

EAST SUSSEX HEALTH AND WELLBEING BOARD

TUESDAY, 16 JULY 2019

2.30 PM COUNCIL CHAMBER, COUNTY HALL, LEWES

MEMBERSHIP - Councillor Keith Glazier, East Sussex County Council (Chair)
 Councillor Carl Maynard, East Sussex County Council
 Councillor John Ungar, East Sussex County Council
 Councillor Trevor Webb, East Sussex County Council
 Councillor Ruby Cox, Hastings Borough Council
 Councillor Philip Lunn, Wealden District Council
 Dr Elizabeth Gill, High Weald Lewes Havens CCG
 Dr Martin Writer, Eastbourne, Hailsham and Seaford CCG
 Jessica Britton, Hastings and Rother CCG
 Keith Hinkley, Director of Adult Social Care and Health, ESCC
 Stuart Gallimore, Director of Children's Services, ESCC
 Darrell Gale, Director of Public Health
 John Routledge, Healthwatch East Sussex
 Deborah Tomalin, NHS England South East, (Kent, Surrey and Sussex)
 Dr Adrian Bull, East Sussex Healthcare NHS Trust
 Siobhan Melia, Sussex Community NHS Trust
 Samantha Allen, Sussex Partnership NHS Foundation Trust

INVITED OBSERVERS WITH SPEAKING RIGHTS Councillor Sean MacLeod, Lewes District Council
 Councillor Margaret Robinson, Eastbourne Borough Council
 Councillor John Barnes MBE, Rother District Council
 Becky Shaw, Chief Executive, ESCC
 Michelle Nice, Voluntary and Community Sector Representative
 Mark Andrews, East Sussex Fire and Rescue Service
 Katy Bourne, Sussex Police and Crime Commissioner

AGENDA

- 1 Minutes of meeting of Health and Wellbeing Board held on 23 April 2019 *(Pages 3 - 8)*
- 2 Apologies for absence
- 3 Disclosure by all members present of personal interests in matters on the agenda
- 4 Urgent items
 Notification of items which the Chair considers to be urgent and proposes to take at the end of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgently
- 5 East Sussex Joint Strategic Needs Assessment and Assets Annual Report 2018/19
(Pages 9 - 20)
- 6 Arrangements for commissioning oversight in East Sussex through the Health and Wellbeing Board *(Pages 21 - 32)*
- 7 East Sussex Health and Social Care Transformation Programme *(Pages 33 - 50)*

8 Any other items previously notified under agenda item 4

PHILIP BAKER
Assistant Chief Executive
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8 July 2019

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

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

EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at County Hall, Lewes on 23 April 2019.

PRESENT Councillors Keith Glazier (Chair) Councillors Carl Maynard, John Ungar and Trevor Webb; Dr Elizabeth Gill, Dr Martin Writer, Keith Hinkley, Darrell Gale, John Routledge and Dr Adrian Bull

ALSO PRESENT Becky Shaw, Michelle Nice and David Kemp

27 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 4 DECEMBER

27.1 The Committee agreed the minutes to be a correct record of the meeting held on 4 December.

28 APOLOGIES FOR ABSENCE

28.1 The following apologies for absence were received from members of the Board:

- Jessica Britton
- Deborah Tomalin
- Siobhan Melia
- Mark Andrews (substitute David Kemp)

28.2 The following apologies for absence were received from invited observers with speaking rights:

- Councillor John Barnes
- Councillor Ruby Cox
- Councillor Claire Dowling.

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

29.1 Cllr John Ungar declared a personal interest as a member of the Green Street Clinic Patient Participation Group,

30 URGENT ITEMS

30.1 There were no urgent items.

31 INTEGRATED WORKING WITH THE NHS IN EAST SUSSEX

31.1. The Board considered a report on the proposals for future partnership arrangements and priorities for integrated health and social care in East Sussex.

31.2. The Board sought assurance that the further work to simplify and standardise pathways would not affect patient choice.

31.3. In response it was explained that:

- Revised pathways for discharging patients from hospital will still allow patients to exercise their right to choose where they receive care, but not to the extent of allowing them to remain in an inappropriate setting, for example, patients ready for discharge from a hospital may be discharged out of an acute setting to avoid them losing muscle tone and being at risk of infection, rather than wait in hospital unnecessarily for a particular nursing home to become available.
- Simplifying the pathway for accessing care into a single point of access – Health and Social Care Connect (HSCC) – during the first stage of integration actually improved patient choice, as it made health and care practitioners who called HSCC on behalf of a patient more aware of what services could be available to them.
- Pathways will also be standardised around access to services in order to ensure patients receive the most appropriate clinical care to meet their need and avoid unnecessary admissions of patients to A&E, which wastes resources that could better be used in the community.

31.4. The Board asked whether there should be greater integration of Children Services as part of the integrated health and social care plans.

31.5. In response it was argued that such integrated services do already exist, for example, Health Visitor services for children are commissioned by East Sussex County Council and provided by East Sussex Healthcare NHS Trust (ESHT). They represent a good model of joint children's care, as social workers and nurses work together under a joint arrangement supervised by a joint Board.

31.6. The Board asked how East Sussex's integration plans fit in with the wider Sussex and East Surrey Sustainability and Transformation Partnership (STP).

31.7. In response officers said that:

- The STP has a new Executive Group containing a non-executive chair, Bob Alexander, a Senior Responsible Officer, Adam Doyle, and non-executive directors.
- The STP leadership is clear that the STP footprint is too large to be a single integrated care provider. Instead it will comprise integrated place based health and social care planning that will be based on local authority footprints that will commission services for their local populations, including in East Sussex, and a configuration of four integrated care providers. There will, however, be some more specialist care commissioned across the whole STP footprint where appropriate.
- Discussions are ongoing whether the East Surrey CCG will leave the STP and join Surrey Heartlands STP.
- Local authorities have not been involved in the STP for some time but will be involved in commissioning this more specialist need across the whole STP in future now that the core element of place-based plans has been established.
- The new integration plan will involve bringing together the best elements of the East Sussex Better Together (ESBT) and Connecting 4 You (C4Y) programmes.

31.8. The Board asked how the community and voluntary sector (CVS) could be more involved in the integration of health and social care, including representation at the executive level.

31.9. In response it was argued that:

- The delivery of further integration plans will require the involvement of the CVS, particularly in relation to providing proactive care. The CVS, however, already makes a significant contribution to the East Sussex programmes, particularly the community resilience and prevent agenda, which the Care Quality Commission (CQC) highlighted as good practice during their East Sussex area review.
- The East Sussex Strategic Partnership (ESSP) agreed to review how the statutory sector and CVS can work better together, both within health and social care and in other areas that form part of the wider determinants of health, such as housing. The ESSP published [the minutes of this meeting](#) online.
- Further engagement with the CVS will be undertaken as part of the East Sussex integration plans, including how the CVS is represented at the Executive level – both in terms of their involvement with individual workstreams and membership of the core governance structure.
- The HWB itself will need to be clear about its strategic role and will need to challenge and hold to account individual organisations within the East Sussex partnership, both to maintain cohesion and help understand and prevent future occurrences of the financial challenges that occurred in the East Sussex NHS organisations during 2017/18.

31.10. The Board RESOLVED to:

- 1) Endorse the approach being taken to resetting health and social care system governance, including agreeing to take forward a single joint programme across East Sussex;
- 2) Note that consideration is being given to replacing the East Sussex Better Together Strategic Commissioning Board from April 2019 with the new arrangements under the single East Sussex-wide joint programme, which will be subject to strategic oversight by the East Sussex Health and Wellbeing Board.
- 3) Endorse the scope and projects within the new integrated community health and care services joint programme.

32 CARE QUALITY COMMISSION LOCAL AREA REVIEW - ACTION PLAN PROGRESS REPORT

32.1 The Board considered a final progress report against the actions identified by the Care Quality Commission (CQC) during their Local Area Review of East Sussex.

