Report to:	**People Scrutiny Committee**
Date of meeting:	**27 November 2018**
By:	**Director of Adult Social Care and Health**
Title:	**Update report on the implementation of locality working**
Purpose:	**To provide an update on locality working within the East Sussex Better Together (ESBT) area, to highlight progress made so far and next steps in the context of financial recovery**

RECOMMENDATIONS

The People Scrutiny Committee is recommended to:

- **note and comment on** progress made and the need to prioritise our health and care workforce on implementing key measurable improvements to integrated community services to support financial recovery, in partnership with General Practice and the Voluntary Community Sector (VCS).
- **note and comment on** our intention to review locality working arrangements in 6 months to collectively agree what will add further value in managing patient flow, care coordination and proactive case management, and the contribution of our localities to achieving system wide financial sustainability.

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1. Background

1.1 Our ESBT ambition is to create a fully integrated and sustainable health and care system for local people, to ensure that people receive better coordinated, more proactive, joined up care supporting them to live as independently as possible within their local community. ESBT localities have been identified as the key building blocks for bringing together integrated community health and care services that support people differently in the future, and helping to manage demand for acute hospital-based care and patient flow.

1.2 In line with this, our approach has been to take forward Locality Planning and Delivery Groups and Locality Networks as partnerships created to support coordinated and integrated delivery in localities - across public health, primary, community healthcare, mental health and social care services. The Locality Link Worker role was also created to provide the bridge between core health and care delivery, primary care and the wider network of support in communities.

1.3 Our current ESBT partnership environment is complex as we seek to achieve financial recovery, and 2018/19 continues to be a challenging year as we strive to balance our system deficit. 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 financial recovery and future system sustainability. These reviews have been undertaken by Carnall Farrar, PricewaterhouseCoopers PwC, Deloittes. In addition, NHS England and NHS Improvement jointly have covered a range of specialist, acute, community and primary care services.

1.4 This has resulted in our current work to reset our ESBT programme of work, and the supporting governance arrangements, to provide a clear focus on the priority changes we need to make to drive the above operational improvements in our localities - across our core community health and care system, and with partners in General Practice and the voluntary and community sector. This includes setting the critical milestones for delivery in the next 6 – 18 month period together with Key Performance Indicators to provide clarity about what we need to achieve together and how we will measure our progress.

1.5 In this context and informed by these independent reviews of our system, our critical operational focus for locality working in 2018/19 and 2019/20 is to better enable:

- Performance management of patient flows
- Oversight of care coordination and proactive case management
- The contribution to be made at a local level to achieving system wide financial stability.

2. Locality Planning and Delivery Groups (LPDGs)

2.1 Six ESBT LPDGs were established across our ESBT localities, and have now been meeting for a year. In the last year each LPDG has met at least six times, with some meeting ten times. The six ESBT LPDGs cover Eastbourne, Hailsham, Seaford, Hastings and St Leonards, Bexhill and Rural Rother. Initially their broad remit was to:

- Influence and inform the planning and delivery of local services
- Foster closer partnerships between providers and multi-professional teams to promote the co-ordination and integration of services locally
- Oversee the quality and quantity of care and support services within a locality to deliver improved outcomes for the local community
- Determine local priorities, focussing the use of resources where it makes biggest impact
- Identify opportunities to improve access and achieve more effective outcomes for local people

2.3 Attendance has been relatively consistent across all 6 localities, including representation from primary care, voluntary sector, mental health services, housing providers and integrated locality team (ILT) managers. Since their inception, additional members have been invited to join the LPDGs including independent care providers. A wide range of additional guests have attended the meetings to inform the groups about relevant services and projects for their locality.

2.4 In addition to raising awareness of local services and projects, each LPDG has focused on some key areas of interest pertinent to their locality. Some of these include:

- Bexhill – support to care homes and community health and wellbeing hubs
- Eastbourne – working with HSCC to develop social prescribing pathways and local roll out of IROCK
- Seaford - support to young people with mental health needs and addressing frequent GP attenders
- Rother – increased awareness of what is available to local communities with a specific focus on ESCIS.
- Hastings – focusing on wider well-being services and piloting a weekly ILT-led Multi-Disciplinary Team meeting focusing on adults with a range of complex physical, mental health and social care needs resulting in a high use of services.
- Hailsham and Polegate – developing a co-ordinated approach to self-care

2.5 Towards the end of the first year of operation the LPDGs undertook a review of what has been achieved and how the groups can best utilise the progress made moving into the next year. With the exception of Hailsham who are yet to have this discussion, all LPDGs recognised the value added by the unique membership of the groups which had brought a much greater awareness of services and schemes being provided in the locality. In addition, some LPDGs felt that real progress has been made in tackling some key issues via the new contacts made. To this effect, the LPDGs have agreed to continue to meet but on a less frequent basis going forward.

2.6 As our ESBT approach evolves into a single integrated system our longer-term ambition is that the structure provided by the LPDGs, or something similar, will provide the basis for planning

around the local population's needs and local health and care market capacity. It is recognised that for this to happen we have to first further strengthen our integrated care delivery in communities, and improve our offer with GPs and others.

