

Report to: East Sussex Health and Wellbeing Board

Date of meeting: 17 July 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: East Sussex Better Together Strategic Commissioning Board (ESBT
SCB) Annual Report

Purpose: To present the ESBT SCB summary annual report and activity for
2017/18.

RECOMMENDATIONS

The Health and Wellbeing Board is recommended to note the report and activity for 2017/18, and planned next steps in 2018/19

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 The first phase of ESBT transformation, known as the 150 week programme, formally concluded in June 2017. In order to continue to build on the learning and successes of the transformation programme, 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 phase. The aim of this second phase was to enable us to rapidly develop our capacity to manage the health and social care system collectively as an Alliance partnership.

1.4 This arrangement is underpinned by a two year ESBT Alliance Agreement which provides 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.

1.5 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 phase:

- 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 begin to 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.

1.6 The supporting governance framework for 2017/18 included an ESBT Strategic Commissioning Board, an ESBT Alliance Governing Board, and an ESBT Alliance Executive. These arrangements replaced the ESBT Programme partnership arrangements partially and in shadow form from February 2017. The ESBT Strategic Commissioning Board was established in April 2017 between the Council, EHS CCG and HR CCG, as the commissioner members of the ESBT Alliance, to jointly undertake responsibilities for addressing population health need and for commissioning health and social care on a system-wide basis.

1.7 Part of the purpose of the initial 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.

1.8 A draft learning and impact report of the initial ESBT Alliance test bed year is contained in Appendix 1. This provides a further context about the aim and purpose of our first year as a formal ESBT Alliance with our early analysis of the progress we have made as an ESBT Alliance integrated care system. This is not intended to be definitive, having been produced to enable further discussion and feedback to inform planning and proposals for strengthening the ESBT Alliance in 2018/19.

1.9 The learning and impact report also draws on the helpful learning and feedback from the CQC Local System Review¹, which took place in November 2017, and the results of the initial ESBT Accountable Care System Health Check (May 2017) to determine the readiness of our system for integrated (accountable) care. Both of these independent exercises were extremely positive about our whole system approach and the strength of our ESBT partnership to deliver population level outcomes.

1.10 This report for the East Sussex Health and Wellbeing Board provides a summary of the ESBT Alliance 2017/18 test bed phase, outcomes delivered, and next steps. The report is structured around the following key areas of focus for the ESBT Strategic Commissioning Board:

- Engagement with local people;
- ESBT Alliance Outcomes Framework;
- ESBT Strategic Investment Plan (SIP);
- New services and improvements in 2017/18;
- Further strengthening the ESBT Alliance for 2018/19 and;
- Transforming to our future place-based ESBT integrated care system within the Sussex and East Surrey Sustainable Transformation Partnership (STP)

2. Supporting information

Engagement with local people

2.1 Our comprehensive ESBT engagement and communications strategy and programme has been ongoing in 2017/18, to ensure that local people have been engaged in local discussions to understand local health needs and the outcomes to be delivered, so that plans are informed by local insight - contributing in particular the development of integrated care, integrated locality teams, and our focus on prevention and well-being. This has also informed the further progress of

¹ East Sussex Local System Review November 2017 Report (Care Quality Commission, January 2018)

ESBT and the development of the new model of care. We have built on this in the initial test bed phase of the ESBT Alliance in the following ways:

- Holding focus groups with the CCG Patient Participation Groups and the Adult Social Care People bank, and sharing and testing more widely the development of our integrated outcomes framework for the ESBT Alliance, so that it is based on what matters to local people (see below);
- Developing, testing and updating the criteria we used for appraising the future ESBT delivery vehicle with local people, during April - June 2017;
- Ensuring voice and representation within the ESBT Alliance governance structure through seeking nominations from the new Stakeholder group to the ESBT Strategic Commissioning Board, and also ensuring Healthwatch has a place on our ESBT Alliance Governing Board to help assure our approach to citizen governance as this develops;
- Involving local people in all new thinking and developments regarding services from how people would like their local GP practice team to develop, designing information to raise awareness about good use of medicines to exploring how people want to access local urgent care services (*please note this is intended as an illustration rather than an exhaustive list of activity*).

2.2 ESBT has also participated in the development of the new East Sussex collaborative stakeholder group, launched in July 2017, and designed to facilitate better partnerships and co-design of our local health and care services with a broad spectrum of community representatives and local stakeholders. The remit of the group is to engage and contribute to our shared strategic planning process. Membership includes local communities of interest, voluntary and community organisations, District and Borough housing, the East Sussex Fire and Rescue Service and statutory health and social care commissioners and providers.

2.3 Supported by an independent facilitator to help establish good practice in co-production, the purpose of the stakeholder group is to:

- Help to define the overall direction for commissioning health and care in East Sussex;
- Ensure that stakeholders inform decision making around how priorities are identified and resources are allocated;
- Use engagement mechanisms to strengthen the ways in which communities can have input, feedback and influence strategic developments; and
- Help to develop and champion a countywide approach to co-production in health and care.