32.2 The Board RESOLVED to:

1. Note progress against the CQC Action Plan;
2. Agree the proposal to close completed actions; and
3. Note outcome of CQC monitoring report for January 2019.

33 PHARMACY CONSOLIDATION APPLICATION

33.1 The Board considered a report recommending agreement of a draft representation to NHS England regarding a pharmacy consolidation application; and agreement that future representations will be delegated to the Director of Public Health in consultation with the Director of Adult Social Care and Health and nominated Public Health Consultant.

33.2 The Board RESOLVED to:

- 1) agree the draft representation to NHS England regarding the pharmacy consolidation application at 9-11 St Leonards Road, Bexhill-on-Sea TN40 1HJ, and delegate authority to the Director of Public Health in consultation with the Director of Adult Social Care and Health and nominated Public Health Consultant to make any necessary changes to the response prior to submission;
- 2) Agree to delegate responsibility to the Director of Public Health in consultation with the Director of Adult Social Care and Health and nominated Public Health Consultant to submit representations to NHS England in response to future pharmacy consolidation applications and any other notifiable pharmacy applications;
- 3) Agree to delegate responsibility to the Director of Public Health in consultation with the Director of Adult Social Care and Health and nominated Public Health Consultant to publish supplementary statements to the Pharmaceutical Needs Assessment in relation to consolidation applications; and
- 4) request that future pharmacy consolidation responses are reported to the Board for information.

34 NHS UPDATES

34.1 The Board considered updates from the three NHS Clinical Commissioning Groups (CCGs) and East Sussex Healthcare NHS Trust (ESHT).

High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG)

- The CCG Achieved the £10.7m deficit control total for 2018/19, releasing £10.7m of Commissioner Sustainability Funding (CSF) from NHS England.
- The Maternity Improvement and Assessment Framework rated the CCG as “good”
- HWLH CCG was named as “Best Pioneer” in the CQC’s Maternity Services Survey.
- The CCG is holding system-wide clinical events with Sussex Community NHS Foundation Trust, Sussex Partnership NHS Foundation Trust, and Brighton & Sussex University Hospital NHS Trust to help break down barriers between these providers in order to improve potential future integration of services.
- HWLH and Brighton & Hove CCG now have a single executive team.
- There will be four Primary Care Networks (PCNs) established within the HWLH area by July: Havens, Lewes, Uckfield and Crowborough.
- The Enhanced Care in Nursing Homes project has been rolled out across the CCG. It brings together GPs, secondary care, voluntary sector and nursing home teams to help keep people in nursing home and avoid unscheduled A&E admissions. In the original pilot areas where it was introduced it reduced unscheduled admissions by 50% and falls by 80%.
- All GP practices in HWLH are rated good or outstanding by the CQC.
- New X-ray facilities in Crowborough hospital and upgrades to the Crowborough midwifery unit have been funded by the League of Friends. The League of friends for Uckfield hospital is currently upgrading the x ray facilities there.

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

- The CCGs have achieved their £32m deficit control total for 2018/19, releasing £32m of Commissioner Sustainability Funding (CSF). The CCGs will receive less CSF next year meaning they will need to identify additional efficiency savings to break even.
- A single Chief Executive is in place across all CCGs in the STP. This will enable closer working amongst the CCGs leading to improved efficiency and the sharing of local good practice.
- Changes to the diabetic foot service has resulted in a significant reduction in the number of required amputations for complications arising from diabetes.
- The CCGs and ESHT were a pilot site for joint NHS England and NHS Improvement oversight, which ended in April.
- Patients in the Eastbourne and Hastings areas will have access to PCNs by 1 July.
- Hastings and Rother GP vacancy rates appear to have improved over the past year. Recruitment into GP trainee positions has improved and other healthcare practitioners, like nurse or pharmacy practitioners, who carry out some GP functions continue to be introduced.

East Sussex Healthcare NHS Trust (ESHT)

- The trust remains in financial special measures, however, because it met its own deficit target for 18/19 and because it has agreed to NHS Improvement's 19/20 target it may come out of special measures within the next financial quarter.
- The deficit plan for 18/19 was for a £43.7m which has been met. It compares to a 60m deficit three years ago. The 19/20 target is £34m but this will trigger the payment of £24m of Provider Sustainability Funding resulting in a £10m net deficit.
- Delayed Transfer of Care (DTC) and A&E figures continue to improve despite the recent hot weather.
- The NHS Staff Survey had a 53% staff response rate, one of the higher nationally, and over a three-year period it shows significant improvement in the proportion of staff who are proud of the care they deliver and who feel supported by their management and teams.
- Complaints were down 15% year on year and 65 individual positive correspondences are received for every complaint.
- Quality measures like sepsis and standardised mortality rates are now at or below the expected rate for a trust of the size and population profile of ESHT.

35 WORK PROGRAMME

35.1 The Board considered its work programme.

35.2 The Board RESOLVED to agree its work programme.

The meeting ended at 3.35 pm.

Councillor Keith Glazier (Chair)
Chair

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Report to: East Sussex Health and Wellbeing Board

Date of meeting: 16 July 2019

By: Director of Public Health

Title: East Sussex Joint Strategic Needs Assessment and Assets Annual Report 2018/19

Purposes: To present to the Health and Wellbeing Board the 2018/19 Joint Strategic Needs and Assets Assessment Annual Report which outlines the updates and developments that have taken place during the year.

RECOMMENDATIONS

The Board is recommended to note the 2018/19 Joint Strategic Needs and Assets Assessment Annual Report and approve future developments planned for 2019/20

1. Background

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

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

2. Supporting information

2.1. The 2018/19 JSNAA Annual Report provides a summary of the updates and developments to the JSNAA during 2018/19 and presents recommendations which will be addressed as part of the 2019/20 work plan.

Key finding of the JSNAA include:

- Key resources that remain popular on the website are the National Profiles, Local briefings, Area Summaries, Scorecards and Director of Public Health reports;
- subscribers to the JSNAA email subscription service increased by 216%;
- the JSNAA needs to be adapted to meet the future needs of users across East Sussex; and
- the JSNAA will also need to be developed to reflect the changing local health and social care system in East Sussex

3. Conclusion and Reason for Recommendation

3.1. The Health and Wellbeing Board is recommended to note the future developments of the JSNAA around the following four work areas

1. An overall strategic view of **JSNAA priorities for East Sussex**, building on the work produced in the 2018/19 Director of Public Health Annual Report.

2. **Area Profiles**, to include the new Primary Care Networks as they emerge and other relevant geographies, such as district and borough council areas.
3. **Self-service tools** making use of current and new tools such as:
 - Local dashboards developed by East Sussex Public Health through Tableau to replace the current scorecards
 - East Sussex County Council's [East Sussex in Figures website](#)
 - Public Health England's interactive profiling tool [Fingertips](#)
4. **Needs Assessments** and **Local Briefings** to provide more detail for specific groups of people or types of service.

DARRELL GALE
Director of Public Health

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Joint Strategic Needs & Assets Assessment (JSNAA) 2018/19 Annual Report

June 2019

1. INTRODUCTION

The **Joint Strategic Needs & Assets Assessment (JSNAA)** is not a single document or piece of analysis, it is a resource containing a wide range of local and national information to inform plans and decisions to improve local people's health and wellbeing and reduce health inequalities in East Sussex. The JSNAA is an on-going, iterative process, led by Public Health within the County Council.

The JSNAA is used to:



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



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



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



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



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

During 2018/19 the JSNAA supported work on a range of priority areas and informed the council and partners on the wider health and wellbeing of the people of East Sussex.

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

visited
34,199
times



by
18,137
unique users

¹.

This report provides a summary of the updates and developments to the JSNAA during 2018/19 and a look to future developments.

¹ Google analytics data between 31st January 2012 and 31st March 2019

2. JSNAA HIGHLIGHTS in 2018/19

There have been many updates to the JSNAA throughout the year ranging from dozens of national profiles added to the site along with local briefings and results of local surveys.