2.7 Membership of the LPDGs includes representatives from the voluntary and independent sector. Strong links with the emerging 'Locality Networks' (see below), have also been established as a way to bring together a broader base of local people, organisations and communities to share knowledge, insight and experience about their locality and the support provided within it. The Locality Link Worker (LLW) role has an important function as the key conduit between the two forums, as well as reaching into GP Practices.

3. Locality Networks

3.1 Locality Networks were set up in response to feedback from the Public Health Building Stronger Communities engagement process in the Autumn of 2016. As a result ESBT is divided up into six locality networks covering Eastbourne, Hailsham and Polegate, Seaford, Hastings and St Leonards, Bexhill, and Rural Rother. Delivered in partnership with the Voluntary Actions, their purpose is to provide a connection with the broader base of activity, support and services within the locality so that local needs and priorities can be identified and action taken by a variety of agencies to meet those needs. This involves sharing information and resources, building relationships and collaboration, and providing opportunities for mutual support and learning to strengthen community based services.

3.2 In August 2018 a review of the Locality Networks was undertaken to see if they were meeting their intended aim and inform how the networks could be improved. There was unanimous feedback that the network meetings were considered successful and were valued as an opportunity to network, share ideas and learning about what is happening in the local area, and build relationships, partnerships and collaborative working.

3.3 All of the networks can provide examples of positive outcomes and impacts. This ranges from large collaborative projects, such as Seaford Befriending project, to small organisations that had partnered together to provide mutual support (Hailsham Active and Battle Pathways). Some organisations had linked together to provide better services to their clients (Autism Sussex and Rye Community Garden), and many had found out about, and been successful in accessing new funding sources.

4. Next steps

4.1 The complex change to locality working includes the challenge to provide high quality support and services which are accessible, available and affordable. ESBT has recognised that transformation of services to a fully integrated health and social care economy is the best way of achieving this goal. This challenge continues to be amplified as we experience the pressure of population growth and the continuing reduction in resources available.

4.2 Given the current local focus on NHS financial pressures, and informed by the reviews undertaken by Carnall Farrar, PWC, Deloittes as well as NHS England (NHSE) and NHS Improvement jointly (NHSI), we have a clear understanding of where the best opportunities lie for system financial recovery and future system sustainability. Key to this has been reconfirming our commitment to our ESBT model of integrated community health and social care services, and our critical priority of deploying our health and care services in our localities to manage demand and patient flow.

4.3 To deliver this we are in the process of revising and resetting our ESBT plans for delivering further integration, and part of this will mean that our health and care workforce in communities is focussed on implementing the key changes needed to strengthen our integrated care delivery model. A critical part of this will also be to further strengthen our operational relationship with GPs in our localities. This will involve engaging GP colleagues collectively in a dialogue specifically focussed on how we better manage demand and patient flow together, and measure our success as a system.

4.4 The ESBT reset exercise will set out the programmes of work that will deliver measurable change over the next 6 – 18 month period. We will continue to work with our partners in General Practice on the key priorities that will make a difference to the way we systematically manage people in communities to impact on demand and flow, shifting this work into delivery of key projects as part of our reset ESBT programme for community services.

4.5 We will continue to work with our partners in the voluntary and community sector to provide opportunities for information-sharing and liaison through the Locality Networks, and the Public Health-led ESBT programme of work designed to support personal and community resilience.

4.6 As part of this, and to build on recognised achievements to date, we have now moved the Locality Link Worker role into our ASC&H Operational Division. This will ensure that the benefits of this role, in linking with local community based support and help, can be used to best effect to influence and support operational practice aimed at supporting people to be as independent as possible.

4.7 We will review our progress with implementing these objectives for our integrated health and social care model in six months' time, and our wider locality working arrangements, and take a view collectively about the value added through facilitating liaison and information sharing in localities. This will include how we might best support this going forward within our existing organisational structures and resources.

5. Conclusion and reasons for recommendations

5.1 This report updates the People Scrutiny Committee on progress with locality working arrangements, and challenging ourselves to work differently in communities, to break down organisational barriers as well as free up more effective and affordable local supports and services. There is evidence that relationships have been improved with some gaps in support and service provision being addressed at the local level as a result, and we will build on these successes.

5.2 Within this, in our context of financial recovery and the challenges and opportunities identified by NHSI/E and others and in line with our ESBT reset, we will shift to a more project programme focussed way of working in our localities. This is with the aim of delivering the priority operational improvements to integrated community services, in partnership with General Practice, in the next 6 – 18 month timeframe as we journey towards sustainability - and measuring our success at delivering this together.

5.3 People Scrutiny Committee is asked to note and comment on the progress made to date and the need to prioritise implementing measurable improvements to integrated community services in order to support financial recovery, in partnership with General Practice and the VCS. In six months we will be in a position to review our wider locality working arrangements, and collectively agree what will add further value in managing patient flow, care coordination and proactive case management, and the contribution of our localities to achieving system wide financial sustainability.

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