development in East Sussex, and also coordinates implementation of the STPs mental health plans at the local East Sussex level. The MHTG provides the key framework for communication and information sharing between partner agencies, ensuring that services are working together effectively.

Note: the future role of the MHTG may change as a result of moves to explore and put in place wider Sussex and East Surrey STP planning and commissioning arrangements.

Chair: Keith Hinkley, Director of Adult Social Care, East Sussex County Council

Lead Manager: Martin Packwood Head of Strategic Commissioning - Mental Health, NHS Hastings and Rother CCG, NHS Eastbourne, Hailsham and Seaford CCG and East Sussex County Council

Contact: Kenny Mackay, ASC, Strategic Commissioning Manager (Mental Health) kenny.mackay@eastsussex.gov.uk | 01323 463946

VCS representation: Neil Blanchard, Chief Executive, Southdown Housing Association neil.blanchard@southdown.org | 01273 405821

Children's Services Planning Groups

There are various strategy-focused groups in children's services, for example:

- Children's Strategic Planning Group, with overall strategic/commissioning responsibility
- MHEW (Mental Health and Emotional Wellbeing) Transformation Board
- SEND Commissioning & Governance Group
- East Sussex Youth Cabinet facilitating young people involvement

For more information contact: Atiya Gourlay, Equality & Participation Manager, Children's Services Atiya.Gourlay@eastsussex.gov.uk | 01273 482302

VCS representation arrangements:

- The Children and Young People Trust Stakeholder Group meets once a year and has regular electronic communication with this wide group of stakeholders
- The Youth Infrastructure Group is networking and partnership group with a voluntary sector chair for VCS and statutory sector representatives involved in

Partnerships supporting coordinated and integrated delivery in localities across public health, primary, community healthcare, mental health and social care services

Locality Planning and Delivery Groups (LPDGs)

LPDGs have been established across our ESBT localities to determine local priorities and consider how we ensure our resources have the greatest impact. It is also envisaged that they will have a key role in improving access to services and achieving better outcomes for local people by beginning to understand and influence the quality and availability of services and support within a locality.

Membership includes GPs, community health and social care, mental health, children's services, community pharmacy and the voluntary and independent sector. By bringing together the right people, including key providers and influencers of health and care in the locality, we can begin to unpick and agree what we can do to ensure our integrated health and care system works locally and what we might need to put in place to allow that to happen. There are six ESBT LPDGs covering Eastbourne, Hailsham and Polegate, Seaford, Hastings and St Leonards, Bexhill and Rural Rother. Their purpose is to:

- Influence and inform the planning and delivery of local services
- Foster closer partnerships between providers and multi-professional teams to promote the co-ordination and integration of services locally
- Oversee the quality and quantity of care and support services within a locality to deliver improved outcomes for the local community
- Determine local priorities focussing use of resources where it makes biggest impact
- Identify opportunities to improve access and achieve more effective outcomes for local people

Chairing arrangements: Paula Gorvett, Director of Localities and Primary Care, ESBT

For more information contact: Josh Broadway, Community Relations and Membership Engagement Officer, NHS Hastings and Rother CCG and NHS Eastbourne, Hailsham and Seaford CCG josh.broadway@nhs.net | 01273 403687

VCS representation: Representatives from 3VA, HVA and RVA are members of each of the LPDG groups with additional representation in attendance where necessary or relevant to agenda items or locality

Whilst membership of the LPDGs includes representatives from the voluntary and independent sector, the need for strong links with the emerging 'Locality/Community Networks' (see below), have been established as a way to bring together local people, organisations and communities to share knowledge, insight and experience about their locality and the support provided within it. The Locality Link Worker (LLWs) role has an important role as the key conduit between the two forums.

Locality and Community Networks

ESBT is divided up into six locality/community networks covering Eastbourne, Hailsham and Polegate, Seaford, Hastings and St Leonards, Bexhill, and Rural Rother. Their purpose is to provide a connection with the broader base of activity, support and services within the locality so that local needs and priorities can be identified and action taken by a variety of agencies to meet those needs. This involves sharing information and resources, building relationships and collaboration, providing opportunities for mutual support and learning to strengthen community based services.