Here are some of the highlights



Director of Public Health Annual Report

This year's annual report presented a profile of the health and wellbeing of East Sussex using creative infographics in three main sections:

- Who we are
- How healthy we are
- How we use services



The report concluded with **10 key points** about our health today and what it means for the future



Children need the best start in life



It's time to talk mental health



No single project or initiative can beat obesity



Our population is ageing



Secure income and housing are unevenly distributed



The pattern of illness is becoming more complex



There are differences in how long we live



We can build on our strong communities



We need a shared understanding of demand for services



We need to be dementia friendly

www.eastsussexjsna.org.uk/publichealthreports



The results of the 2017 **East Sussex Community Survey** were published in September 2018. East Sussex Public Health commissioned Ipsos MORI to carry out the 2017 Community Survey, gaining insights into residents' perceptions across a range of measures, such as their **views on the local area, levels of health and mental wellbeing and involvement in local communities**. This report summarises the key findings from the survey, comparing the results to previous surveys in East Sussex.

www.eastsussexjsna.org.uk/evidencelinks/surveys

Health and Social Care Profile of Older People in East Sussex

This briefing, published in June 2018, gives an overview of the health and social care needs of older people in East Sussex. The report includes a comprehensive look at topics such as the changing demographics, wider determinants of health and wellbeing, health improvement opportunities, long term health problems, mental wellbeing and service use.

www.eastsussexjsna.org.uk/briefings

In May 2018 the results of the 2017 Health Related Behaviour Survey of Year 6 and Year 10 pupils in East Sussex were published.



The findings can help schools and wider partners to better understand the current health and wellbeing needs and assets of children and young people, including responses to robust and validated questions on a range of topics such as smoking, drugs, relationships and sex, diet, exercise, emotional wellbeing and safety. Local

district and borough summary reports are available for each year group, as well as detailed reports for East Sussex.

www.eastsussexjsna.org.uk/evidencelinks/surveys

3. ACCESSING THE JSNAA

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



The JSNAA website is accessed by a large range of people. An analysis of activity on the website during 2018/19 was undertaken, using a Google Analytics tool, which provides data on numbers of users accessing the site, the number of visits by those users, how users are referred to the site and a wide range of other useful analyses.

This section provides a summary of the key activity:

Table 2: Summary of activity



Monthly email alerts

A monthly email alert has been in place since May 2013 which alerts subscribers to new resources added to the website. There were 1,000 **subscribers** by the end of March 2019. This was an **increase of 216%** compared to March 2018.

Most popular content

As expected, the **JSNAA website home page was the most popular page visited** on the website (table 3). This was followed by National Profiles and then the Scorecards and Area Summaries. **Scorecards** present data at GP practice, Locality and Clinical Commissioning Group (CCG) levels as well as at electoral ward and district/borough levels. **Area Summaries** are narrative reports that summarise key data in each geographical area.

Table 3: Top 10 pages, 2018/19



1. HOME PAGE
2. NATIONAL PROFILES
3. SCORECARDS / AREA SUMMARIES
4. MENU OF LOCAL DATA
5. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORTS
6. LOCAL BRIEFINGS
7. SEARCH
8. EVIDENCE REPORTS
9. COMPREHENSIVE NEEDS ASSESSMENTS
10. LOCAL NEEDS AND ASSET PROFILES

Table 4 shows all of the accessed documents in 2018/19 grouped into broad categories. This shows the **popularity of the Local briefings**, on topics such as population changes, older people, deprivation, healthy eating and many more. The next most popular documents were National Profiles and the Director of Public Health annual reports.

Table 4: Top 10 documents accessed, 2018/19

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



4. FUTURE DEVELOPMENTS



The JSNAA has been a well-utilised resource for the integration and transformation plans across East Sussex that were part of the **East Sussex Better Together** and **Connecting for You** programmes.



As partners across East Sussex develop a single countywide health and care transformation programme, it is vital that the JSNAA adapts to meet the needs of these future areas of work.

It is therefore proposed to the Health and Wellbeing Board that the JSNAA is restructured during 2019/20 around the following key sets of resources which enable more flexibility as plans develop.

1. An overall strategic view of **JSNAA priorities for East Sussex**, building on the work produced in the 2018/19 Director of Public Health Annual Report
2. **Area Profiles**, to include the new Primary Care Networks as they emerge and other relevant geographies, such as district and borough council areas.
3. **Self-service tools** making use of current and new tools such as:
 - Local dashboards developed by East Sussex Public Health through Tableau to replace the current scorecards
 - ESCC's [East Sussex in Figures](#)
 - Public Health England's interactive profiling tool [Fingertips](#)
4. **Needs Assessments** and **Local Briefings** to provide more detail for specific groups of people or types of service

The plan is to create this updated content on a **redesigned JSNAA website** during 2019/20. This timetable will be dependent on available resources within ESCC Digital & Design Services, who are currently recruiting to replace recent staff changes within their team.

5. KEY FINDINGS

1. Key resources that remain popular on the site are the National Profiles, Local briefings, Area Summaries, Scorecards and Director of Public Health reports.
2. Subscribers to the JSNAA email subscription service increased by 216%
3. The JSNAA needs to be adapted to meet the future needs of users across East Sussex

Update on previous recommendations

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

- Continue to improve the layout and navigation of the site for users.**
 -  **Progress Update:** The site had a few minor improvements made to the layout and navigation of the site during the last year. Further improvements are planned during 2019/20 as the site is redesigned around new and improved resources.
- Continue to grow the number of subscribers to the monthly email alerts through the year.**
 -  **Progress Update:** The number of subscribers increased by 216%
- Repeat and build on the promotional activities successfully undertaken in 2017/18.**
 -  **Progress Update:** The JSNAA continues to be promoted to current and potential users across East Sussex
- Work with commissioners and partners on improving the resources available.**
 -  **Progress Update:** Public Health continued to work with commissioners and partners, although this was affected slightly by the pause of transformation programmes during 2018/19

KEY RECOMMENDATIONS for 2019/20

- Continue to grow the number of subscribers to the monthly email alerts
- Develop new and existing resources around proposed areas of work
- Redesign JSNAA website around new resources
- Relaunch website

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Report to: East Sussex Health and Wellbeing Board

Date of meeting: 16 July 2019

By: Director of Adult Social Care and Health

Title: Arrangements for commissioning oversight in East Sussex through the Health and Wellbeing Board

Purpose: To consider arrangements for the strategic oversight of commissioning to be undertaken by the Health and Wellbeing Board and for the East Sussex Better Together Strategic Commissioning Board to be formally disestablished

RECOMMENDATIONS

The Health and Wellbeing Board is recommended to:

- 1. Note that the Health and Wellbeing Board provides strategic oversight of our health and social care system, including commissioning for whole population health and wellbeing; and**
- 2. Endorse the disestablishment of the East Sussex Better Together Strategic Commissioning Board by East Sussex County Council, Eastbourne Hailsham and Seaford Clinical Commissioning Group and Hastings and Rother Clinical Commissioning Group**

1. Background

1.1 The East Sussex Better Together (ESBT) Strategic Commissioning Board (SCB) was established in March 2017 by Eastbourne Hailsham and Seaford Clinical Commissioning Group (EHS CCG), Hastings and Rother Clinical Commissioning Group (HR CCG) and East Sussex County Council (ESCC) to enable the three organisations to jointly undertake responsibilities for addressing population health need and for commissioning health and social care. The SCB's oversight role was in relation to specific integrated commissioning arrangements set up to support effective delivery of outcomes for the ESBT population by the ESBT Alliance.

1.2 The original terms of reference for the ESBT SCB were agreed by the County Council Cabinet and by the CCG Governing Bodies in March 2017, and were noted by the ESBT SCB on 6 June 2017. They were updated in June 2018 after the first year of operation. Included in Appendix 1, the SCB's terms of reference set out the Board's purpose, responsibilities and authority. They also recognised that strategic commissioning responsibilities remain the statutory responsibility of the three sovereign organisations and that any significant changes to the commissioning strategy would be referred back to the individual organisations for decision, informed by the SCB's recommendations.

