



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

**Date of meeting:** 6 June 2018

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

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

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

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## **RECOMMENDATIONS**

The ESBT Strategic Commissioning Board is recommended to:

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

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### **1. Background**

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

1.2 The scale of our current financial challenge supports the drive to integrate at pace, at the level of our ESBT place, as appropriate, in order to commission the best outcomes for local people within our ESBT resource envelope. As part of the national direction for commissioning reform, our local integration will also be supported by us delegating some commissioning to our Sussex and East Surrey Sustainable Transformation Partnership (the STP) where this is the appropriate level and wherever this makes sense in terms of wider clinical networks or agreed referral thresholds. The benefits of a strengthened STP leadership will provide a helpful framework to enable local places to further develop plans and activity to achieve system financial recovery and journey towards sustainability.

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

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

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

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

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

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

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

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

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

- Agreement to the proposed scope and content of the ICF for a combined ESBT resource of approximately £760million<sup>2,3</sup>, and entering into a Financial Framework Agreement to operate this;
- Our senior responsible officer roles across health and care commissioning increasingly focusing on either our core shared commissioning function or our required transformation programme, in order to offer a single point of leadership for each function whilst continuing to discharge individual statutory accountabilities; and
- Arrangements to bring together a regular integrated senior management team meeting between the CCGs and Adult Social Care and Health, with the aim of carrying out core

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

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

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

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

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

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

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

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

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

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

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

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

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

4.3 Reflecting our original principles and characteristics for integrated (accountable) care, this is considering all parts of the provider map including community, hospital, mental health and social care services for children and adults along the spectrum of primary, secondary and tertiary care. Considerations will also include what will be core delivery for the integrated care provider model, and what will be commissioned from other providers.

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

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

4.5 We have scoped stakeholders and engagement methodology to develop our plans to inform, engage and co-design key elements of our integrated care system delivery model. Our framework, which has been tested with the collaborative health and wellbeing Stakeholder Engagement Group at its meeting on 16 April, includes:

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

4.6 Our approach to stakeholder engagement will build iteratively as we go through the development process for our ESBT integrated care system model and more detail emerges.

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

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

## 5. Conclusion and reasons for recommendations

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

5.2 The ESBT Strategic Commissioning Board is recommended to

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

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