Chairing arrangements: each of the networks is co-facilitated by one of the Locality Link Workers and a representative from one of the local Voluntary Actions

For more information contact: Rachael Toner, Locality Link Worker Coordinator,
Rachael.Toner@eastsussex.gov.uk | 07590 629792

VCS Representation: this is currently organised via the local Voluntary Actions, with a view to widening this to include local voluntary and community groups



7. Guidance for VCS representatives in ESBT Partnerships

The SpeakUp Forum is the countywide network for the Voluntary and Community Sector (VCS) in East Sussex. We provide representatives of SpeakUp to participate in strategic cross-sector partnerships. SpeakUp reps can fulfil a variety of roles, depending on the type and purpose of the partnership. Please use the following guidance to help think through the role(s) you would like SpeakUp to provide for your partnership.

Scope and level of partnership activities	Partnership purpose	SpeakUp participant roles
Strategic collaboration for system design	<ul style="list-style-type: none"> To bring together all components of the system to design overall strategic direction and broad programme plans; To develop a shared understanding of community needs. 	To provide: <ul style="list-style-type: none"> Knowledge of community/service user needs; Understanding of the roles the Voluntary and Community Sector (VCS) plays in East Sussex systems; Knowledge of current VCS priorities, challenges, activities and ideas.
Strategic service design and planning	<ul style="list-style-type: none"> To strategically design and plan a specified set of services, by service area or by geography; To enable service integration and co-production. 	To provide: <ul style="list-style-type: none"> Broad strategic understanding of the VCS landscape; Current knowledge of VCS experiences, activities and ideas relevant to the specified set of services; Current knowledge of beneficiary/community needs relevant to the specified set of services; Leadership or assistance for the development and integration of relevant VCS services.
Operational planning and service delivery	<ul style="list-style-type: none"> To plan and deliver a specified service or set of services 	To provide: <ul style="list-style-type: none"> Current knowledge of specific VC organisations' work, capacities and ideas relevant to the specified set of services; Current knowledge of beneficiary/community needs relevant to the specified set of services; Leadership or assistance to coordinate VCS service delivery work within the relevant area.



8. Template SpeakUp Forum Partnership Participation Request Form

The SpeakUp Forum is a countywide network for chief executives and senior staff from the Voluntary and Community Sector (VCS) in East Sussex. We provide representatives from the SpeakUp Forum to participate in cross-sector partnerships. These SpeakUp reps do not act on behalf of their own organisations in such partnerships but represent the interests and perspectives of the SpeakUp countywide VCS network.

We aim to appoint the most appropriate SpeakUp participants to bring the most value to each individual partnership. As such, we design bespoke and flexible participation arrangements for each partnership.

The information requested in this form gives SpeakUp the details necessary to recommend the most beneficial way forwards with your partnership, in terms of numbers and identities of SpeakUp participants. Thank you for taking the time to fill it in.

Name of partnership	
Organisation/department coordinating the partnership	

Contact details of organiser/chair of the partnership

Name:	
Role:	
Office no:	
Mobile no:	
Email:	

Contact details of lead officer or manager for the partnership and person responsible for communication with SpeakUp on behalf of the partnership

Name:	
Role:	
Office no:	
Mobile no:	
Email:	

Contact details of person responsible for administration/circulating papers for the partnership (if this is different from the above)	
Name:	
Role:	
Office no:	
Mobile no:	
Email:	

Partnership purpose and responsibilities:

Scope and level of partnership activities:	
<p>Is this partnership aiming to facilitate: <i>Yes/No – please delete as appropriate.</i></p>	
<p>1. Strategic collaboration for system design?</p> <p>i.e. aiming to bring together multiple component parts of a system to codesign overall strategic direction and broad programme plans, and to develop a shared understanding of community needs</p>	Yes/No
<p>2. Strategic collaboration for service design and planning?</p> <p>i.e. aiming to strategically design and plan a specified set of services, by service area (e.g. mental health, frailty) or by geography (e.g. localities), and to enable service integration and co-production</p>	Yes/No
<p>3. Operational planning and service delivery?</p> <p>i.e. aiming to work together to plan and deliver a specific service or set of services</p>	Yes/No

e.g. befriending, health coaching, respite	
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Specific role(s) you would like SpeakUp to provide to the partnership:

Specific skills, experience and/or knowledge you would like SpeakUp to provide to the partnership:

Position/role of the partnership in relation to decision-making:

Does this partnership: *Yes/No – please delete as appropriate.*
appropriate.