1.3 At its meeting on the 23rd April 2019, in relation to health and social care partnership governance, the Health and Wellbeing Board (HWB) resolved to:

- Endorse the approach being taken to resetting health and social care system governance, including agreeing to take forward a single joint programme across East Sussex¹;

¹ replacing the separate ESBT and Connecting 4 You (C4Y) programmes

- Note that consideration is being given to replacing the ESBT SCB from April 2019 with the new arrangements under the single East Sussex-wide joint programme, which will be subject to strategic oversight by the East Sussex HWB.

1.4 This report sets out the next steps in relation to these considerations for endorsement by the HWB.

2. Supporting information

2.1 The revised approach to health and social care system governance in East Sussex means that key elements of the ESBT SCB's role can be undertaken by the East Sussex HWB. In practice this will enable the strategic oversight role undertaken by the SCB in relation to ESBT to be passed over to the HWB, to be undertaken on a countywide footing for the whole population of East Sussex.

2.2 HWB terms of reference (Appendix 2) supports the statutory strategic planning and commissioning functions of the member organisations by providing a forum where planning can be undertaken, and plans agreed and monitored, on a collaborative whole system basis for our population. This is in keeping with the NHS Long Term Plan which seeks greater levels of collaboration between NHS commissioners and providers, as well as greater integration across health and social care commissioning and delivery to improve experience, quality and outcomes for their population.

2.3 The HWB's scope is primarily oversight of strategic commissioning and delivery of plans to deliver the right outcomes for the population of East Sussex. This will drive operational commissioning, contracting and delivery of services undertaken by the organisations within our system to meet the health, social care and wellbeing needs of our population. It is however recognised that potential conflicts of interest may arise from doing this collaboratively in the current legislative context, and this will be managed appropriately through the meeting process.

2.4 These collective arrangements are intended to improve governance and delivery of plans on a whole system basis for the population of East Sussex, whilst ensuring clear oversight and reporting to the constituent member organisations' governing bodies, who remain statutorily accountable for setting their respective priorities and budgets. In the case of NHS organisations some priorities may also be nationally mandated.

2.5 With regard to transforming services and the overall strategic investment patterns to meet population health and social care needs and deliver outcomes, the HWB will receive recommendations from the East Sussex Health and Social Care Executive Group, which is also a collaboration of commissioners and providers. It is recognised that strategic commissioning responsibilities for the population of East Sussex remain the statutory responsibility of the County Council and the East Sussex CCGs. In line with this any significant changes to the commissioning strategy recommended by the Executive Group would be referred back to the individual organisations for decision.

2.6 Within this the HWB will undertake a strategic role across the system to enable organisations within the East Sussex health and social care partnership to hold each other individually and collectively to account, both to maintain cohesion and help resolve system challenges and complex issues.

2.7 The governance arrangements for clinical commissioning continue to evolve locally, and across our wider Sussex and East Surrey Sustainable Transformation Partnership (STP). In this wider context, it is expected that the strategic oversight role of the East Sussex HWB will also reinforce the future development of an integrated East Sussex population health and social care commissioner function.

2.8 There is now whole system alignment of our collective financial resource, including tracking the system financial position and impacts of transformation. This will ensure the continued grip on financial recovery in 2019/20 necessary to deliver a financially sustainable local health and social care economy in the longer term. This approach now includes the High Weald Lewes Havens part of the East Sussex health and social care economy, and will support greater collaboration between NHS commissioners and providers and ESCC. As such this replaces the ESBT Integrated Commissioning Fund and the ESBT Integrated Finance and Investment Plan arrangements described in the ESBT SCB terms of reference.²

3. Conclusion and reasons for recommendations

3.1 As a key part of our reset health and social care system governance, the formal strategic oversight role of the HWB will strengthen the accountability of sovereign organisations for the collective planning and delivery of our agreed partnership plans. This will enable plans that are better designed to meet the whole health and care needs of the East Sussex population and more effective delivery as a system. It will also underpin the development of the East Sussex population health and social care commissioner function in the context of our wider STP.

3.2 The Board is recommended to note the strategic oversight role of HWB, including commissioning for whole population health and wellbeing endorse this approach, and in light of this endorse the disestablishment of the ESBT SCB.

KEITH HINKLEY
Director of Adult Social Care and Health

Contact Officer: Vicky Smith
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Background documents

None

² As stated previously, sovereign organisations remain accountable for their respective priorities and budgets

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

1 Governance

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

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

2 Purpose

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

3 Responsibilities

The Strategic Commissioning Board will:

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

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

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

4 Authority

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

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

5 Membership

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

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

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

6 Meeting proceedings and quorum

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

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

7 Attendance

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

8 Reporting

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

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

9 Administration

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

10 Frequency

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

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

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East Sussex Health and Wellbeing Board - Terms of Reference

Constitution

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

Membership:

- 4 Members* of the County Council chosen by the Leader of the Council
- 2 Members* representing the five District and Borough Councils
- East Sussex County Council Director of Public Health
- East Sussex County Council Director of Adult Social Care and Health
- East Sussex County Council Director of Children's Services
- *Chief Executive of East Sussex Healthcare NHS Trust
- *Chief Executive of Sussex Community NHS Foundation Trust
- *Chief Executive of Sussex Partnership NHS Foundation Trust
- One representative from each East Sussex Clinical Commissioning Groups (CCG)
- One representative of NHS England South
- One representative of Healthwatch East Sussex**

* New HWB members

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

***To avoid conflict of interest Healthwatch East Sussex will not be members of the Health and Overview Scrutiny Committee Member or any Council Scrutiny Committee.*

The Board will be chaired by an elected Member of East Sussex County Council.

A Deputy Chair will be chosen from among the CCG representatives.

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

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

Observers

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

- One Member* from each of the three Borough and District Councils within East Sussex that are not voting representatives
- Chief Executive of East Sussex County Council
- One representative of the East Sussex Voluntary and Community Sector
- Chief Executive of Brighton and Sussex University Hospitals NHS Trust
- Chief Executive of Maidstone and Tunbridge Wells NHS Trust
- Sussex Police and Crime Commissioner
- Chief Fire Officer East Sussex Fire and Rescue Service

Role and Function

- To provide whole system leadership for the health and wellbeing of the people of East Sussex and the development of sustainable and integrated health and care services.
- To provide strategic influence over the commissioning and provision of health, public health and social care services in East Sussex.
- To strengthen democratic legitimacy by involving democratically elected representatives and patient representatives in commissioning and provision decisions across health and social care and provide a forum for challenge, discussion, and the involvement of local people.
- To bring together the NHS, the council and others to develop a shared understanding of the health and wellbeing needs of the community using robust and up to date evidence.
- To drive local commissioning and delivery of health care, social care and public health and create a more effective and responsive local health and care system that reduces the need for health and social care in the longer term and/or prevents the need for a more expensive service.
- Jointly undertake responsibilities for addressing population health need and for commissioning working together to inform strategic planning of health and social care, through oversight of integrated investment plans Better Care Fund, Improved Better Care Fund and any other responsibilities delegated to the HWB.
- To have a relationship with the East Sussex Strategic Partnership to strengthen the engagement of wider range of stakeholders in all determinants of health.

These functions will be delivered through the following activities:

Identify needs and priorities

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

Deliver and review the Health and Wellbeing Strategy

2. Review and update the Joint Health and Wellbeing Strategy regularly to ensure the identified priorities reflect the needs of East Sussex that clearly explains our joint purpose to residents, communities, staff and volunteers in all organisations
3. Ensure the council, CCGs and NHS providers contribute to the delivery of the Joint Health and Wellbeing Strategy and integrate its agreed objectives into their respective plans.
4. Review recommendations from the East Sussex Health and Social Care Executive Group with regard to transforming services and the overall strategic investment patterns to meet population health needs and deliver outcomes, reflecting national policy where this is appropriate.
5. Oversee and hold partners to account for the implementation of agreed plans.