2.4 We will continue to seek the vital contribution of local people and our other stakeholders to shape all of our ESBT plans. In 2018/19 a key priority is to further develop our model of active citizen engagement and ownership of our health and care system, as part of the wider work to agree, develop and implement our local place-based Integrated Care System.

ESBT Alliance Outcomes Framework

2.5 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 one part of how integrated care systems can be incentivised to make improvements. To start to prototype this in the 2017/18 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.

2.6 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.



2.7 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 draft quarterly performance reports with baseline data for 2015/16 alongside performance data for 2016/17 are published on the ESBT website². In 2018/19 we will be focusing on one domain each quarter and providing more in depth qualitative and quantitative analysis.

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

2.9 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 website³, as a work in progress. This shows that there has been some measurable improvements against previous years' performance in the areas that local people have told us are important, and also the areas we need to focus on for improvement.

ESBT Strategic Investment Plan (SIP)

2.10 The scale of the budgets within the control of the ESBT Alliance partners is c£1billion. 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

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

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

2.11 The ESBT Alliance ended 2017/18 with a combined system deficit of £94.9million. This is summarised as follows:

| Organisation | 2017/18 Plan surplus/(deficit) £m | 2017/18 Final Outturn surplus/(deficit) £m | 2017/18 Variance surplus/(deficit) £m |
|---------------------|--|---|--|
| ESCC | 0.0 | (0.4) | (0.4) |
| EHS &HR CCGs | 0.0 | (37.1) | (37.1) |
| ESHT | (26.5) | (57.4) | (30.9) |
| Total | (26.5) | (94.9) | (68.4) |

2.12 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.

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

2.14 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. A number of other 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.

2.15 More favourably, prescribing 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.

2.16 Looking forward to 2018/19 the ESBT Alliance is forecasting a system deficit of £76.9m, compared to the £94.9m deficit in 2017/18. 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. The ESBT Alliance partners have in place expenditure reduction plans totalling £43.3m (ASC £6.2m, ESHT £19.1m and the CCGs £18m) to deliver the forecast position and to manage slippage and in-year risk. Our collective assessment of this in-year risk is £19.9 million.

2.17 The 2017/18 in-year position is being managed by the ESBT System Financial Recovery Board which will receive monthly detailed reports on the overall financial position and individual expenditure reduction plans to provide assurance that:

- The system is achieving the required financial improvement;

- The effect of individual plans is understood by all partners;
- Individual and system risks are being actively managed;
- Urgent action is taken where expenditure reduction plans are not delivering so that overall system financial position is achieved

2.18 The Health and Social Care Commissioning financial plans for 2018/19 forecast a health and social care commissioning deficit of £32million for the CCGs and break-even for Adult Social Care which is in line with the control totals issued by NHS England. To achieve the control total position partners are finalising plans as individual commissioning organisations. These are £6.2million in relation to ESBT for ASC; and £18m to reach the control total of £32m for the CCGs.

New services and improvements in 2017/18

2.19 Our formal ESBT Alliance arrangement in 2017/18 has enabled a system-wide approach and focus to operational delivery. The indications are that this, alongside our continued implementation of community based integrated care services, has enabled us to continue to build on our successful ESBT partnership working over the previous three years to begin to moderate demand for hospital based services, including in the following ways:

- For those aged over-65 there has been a sustained reduction in A&E attendance, unplanned admissions, acute referrals, and admissions from care homes that demonstrates how we have produced a bend in the demand curve to be much better than regional and national average.
- Consequently, system performance has significantly improved for key national standards, including Referral to Treatment Time (RTT), Accident and Emergency (A&E) and Delayed Transfers of Care (DTC).
- A&E is now in the upper quartile of performance nationally and DTCs have reduced from approximately 8% to lower than 2%. RTT regularly performs at over 90%; during December 2017 and over Christmas we were between 7th and 9th best nationally.
- Over and above this, by working together we have reduced serious incidents, and improved stroke measures and outcomes.

2.20 Appendix 3 contains a collated summary of new services, activity and improvements made in 2017/18 as a result of ESBT partnership working, with some facts and figures highlighted below:

- The whole school health improvement project is reaching up to up to 53,302 children and young people in East Sussex schools, through focussing on whole-school approaches.
- The nursery transformation programme Healthy Active Little Ones (HALO) has reached over 5,600 nursery children across East Sussex and the activities continue to be specifically recognised within nursery Ofsted inspections.
- The target for diagnosing people with dementia (greater than 68%) was achieved in 2017/18 enabling more people to be identified and offered support. Enhanced post-diagnostic services have now been commissioned to provide a wide-range of universal social care and support to people with dementia and their carers.
- In 2017/18 Health and Social Care Connect received 130,411 contacts and referrals, an increase of 9% compared to 2016/17
- 2243 healthcare staff have now been trained to use Making Every Contact Count (MECC) approaches to provide brief advice and refer into lifestyle support services, where required
- 283 General Practice staff have been trained to date in care navigation