1. Make decisions about strategic plans and policies?	Yes/No
2. Make recommendations to other bodies/decision-makers about strategic plans and policies? If yes, which other bodies/decision-makers?	Yes/No
3. Make decisions about how to deliver services, projects, or programmes?	Yes/No

meetings):

Please include any upcoming meeting dates, times and locations if available.

Expenses and mechanisms of claiming:

Many thanks for taking the time to complete this form!

Form submitted by:

Date:

9. Getting the most of this toolkit - quick tips and guidance for voluntary and community organisations

How can you ensure that you are making a successful contribution to ESBT partnerships?

1) Find out what they are doing

Use the information in this toolkit to find out about the specific plans or strategies being taken forward by individual ESBT partnerships and planning groups which are most clearly linked with the work that your organisation is doing. Within these plans, are there things that:

- Your organisation is already doing
- Your organisation could do
- your organisation believes is a bad idea
- your organisation knows someone else is already doing

2) Decide if you need to tell them about your work

In summary here are the types of things that ESBT partnerships and planning groups will find it useful to know about:

- Existing service provision
- Any significant projects that you are working on that fit with the partnership strategy or plan
- Any significant external funding bids that you are carrying out which could have an impact on the work of the partnership

3) How to get something on the agenda of an ESBT partnership meeting

- Use the information in the guide to identify the relevant partnership
- Talk to the main contact for the partnership and ask them if your suggested item can be included on the agenda
- Be aware of the deadlines for submitting papers, and whether there are any specific templates and coversheets for reports that you might need to use
- Speak to the voluntary sector representative who goes to the meeting - so that they are aware and can support the item during the meeting
- Engage with the relevant voluntary sector forum about the topic so it is informed and supported by as wider selection of views as possible
- If you are in touch with other members of the partnership, speak with them about your item
- Talk to SpeakUP and/or your local Voluntary Action
- You can do one or all of the last three, but the more you do, the more likely you will be successful

4) What makes a good report?

- Make sure the purpose of the report is clear and captured briefly (often meeting agendas can be very long)
- Explain the links between your report and the partnership strategy or plan
- Define how it will help achieve the key objectives of the partnership
- Explain if you need the partnership to agree / approve or just inform your proposal

5) Follow up

- Make sure you receive a copy of the minutes of the meeting
- If the minutes need to be corrected, or if any further action is necessary, make sure that the voluntary sector representative is aware of this for the next meeting so that they can raise the matter and provide feedback

6) Information sharing

Partnership environments are complex! Don't assume that all of the partnerships speak to each other, and are completely up to date with each other's work. Many voluntary organisations work across a variety of topics and may have knowledge that is more recent than some partnerships. Sometimes getting this information fed into the relevant partnership at the right time is difficult and takes effort, but it will pay off. Your local Voluntary Actions, SpeakUp and other voluntary sector forums and networks are on hand to offer support and advice wherever possible.

Many plans and strategies are now made available on the relevant websites. Sometimes minutes of meetings and agendas are also published on websites. Use the website links contained in the guide to find information about ESBT partnership plans, strategies and meetings.

8) Using your Voluntary Action and SpeakUp

Your local Voluntary Action and the SpeakUp forum can help you decide if partnerships need to know about your organisation or group's work, and can also provide information on local strategies, plans and consultations. They are also able to provide support and advice on a variety of other issues related to partnership working, including training, information sharing and networking, funding advice and project developments.