Ensure achievement of outcomes

6. Communicate and engage with local people about how they can achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing.
7. Have oversight of the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus and integration across the outcomes spanning healthcare, social care and public health.
8. Work in partnership with the Sustainability and Transformation Partnership (STP) to improve outcomes for East Sussex residents and hold the STP to account for delivery in East Sussex of its parts of the system.

Reporting

9. Propose recommendations regarding the work of the Health and Wellbeing Board to:
 - East Sussex County Council;
 - East Sussex CCGs; and
 - NHS provider Trusts
10. Direct issues to and receive reports from the appropriate Scrutiny Committees of the County Council, and the East Sussex Strategic Partnership.

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Report to: East Sussex Health and Wellbeing Board

Date of meeting: 16 July 2019

By: Director of Adult Social Care and Health (on behalf of the East Sussex Health and Social Care System Senior Responsible Officers)

Title: East Sussex Health and Social Care Transformation Programme

Purpose: To consider the initial priorities and programme for health and social care transformation in East Sussex, and next steps

RECOMMENDATIONS

The Health and Wellbeing Board is recommended to:

1. Note the priority objectives and lead Key Performance Indicators (KPIs) for transformation in 2019/20, and the proposed arrangements for the HWB to monitor progress; and
 2. Endorse the proposed arrangements for taking forward the development of a wider East Sussex County Council and NHS plan for East Sussex covering the next five years, in line with NHS Long Term Plan requirements
-

1. Background

1.1 As part of the East Sussex Local System Review, the Care Quality Commission (CQC) recommended that the Health and Wellbeing Board (HWB) should have a strengthened role in providing a robust whole system approach to transformation and improved health and wellbeing outcomes for local people. The HWB role and membership were subsequently reviewed during 2018/19 and a first meeting of the Board in its new broadened role was held on 23rd April.

1.2 A new framework for health and social care partnership governance in East Sussex was presented and endorsed at the HWB meeting on the 23rd April. This has been streamlined to ensure sufficient management capacity and focus to deliver operational requirements and significantly progress our integration priorities. The meeting also noted that it has been agreed to bring together the two existing programmes, East Sussex Better Together (ESBT) and Connecting 4 You (C4Y), into a single programme to transform and integrate services to meet the health and social care needs of the population of East Sussex, and put services on a more sustainable footing for the future.

1.3 The single transformation programme will cover urgent care, planned care and community. Further detail was also provided at the HWB meeting about the initial priorities and plans to take forward integrated community health and social care. These have been informed by the outcomes of the work on financial recovery with NHS England (NHSE) and NHS Improvement (NHSI), and the other independent consultant reviews that they instigated in 2018/19. Robust programme arrangements have also been established as part of the new governance framework, including a system Portfolio Management Office (PMO) to help monitor progress, benefits and finances across the partnership programme.

1.4 The intention is that the HWB will have a stronger strategic oversight of the single East Sussex programme, including oversight of the East Sussex Health and Social Care Executive Group to account for the delivery of the agreed system-wide priority objectives for 2019/20. To take this forward it was agreed at the meeting on the 23rd April to bring more detail about the broader programme across urgent care, planned care and community to the July HWB meeting.

2. Supporting information

2.1 The longer term outcomes and objectives we are working towards in East Sussex are improving population health, improving the quality and experience of care, and improving the financial sustainability of services. The immediate programme and organisational priorities, however, reflect the continued need for grip on delivering financial recovery during 2019/20. This is based on the evidence base; reviews and recommendations for what will work in East Sussex; and is informed by benchmarking tools such as Model Hospital, Get it Right First Time (GIRFT) and RightCare, as well as consideration of best practice and new models of care.

2.2 The focus of the financial recovery work in 2018/19 was on the NHS partners in the ESBT part of the East Sussex system. To date significant progress has been made with consolidating the short-term priorities that came out of the financial recovery process with NHSE and NHSI and the other consultant reviews that took place in 2018/19, with the original objectives from ESBT, into a programme of transformation priorities for the next 6 – 12 months across urgent care, planned care and community that aligns across the total population of East Sussex.

2.3 The Plan on a Page in Appendix 1 sets out the high level projects in this first phase of the transformation programme, together with the strategic drivers and evidence that have informed priority setting for 2019/20. Appendix 2 provides a summary of the programmes and priority projects for 2019/20 across urgent care, planned care and community, respectively.

Monitoring performance

2.4 The three Oversight Boards for Urgent Care, Planned Care and Community are responsible for a portfolio of programmes and projects to deliver the service redesign and efficiencies for our system, and the overall benefits of transformation. For 2019/20, the East Sussex Health and Social Care Executive Group has agreed nine priority objectives based on what we want to achieve this year to move towards a model that can deliver at the lowest level of effective care and create a more sustainable model for the future. Appendix 3 sets out the nine overarching priority objectives for the transformation programme in 2019/20.

2.5 The Executive Group has also agreed a set of lead Key Performance Indicators (KPIs) that indicate whether we are impacting on the system as expected in order to achieve the priority objectives in 2019/20. Appendix 4 contains the draft lead KPIs for urgent care, planned care and community for 2019/20. Alongside this to inform us of how well we are managing the changes, we will also monitor:

- critical programme milestones to show us whether we are delivering to plan;
- whether the benefits that we hope to achieve for our system and for the East Sussex population through the programme are being realised, and;
- the financial picture and how the investment profile across our system is changing.

2.6 Our organisations are also required to monitor the performance and standards of core business delivery across a range of outcome measures, including the NHS Constitutional Standards and the Adult Social Care Outcomes Framework. This is ongoing and will be managed through the usual reporting processes of each organisation. A small subset of measures has been drawn from these where it is felt that performance in these areas will be a good indication of whether our system is working well overall. Monitoring these closely will help us to ensure that there are no adverse consequences for core business and quality as a result of our transformation and integration work. The chosen measures are:

- A&E 4 hour target
- Non Elective (NEL) Re-admissions Within 30 Days
- Referral to Treatment (RTT) Incomplete Standard
- Cancer 62 Day Standard

2.7 A Quality Impact Assessment (QIA) framework has been developed to facilitate a consistent approach to be applied across all system transformation plans within East Sussex. This outlines the process, together with supporting responsibilities and accountabilities to comply and embed quality within all transformational projects, and the development of a tracker of all transformational schemes to enable ongoing monitoring of the QIA process.

2.8 There are a number of links and dependencies across the transformation programme, and it is also the case that it is not always possible to directly attribute a change in activity to a specific individual project where there are multiple change programmes happening at once across a health and care system. In order to manage this complexity an overarching financial and activity delivery framework has been developed to link the changes in activity resulting from transformation through to the financial position. This will report and track finance and shifts, reductions or increases in activity as a result of delivering changes to our health and social care services. Ultimately this will inform us about the impact of transformation on core business delivery and the overall system financial position.

2.9 Targets and measures are being finalised so that progress can be monitored against these priority objectives in full from June 2019, to assure delivery of the benefits of our transformation work for the East Sussex population. A monthly progress report on the measures and system risks and issues impacting benefits realisation across the transformation programme is produced by the system PMO for the Executive Group. In order for the HWB to fulfil its role, it is suggested that a report tracking progress on the nine priority objectives and lead KPIs for the previous quarter is brought to future meetings of the HWB starting in September.

Primary care

2.10 Primary care is the bedrock of our health and care services, and in recent years through ESBT and C4Y we have worked to support local groups of GPs and health and care services to come together in Localities or Communities of Practice, respectively.