- 28 of 47 Practices so far have now been audited as ready to host pre-registration student nurses, to increase the number of pre-registration places available
- The NHS Health Check programme – building on the successful role out in communities in 2016/17, through the workplace programme in 2017/18 nearly 2000 staff had their Health Check at work – around 1/3 of all eligible staff across ESHT, SPFT and ESCC - a much higher uptake rate than similar pilots undertaken by NHS England which had an average uptake of 11%
- August 2017 saw the launch of our new integrated lifestyle service, One You East Sussex - a one-stop shop offering evidence based personalised support to enable people to make changes to their lifestyle to improve their health – with over 4000 referrals so far.
- Over 42,000 people in East Sussex took part in the 'Beat the Street' game in 2017; walking, cycling or running a combined total of 231,090 miles
- 34 ESBT practices have developed and are delivering their plans to embed health improvement into the work of the practices. Examples of activity include:
 - Addressing social isolation using Patient Participation Group members as 'community connectors'
 - Training practice staff in Making Every Contact Count
 - Working with Patient Participation Groups (PPGs) to increase their health promotion role in the practice
- 97 more annual health checks for people with learning disabilities have been completed in Hastings and Rother than in 2016/17, to ensure unmet health needs can be identified
- 6 new Locality Planning and Delivery Groups have been launched to enable both planning and oversight of operational delivery of services at a local level, as the core building blocks of our local ESBT integrated care system
- 6 Locality Networks have been established to bring together health, social care, other statutory sector, voluntary and community and independent sector staff to identify shared priorities and work collaboratively to address these, and link the wider health, care and support system into the locality planning and delivery framework

Further strengthening the ESBT Alliance for 2018/19

2.21 The overall 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).

2.22 In light of our learning in 2017/18, our focus for strengthening the Alliance in 2018/19 has been to put integrated commissioning of health and care for our ESBT place on a more formal footing, to better enable us to drive the integration of care delivery across our system. During the latter half of 2017/18 proposals were developed to implement closer integration and leadership of health and care commissioning and transformation in 2018/19, supported by an Integrated Commissioning Fund (ICF) of pooled and aligned budgets.

2.23 These arrangements were agreed by EHS and HR CCGs' Governing Bodies on 28 March 2018, and by ESCC on 16th April 2018. They include:

- Agreement to the proposed scope and content of the ICF for a combined ESBT resource of approximately £760million^{4,5}, and entering into a Financial Framework Agreement to operate this;
- Our ESBT 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 management activities together, and further aligning work programmes and portfolios during 2018/19 to integrate our commissioning structure

2.24 These arrangements will put us in a strong position to take forward the next phase of our ESBT transformation - to describe our future ESBT integrated care system provider model.

Transforming to our future place-based ESBT integrated care system within the Sussex and East Surrey STP

2.25 During 2017/18 we have collectively explored what our future ESBT delivery model needs to look like. During this year the national direction for commissioning reform and the role of our Sussex and East Surrey Sustainable STP has also accelerated, and our local integration will also be supported by us delegating some commissioning to our STP, where this is the appropriate level and wherever this makes sense in terms of wider clinical networks or agreed referral thresholds.

2.26 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. Our plans for the local integration of our provider landscape are necessarily influenced by the national move away from 'accountable care organisations' to 'Integrated Care Systems' - systems of providers who work together to deliver outcomes.

2.27 Reflecting our original principles and characteristics for ESBT 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 include what will be core delivery for the local integrated care system, and what will be commissioned on a wider STP footprint.

2.28 In light of this as an ESBT Alliance we have agreed to reconsider our ambition and vision for our local system shape over the next three to five years, in the context of our contribution within our STP and the 2018/19 system financial position. Building on our strong ESBT foundations for improvements in delivery and moderating demand through integrated community based services, this will include how we collaborate as an Alliance on our priorities for system transformation and support next phase implementation.

2.29 This work is initially being taken forward on behalf of our ESBT Alliance by the ESBT Integrated (accountable) Care System Development Group (ICSDG) as part of progressing work on our new model of care. With key delivery stakeholders such as GPs and voluntary and community organisations, this will set out the framework for commissioning and delivering our future integrated care system for our place, as part of our wider STP, to ensure this can best support prevention and manage demand as well as deliver quality services and integrated care.

⁴ Excludes budgets for specialised services commissioned by NHS England

⁵ Illustrative based on 2017/18 budgets

2.30 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.

2.31 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 outcomes of other governance reviews, and our work to improve system finances and quality during 2018/19.

2.32 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, enabling us to moderate demand through our focus on community based services and prevention. This also enabled a positive Local System Review to be carried out by the CQC. 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 our future integrated care system model that will be sustainable in the long-term.

3.4 The East Sussex Health and Wellbeing Board is recommended to note the report and activity for 2017/18, and planned next steps in 2018/19.

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BACKGROUND DOCUMENTS

None