For more information on the full range of Voluntary Action services and other sources of support, please get in touch:

Add contact details for 3VA, HVA and RVA and SpeakUp

Annual updates

The information contained in this toolkit will change over time. It will be kept live and updated when significant changes occur. The latest version will be made available on our websites.

10. Template Partnership Meeting Feedback Form

It is recommended good practice to agree and capture up to three key messages from partnership meetings, so that this can be communicated effectively to a wider audience. This template has been produced for partnership leads to complete and circulate after meetings.

Partnership/Board meeting:	
Date and time of meeting:	
Name of person completing this form:	
Feedback from the meeting	
Key message 1	
Key message 2	
Key message 3	
Any follow up needed	
Date of next meeting:	

DRAFT

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DEVELOPING A SOCIAL PRESCRIPTION PATHWAY FOR EAST SUSSEX

Example of collaborative working between Statutory and VCS sectors



Southdown



In East Sussex a number of 'social prescribing' services have been commissioned/developed by statutory and VCS providers. Models include; GP and health professional-linked Care Navigators; VCS Mental Health Community Connectors/Navigators; Proactive Care Practitioners; Health Coaches and Locality Link Workers. Alongside these there are wider community based health, wellbeing advice and guidance services that GPs can refer to as part of a social prescription.

Social prescribing covers a number of the ESBT Planning and Design Groups (Personal and Community Resilience, Community Services and Mental Health), but there has not previously been a single commissioning or service development strategy. An unintended consequence of this has resulted in a level of confusion for referrers, GPs, clients, carers, providers and staff. There were also some client groups whose needs are not being met.

In late 2017 a core group of VCS providers already providing social prescribing services (Southdown, Age UK East Sussex, Care for the Carers and SCDA), with the support of 3VA and statutory commissioners, came together to initially respond to a DoH funding opportunity. Although this funding bid was not successful, a positive outcome of partnership working was joint recognition of the need to improve the accessibility and consistency of social prescription in order to reach more people, to reduce social isolation and improve health and wellbeing outcomes. This resulted in a VCS led proposal to establish an **Integrated East Sussex Social Prescribing Pathway**.

Key aims of the Pathway are to; agree a consistent definition of social prescribing services and roles; establish a consistent referral and support pathway; develop shared impact measures; systemise workforce resources and competences across VCS and statutory services and use evidence and learning to shape and influence the redesign and commissioning of future services.

The core group of VCS social prescribing providers presented their proposal to ESCC/CCG leads in June 2018, including presentations at the Personal and Community Resilience and Community Services Design and Planning Groups. Formal agreement to develop the Pathway was obtained and the the key initial activities up to the end of 2018 are:

- Monthly meetings of the **VCS Core Group** to project manage development of the Pathway
- Establishment of a **Social Prescribing Pathway Project Steering Group** with representation from both the VCS core group to provide strategic leadership and support to ensure the Pathway is fully integrated into systems across health, social care and the voluntary sector
- Establishment of a **Social Prescribing Pathway Reference Group** open to all other interested parties
- Submitting a bid the Big Lottery Partnership fund to seek additional dedicated project resources.

Although the Pathway is led by the Core Group of five VCS organisations, the aim of the project is to adopt a 'generous leadership' approach to capacity build within the wider VCS sector and offer opportunities for a wide range of VCS providers to be linked into the Pathway.

The social prescribing Pathway acts as a good example of how, by statutory and VCS sectors working in closer collaboration and more equal partnership, it is possible to share knowledge, expertise, assets and resources to develop new innovative service delivery models that best meet the local needs and priorities of East Sussex.

For more information please contact Neil Blanchard, CEO of Southdown (neil.blanchard@southdown.org) or another VCS core group provider CEO.

N.B. In 2017 SpeakUp, the East Sussex network of VCS organisations, established a VCS Alliance Development Group to consider and take forward new models of increased collaborative working. An initial 15 VCS organisations have now agreed a Memorandum of Understanding. The Alliance has identified a number of priority workstream areas, one of which is the development of the Integrated East Sussex Social Prescribing Pathway.

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