2.11 As set out in the NHS Long Term Plan Primary Care Networks (PCNs) are designed to enable greater provision of proactive, personalised, coordinated and more integrated health and social care. PCNs will be based on GP registered lists, typically serving natural communities of around 30,000 to 50,000. For PCNs to be successful, they will need strong local partnerships with community, acute, mental health, local authority and voluntary sector services to deliver care to local populations. The new PCN contracts are scheduled to go live on 1st July and PCNs will be

key partners in the development of future arrangements to ensure our shared objectives can be delivered.

2.12 In line with the direction set out in the NHS Long Term Plan, we will build on the infrastructure already developed for community health and social care services, and align our future plans for integrated urgent care, planned care and community services, to support the development of PCNs across the whole of East Sussex. This will further strengthen the operational interface with General Practice to proactively care for people and communities in East Sussex.

Sussex and East Surrey Sustainable Transformation Partnership (STP) and the NHS Long Term Plan (LTP)

2.11 The governance, programme and monitoring arrangements provide the platform for transformation and integration of services in East Sussex, with accountability to the HWB. East Sussex is one of three population health and social care commissioners within our STP, alongside Brighton and Hove and West Sussex. Work is taking place to agree the priority objectives that need to be taken forward on an STP-wide basis, and it will be necessary to ensure this is aligned with the local work being progressed for our East Sussex population.

2.12 As stated previously, the initial focus of our transformation programme is on the critical priorities that our system is required to deliver as part of continued financial recovery in 2019/20. Alongside delivery of 2019/20 plans, a key task in coming months will be the development of a broader East Sussex plan for the next five years. This will be designed to address the health, social care and wellbeing needs of the whole East Sussex population, and for the NHS to identify what services will best be delivered by a standardised approach across the STP. This long-term strategic plan will support the delivery of sustainable health and social care services, improve health outcomes and help deliver the NHS Long Term Plan and East Sussex County Council priorities, based on a comprehensive assessment of the needs of our local population and system financial and activity modelling.

2.13 The East Sussex plan will be integrated into an STP-wide plan, alongside the two other place-based plans for Brighton and Hove and West Sussex. The development of the East Sussex plan will enable the consolidation of the progress made to date with integration, including initiatives such as Health and Social Care Connect, Joint Community Rehabilitation, Integrated Community Equipment Service and integrated health and social care locality teams.

2.14 On a practical level the development of the East Sussex plan will also take in:

- the requirement to determine the further integration of services in the west of the county including primary care and Sussex Community Foundation NHS Trust, which reflect acute care patient flows in and out of county, and;
- the evolving work to progress PCNs and Integrated Care Partnerships, and the evolution of our STP into Integrated Care System by April 2021, and within this integrated health and social care commissioning for the population of East Sussex.

Next steps

2.15 The suggested process, timetable and milestones for developing the East Sussex plan is as follows:

July 2019	<ul style="list-style-type: none"> • New PCNs in place
Autumn 2019	<ul style="list-style-type: none"> • Integrated East Sussex place based plan (part of the STP NHS Long Term Plan response) • STP Long Term Plan submission to NHS England (subject to NHS planning guidance requirements)
December 2019	<ul style="list-style-type: none"> • Develop local East Sussex approach to integrated population health and care commissioning • Develop local approach to our Integrated Care Partnership for the delivery of health and social care for East Sussex
April 2020	<ul style="list-style-type: none"> • CCGs proposed merger complete, subject to agreement by CCG Governing Bodies, membership and the required NHSE authorisation
April 2021	<ul style="list-style-type: none"> • Integrated Care Partnership in place • East Sussex Population Health and Care Commissioning in place • Sussex and East Surrey Integrated Care System in place

2.16 As these developments evolve, we will continue to seek the involvement of local people and our stakeholders, to ensure care is built around our residents and their experiences. This will build on the strengths of our approach across ESBT and C4Y to date.

3. Conclusion and reasons for recommendations

3.1 The health and social care transformation programme, projects and KPIs represent pragmatic and realistic steps to be taken over the next 6 – 12 months to progress fuller integration of health and social care services, in order to secure ongoing grip on financial recovery for our system. Phase 1 of the work will be delivered in the short term and resources have been redeployed from within our system to support robust programme and project management arrangements. The system PMO resource will assist with the development and regular reporting of integrated KPIs and financial information.

3.2 In line with the HWB forward work programme progress, reports will be brought to the HWB from September onwards. Partners across our system will also need to work together to develop an integrated longer-term East Sussex County Council and NHS plan for East Sussex beyond 2019/20, and this will form part of our broader local STP response to the NHS Long Term Plan.

KEITH HINKLEY
Director of Adult Social Care and Health

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Background documents

None

Appendices

Appendix 1 – East Sussex Transformation 2019/20 Plan on a Page

Appendix 2 – Summary of programme and projects for urgent care, planned care and community

Appendix 3 – Priority objectives for 2019/20

Appendix 4 – Draft lead Key Performance Indicators (KPIs) for urgent care, planned care and community 2019/20

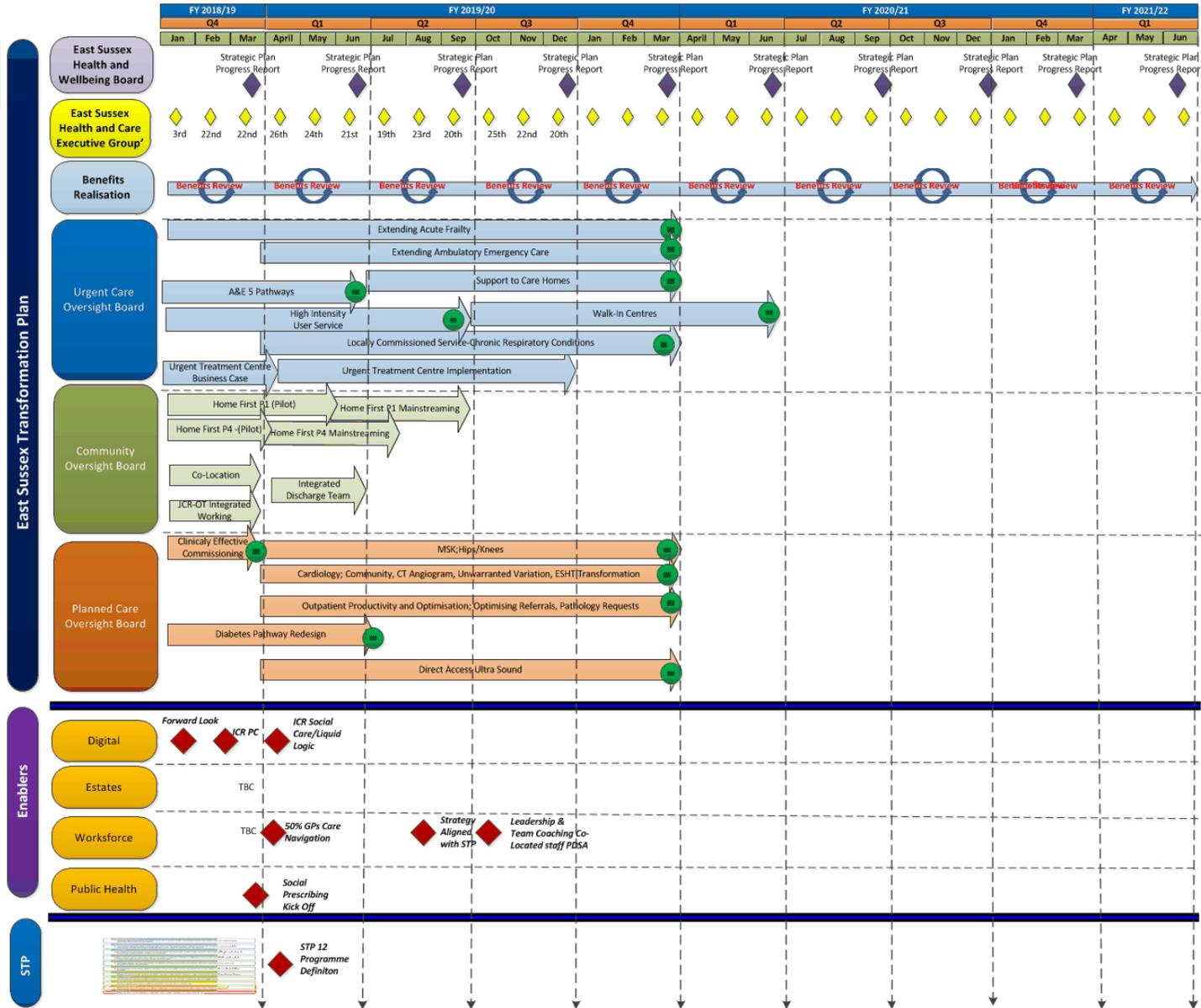
Appendix 1 East Sussex Health and Social Care Transformation Plan on a Page

