



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

**Date of meeting:** 6 June 2018

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

**Title:** Draft Annual Report to the Health and Wellbeing Board

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

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## **RECOMMENDATIONS**

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

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### **1. Background**

1.1 East Sussex Better Together (ESBT) is our whole system health and care transformation programme, formally launched in August 2014, to fully integrate health and social care across the ESBT footprint in order to deliver high quality and sustainable services to the local population. Our shared vision is to ensure that people receive proactive, joined up care, supporting them to live as independently as possible and achieve the best possible outcomes.

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

1.3 As part of the national direction for commissioning reform, our local integration will also be supported by us delegating some commissioning to our Sussex and East Surrey Sustainable Transformation Partnership (the STP), where this is the appropriate level and wherever this makes sense in terms of wider clinical networks or agreed referral thresholds. The benefits of strengthened STP leadership will provide a helpful framework to enable local places to further develop plans and activity to achieve system financial recovery and journey towards sustainability.

1.4 In line with this in 2017/18 the ESBT partners (Eastbourne, Hailsham and Seaford CCG, Hastings and Rother CCG, East Sussex County Council, East Sussex Healthcare NHS Trust and Sussex Partnership NHS Foundation Trust) moved formally into a new ESBT Alliance arrangement for a test bed year, to enable us to rapidly develop our capacity to manage the health and social care system collectively as an Alliance partnership.

1.5 This arrangement was underpinned by an Alliance Agreement which provided the framework to operate 'as if' were an integrated accountable care system, in order to test ways of working, configure resources more flexibly, and improve services for the population in 2017/18 and in the longer-term.

1.6 To support our ambition to work as one system in 2017/18 we put in place a system wide governance structure, to support our ESBT Alliance to cover the following areas during the test bed year:

- The commissioning and delivery of health and care services to the local population and with an annual budget of approximately £860m (2017/18), focussing on what matters to local people. This has included continuing our programme of transformation and service change and raising the profile and investment in prevention and proactive care while reducing reliance on secondary care (hospital) services;
- Collaboration to deliver our integrated Strategic Investment Plan (SIP) and further development of integration plans and practice; and
- The alignment of our budgets so we can design a payment mechanism that incentivises population health outcomes more than activity and invest appropriately across our health and care system to best benefit local people.

1.7 Part of the purpose of the test bed year was to create the space and time to undertake the necessary learning and development, with support from or system regulators, to design our ESBT Alliance integrated care model. This annual report for the East Sussex Health and Wellbeing Board of the ESBT Alliance test bed year provides a summary of activity in the 2017/18 test bed year, outcomes delivered, and next steps structured around the key areas of focus for the ESBT Strategic Commissioning Board:

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

## **2. Supporting information**

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

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

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

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



2.3 A reviewed and refreshed version of the framework with minor changes was approved by the Strategic Commissioning Board on 9 March 2018 for further testing and development in 2018/19. A one page summary of the outcomes framework is included in Appendix 1 and the latest quarterly performance reports with baseline data for 2015/16 alongside performance data for 2016/17 are published on the ESBT website<sup>1</sup>.

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

2.5 The nature of measuring outcomes rather than outputs also means that much of the performance data is only available annually or every two years. A full report with data for 2015/16, 2016/17 and 2017/18 where this is available has been produced, and is published on the ESBT website<sup>2</sup>. This shows that there has been some measurable improvements against previous years' performance in the areas that local people have told us are important.

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

2.6 At the beginning of the 2017/18 test bed year we agreed our integrated medium term ESBT Strategic Investment Plan (SIP) and schemes for 2017/18, together with a single system-wide aligned budget and reporting framework to support the operational management and performance of the system. We have reported on our ESBT Strategic Investment Plan (SIP) to the ESBT Strategic Commissioning Board throughout the 2017/18 test bed year, in order that the Board could oversee delivery of our shared performance goals.

2.7 Although we have made significant progress in moving towards a 'one system, one budget' approach and managing system financial risk collectively, our SIP plans have not been realised as quickly as we had planned for and, whilst in line with the national picture, we have seen increases in A&E attendances and non-elective admissions resulting in overspend against plan. At the same time our work has had a clear beneficial impact on hospital discharge and flow, and the Trust has been able to accommodate the increase in admissions without increase in bed capacity.

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

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

Practitioners, Falls and Fracture Liaison) made within the Plan were evaluated. In general, the evaluation has highlighted the following common factors:

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

2.9 Other new service investments within the Plan, for example Care Home Plus and the expansion of Technology Enabled Care Services (TECS) have not progressed for operational reasons. These schemes will be assessed as part of the planning for 2018/19.

2.10 A number of schemes did not progress at the originally planned pace, most notably Locality Planning and Delivery, where the planned savings targets increased to £15.4m. This is now in place with refreshed leadership and clear direction, and is embedding well to provide a good foundation for delivery in 2018/19.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3.2 The added value of working collectively as a system has impacted positively on our activity position in the test bed year. However, we have not been able to translate improvements quickly enough to impact positively on our system financial position. Within this it should be acknowledged that 2017/18 was the first year of delivering whole system transformation as an ESBT Alliance.

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

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

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### **BACKGROUND DOCUMENTS**

Appendix 1 ESBT Alliance Outcomes Framework 1 page summary

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