



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

Date of meeting: 12 October 2018

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

Title: ESBT Alliance New Model of Care progress update

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

RECOMMENDATIONS

The ESBT Strategic Commissioning Board is recommended to:

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

1. Background

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

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

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

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

1.5 As part of the national direction for commissioning reform, our local integration will also be positively strengthened by the strategic approach to commissioning being taken forward at the statutory level across the Sussex and East Surrey area. The resulting changes to local NHS leadership, and the benefits of a strengthened STP leadership, will provide a helpful framework to enable local places to further develop plans and activity to achieve system financial recovery and the journey towards sustainability.

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

2. Local leadership changes within the NHS

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

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

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

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

3. ESBT Alliance Governance in 2018/19

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

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

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

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

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

4. Next steps for the ESBT Alliance

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

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

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

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

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

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

4.8 The appointment of a single Accountable Officer to set direction for the statutory commissioning organisations across our Sussex and East Surrey region will strengthen our local approach and plans. We are also aware that national policy will also need to inform this picture as further detail emerges about the forthcoming long term plan for the NHS which is expected to include further direction on full integration of the health and social care system, and the Social Care Green Paper expected in the Autumn, which will set out the Government's plans to improve care and support for older people and tackling the challenge of an ageing population.

5. Development work with General Practice and the Voluntary and Community Sector (VCS)

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

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

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

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

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

6. Conclusion and reasons for recommendations

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

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

6.3 The ESBT Strategic Commissioning Board is recommended to

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