Strategic Drivers

- Carnell and Farrar Community Investment Review
- Review of Ambulatory Care
- PwC Community Baseline Recommendations
- Drivers of A&E Demand
- PwC ESHT Drivers of the Deficit
- 3+2 Aligned System Plan
- NHS Delivery Unit Drivers of the Deficit
- NHS Deliver Unit Financial Quantification
- ESCC Health and Social Care Profile of Older People
- Get It Right First Time (GIRFT)
- East Sussex Financial Recovery ESHT CIP/CCG QIPP/ESCC RPPR
- NHS Five Year Forward View
- Anticipated Social care Green Paper
- Efficiency of Community Services – PA Consulting
- **ESCC Council Plan 2019/20**
- **NHS Long Term Plan – Jan 2019**

KEY:

- Expected cost reduction/financial saving to the system
- Key Milestone not delivered by this plan but may impact plan deliverables timing/positive/raise issues or risks



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Appendix 2

Summary of transformation programmes and projects for Urgent Care, Planned Care and Community

Background

The initial transformation programme for 2019/20 recognises our system's need to continue to progress financial recovery, and currently consists of the recommended immediate priority areas of transformation needed to support this. This is taking place in the context of our longer term objectives to improve health, improve the experience and quality of care and improve the overall sustainability of health and social care services - delivering financial recovery will contribute to delivering these broader objectives.

This is based on system diagnostic work on the drivers of our East Sussex system deficit undertaken by NHSE and NHSI and others, such as Carnall Farrar and PwC, as part of the financial recovery process in 2018/19. The evidence base for these priorities is informed by benchmarking tools including Model Hospital, Get it Right First Time (GIRFT) and NHS Right Care, as well as consideration of national and international guidelines, good practice and new models of care.

It should be noted that each of the programmes are at different stages of programme definition and work up, and include some projects that were initiated in 2018/19 as well as projects that are in the very early stages of scoping and development. We will also continue to monitor and develop our established projects, initiatives and services as well as new projects outlined below. As these developments evolve, we will continue to seek the involvement of local people and our stakeholders, to ensure care is built around our residents and their experiences.

There are strong links between all three programmes and many of the changes implemented in one programme will have benefits for other areas. For example work under the community programme aimed at increasing efficiency and capacity in community health and social care services through integration, will enable improved patient flow through hospital and reduced lengths of stay as well as improved outcomes for people and their families. This means benefits across both urgent (unplanned) care and planned (elective) care services will be delivered through the community programme of work.

In summary, the new areas of work to further improve the health and wellbeing of local people right across East Sussex are:

- **Urgent Care:** The programme focuses on avoiding unnecessary hospital admissions through our community service pathways, in partnership with primary care and the South East Coast Ambulance Service (SECAMB), and building on the services already provided in our acute services to make sure that those seeking urgent care are seen by the most appropriate clinician, treated and either admitted or discharged as quickly as possible.
- **Planned care:** we want to make sure that those people who are referred into hospital are seen and treated as quickly as possible. There will be quicker routes to tests, enhanced technology to detect any concerns faster and one stop clinics that will bring together consultations, tests, treatment and support in one place, at one time.

- **Community care:** we want to further build on the services we provide in people's homes or in the community. We will make sure that there are clearer pathways for people accessing community care and build on the support we provide to people after they leave hospital. We also have plans to further integrate teams of health and care staff across the county, supported by a single leadership structure.

The three programme areas are as follows:

1 Urgent Care

1.1 The key focus of the Urgent Care programme is to transform urgent and emergency care services in East Sussex to ensure that, in an emergency, people are treated in the most appropriate place by the right clinical and/or social care service. The programme focuses on building pathways and capacity within our community and primary care services to reduce to support patients in their own home. The programme is aligned to the community service re-design to enable the outcomes from the programme. It builds on the services already provided in our Emergency Departments, acute medicine and surgical assessment units to make sure that those seeking urgent care are seen by the most appropriate clinician, treated and either admitted or discharged as soon as is appropriate.

1.2 The programme is also closely aligned with work across the Sussex and East Surrey Sustainable Transformation Partnership (STP) area, in the wider context of a delivering a standardised approach to urgent and emergency care pathways across the STP footprint. The projects are a mix of existing work to implement Urgent Treatment Centres and new local priorities identified as a result of financial recovery diagnostic work, in summary:

- Extending Acute Frailty will look to build in the appropriate interventions when people require hospital care to ensure they receive a timely frailty assessment, and support patients to return home or to another appropriate care setting when patients no longer require consultant led care in an acute setting. Subsequent community services will also be aligned on discharge to reduce frailty severity where possible.
- Extending Ambulatory Emergency Care (AEC). AEC is a way of managing a significant proportion of emergency patients on the same day without admission to a hospital bed, giving the opportunity to better manage patient flow, improve patient experience and reduce acute hospital admissions. AEC is already provided by our hospitals, however, this project looks to increase the availability of AEC to a minimum of 12 hours a day, 7 day a week. This will also help meet requirement in the NHS Long Term Plan to increase treatment and discharge from Emergency Care without an overnight stay.
- Support to care homes is at the exploration stage of looking to understand how appropriate support can be delivered to people in care home settings.
- To address the increased demand on our A&E services, in November 2018 a High Intensity User (HIU) service went live in East Sussex. The HIU service (initially developed by NHS Blackpool) offers a robust way of reducing high unscheduled users of multiple services such as 999, NHS 111, A&E, General Practice and hospital admissions, freeing front line resources to focus on more clients and reduce costs. It uses a health coaching approach, engaging with high users of services whose needs are often unable to be met fully by one area of service. It supports some of the most vulnerable clients within the community to flourish, whilst making the best use of available resources. The service is now fully operational with two key workers visiting

high users of services with very significant improved outcomes evidenced already. In 2019/20, the NHS Operational Planning and Contracting Guidance set out that all health systems in England must implement a High Intensity User service.

- A&E Five Pathways provides the ability for our ambulance staff and GPs to contact our Crisis Response team via our Health and Social Care Connect Service to avoid an unnecessary A&E admission, for five common conditions that result in 999 calls and an unscheduled conveyance to A&E. The five conditions are; Urinary Tract Infections; falling with no injury; Pneumonia or Flu; blocked Catheters, and; Cellulitis. The evidence suggests that putting in place consistent alternative pathways could result in better management and better outcomes for people. The project scope is being expanded in partnership with SECamb to include further pathways and access by the wider paramedic and technician workforce.
- The Locally Commissioned Service (LCS) for Chronic Respiratory Conditions provided by General Practice has recently commenced, aimed at supporting the better management of respiratory conditions in the community to ensure people are less likely to deteriorate, and reducing emergency admissions. This project looks to measure the outcomes from providing training workshops, regular out of hospital reviews of medication, and medication application techniques.
- Urgent treatment centres (UTCs) are GP-led services that are equipped to diagnose and deal with many of the most common ailments people often attend A&E for. Open at least 12 hours a day, every day, UTCs offer appointments that can be booked through 111 or through a GP referral. This is an existing project as part of the national requirements to implement UTCs and develop a standardised approach to make best use of emergency care resources across our STP. UTCs are intended to ease the pressure on hospitals, leaving other parts of the system free to treat the most serious cases. This includes reducing attendance at A&E and, in co-located services, provides the opportunity for streaming at the front door.
- As part of implementing UTCs Walk-In Centres will be reviewed to ensure there is no duplication of services and to maximise the role of out of hospital services that complement the new UTC facilities.

2 Planned Care

2.1 Planned care can be defined as routine services with planned appointments or interventions in hospitals, community settings and GP practices. This is also sometimes known as elective care, and is any treatment that doesn't happen as an emergency and usually involves a prearranged appointment. Most patients are referred for planned care by their GP.

2.2 We want to make sure that those people who are referred into hospital are seen and treated as quickly as possible. There will be quicker routes to tests, enhanced technology to detect any concerns faster and one stop clinics that will bring together consultations, tests, treatment and support in one place, at one time.

2.3 The Planned Care programme brings together a series of projects aimed at reducing variation in planned care referrals and pathways, optimising referrals and evidenced based, clinically effective commissioning to ensure the best patient outcomes and experience. The current focus is supporting more effective patient pathways between primary and acute care,

and future phases will take forward the redesign of Outpatients services. Current projects include:

- Part of an STP-wide programme, clinically effective commissioning (CEC) aims to review and standardise non-emergency treatments and procedures to reduce variation, reduce waste and make best use of limited resources. It will support referrers to use the appropriate guidelines agreed by clinical commissioners to ensure unnecessary high risk interventions are not carried out, as well as manage referrals for procedures that are either not routinely funded, or require patients to meet certain eligibility criteria before they can receive treatment.
- There are a range of projects focused on Cardiology. These include looking to reduce variation in the way community cardiology provides community-based assessments for people who may have problems with their heart, blood pressure or breathing, and standardising the use of procedures such as CT scans and angiograms. This project is looking to standardise pathways across the east and west of the area and so more patients can be treated within the community setting to make best use of capacity.
- In keeping with the NHS LTP requirements East Sussex health organisations are exploring working together to transform Outpatient care. This will range from ensuring appropriate GP referrals through to optimising appointments within the hospital. Digital enablers such as Patient Knows Best and Virtual Fracture Clinics are a couple of areas looking to reduce waste on pathways and reduce patient travelling requirements to improve patient experience and outcomes. The initial focus will be on Ophthalmology, Gynaecology, and Urology.
- Diabetes Pathway Redesign is a project implemented last year and has resulted in successfully avoiding amputations and improving preventative care by providing GP led multidisciplinary community teams as well as greater levels of patient involvement in decision-making and self-care. East Sussex CCGs is now leading on Diabetes pathway re-design across the Sussex and East Surrey STP, to further build on this model and inform an STP-wide approach.
- The Direct Access Ultra Sound - Non-Obstetric Ultra Sound project looks to reduce the number of requests that do not comply with the criteria for an ultra sound as set out by the British Medical Ultrasound Society, to improve waiting times, capacity and patient experience and outcomes.

3 Community

3.1 A summary of the agreed projects and further work for integrated community health and care services, resulting from the financial recovery process was shared at the meeting of the HWB on 23rd April. The work and initiatives carried forward from the ESBT programme will continue, most critically the joint management of community health and social care teams. We want to further build on the services we provide in people's homes or in the community. We will make sure that there are clearer pathways for people accessing services in the community and build on the support we provide to people after they leave hospital.

3.2 Our approach is consistent with the NHS Long Term Plan direction for primary and community healthcare, including the establishment of Primary Care Networks, greater multi-disciplinary working across primary medical care and community health and social care to both support rapid response in a crisis, as well as a local approach to population health management to proactively prevent the escalation of health and care needs.

3.3 Together the linked projects described below make up phase 1 of the programme for 2019/20. They set out a series of pragmatic and realistic steps to be taken over the next 6 – 12 months to progress fuller integration of community health and social care services, with the overall aim of supporting people's independence and long-term care to better manage demand for acute hospital services. In brief the projects include:

- In Eastbourne, [nursing and social care teams have come](#) together to trial working from a shared base, to support joint working and the care co-ordination model for people with complex and longer-term support needs. This pilot will guide how joint working works best, and will include engagement with primary care, mental health and voluntary services.
- New 'Home First' pathways are being tested out. These are new, joined up pathways designed to get medically fit people home from hospital sooner, and to make sure that assessments for community support and decisions about longer term care are not made in hospital.
- Joint working between East Sussex County Council and East Sussex Healthcare NHS Trust Occupational Therapy staff will be developed, to share skills, best practice and help create capacity. This is expected to include developing a joint duty and triage service that will simplify and streamline the referral and allocation process.
- Work will also take place to look at the best ways for different teams and services to work together to provide integrated, rapid response, community services to support discharge from hospital and avoid unnecessary hospital admissions. This will be complemented by the continuing development of the Crisis Response service (referenced elsewhere in this summary) which will continue to avoid unnecessary admissions by managing medical crises in the community where appropriate.

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Appendix 3 Draft East Sussex Transformation Programme Priority Objectives 2019/20

Ref No	Objectives 2019/20	Target Measure	Target Date	Current Measure	RAG
1	Reduction in average length of stay for non-elective admissions	Development In Progress	31/03/2020	Development In Progress	
2	Reduction in average length of stay in non-acute beds (e.g. community, intermediate, non-weight bearing etc.)	Development In Progress	31/03/2020	Development In Progress	
3	Growth prevention in A&E attendances not to exceed plan	6%	31/03/2020	12.1%	
4	Delivery of transformational plan financial efficiencies 19/20	£11.1m	31/03/2020	£7.2m (plan)	
5	Growth prevention in non-elective admissions	6%	31/03/2020	10.2%	
6	Increase efficiency and capacity within the existing community health and care services workforce	Development In Progress	31/03/2020	tbc	
7	Reduction in the number of people 65+ permanently admitted to residential and nursing homes	3.6 (per 100,000)	31/03/2020	First measure due June	
8	Outpatients Optimised	Development In Progress	31/03/2020	Development In Progress	
9	Increase in % of same day emergency care	30%	31/03/2020	31%	

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Appendix 4 Draft Lead Key Performance Indicators 2019/20

Lead KPIs	No.	Indicator Description
Urgent Care Oversight Board	UCOB1	Reduce the number of people seen in Emergency Department (i.e. majors and resus) as a % of the total number of people attending the A&E site (all streams)
Urgent Care Oversight Board	UCOB2	Increase the number of people seen through Urgent Treatment Centre services as a % of the total no of people attending the A&E site (all streams).
Urgent Care Oversight Board	UCOB3	Reduction in <i>Over 75yrs</i> Non-Elective average Length of Stay
Urgent Care Oversight Board	UCOB4	Reduction in A&E admissions from Care Homes
Community Oversight Board	COB1	Reduced number of medically fit patients (including reductions in delayed transfers of care, stranded and super stranded)
Community Oversight Board	COB2	Reduction, against original trajectory, of patients conveyed to Emergency Department
Community Oversight Board	COB3	Reduction in time on waiting list for relevant community services
Community Oversight Board	COB4	Increase in client contact/patient visits for relevant services
Community Oversight Board	COB5	Reduction in health and care workforce turnover
Planned Care Oversight Board	PCOB1	GP referrals to acute within 2% (tbc) of optimal referral rate
Planned Care Oversight Board	PCOB2	Reduce number Low Clinical Value Procedure Referrals
Planned Care Oversight Board	PCOB3	Reduction in Elective Activity
Planned Care Oversight Board	PCOB4	Increase number of Advice & Guidance Requests
Planned Care Oversight Board	PCOB5	Growth prevention of New Outpatient to Follow-up appointment with no further action
Planned Care Oversight Board	PCOB6	Growth Prevention of New Outpatient with no Follow-up appointment

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