

**Report to:** East Sussex Health and Wellbeing Board

**Date of meeting:** 14 July 2020

**By:** Director of Adult Social Care and Health and Executive Managing Director, East Sussex Clinical Commissioning Group (CCG)

**Title:** East Sussex Health and Social Care Plan progress update

**Purpose:** To consider an update on work to implement a revised East Sussex integration programme in 2020/21, as a result of the changes brought about by the COVID-19 pandemic

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## ***RECOMMENDATIONS***

The Board is recommended to:

**1) Note the work that has been taking place to review the East Sussex health and social care integration programme objectives and projects, taking account of changes to our integrated working due to COVID-19; and**

**2) Receive a further report in September which will set out in more detail the proposed integration programme objectives and projects**

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## **1 Background**

1.1 Our agreed long term East Sussex Health and Social Care Plan sets out our shared system priorities across the whole health and social care economy. It describes how we will work together to drive developments to meet the health and social care needs of our population, reduce health inequalities and deliver long term sustainability.

1.2 Previous reports to the Health and Wellbeing Board (HWB) have covered a quarterly monitoring report on the 2019/20 integration programme and also progress with planning for the programme in 2020/21, which will support delivery of the long term East Sussex Plan.

1.3 Our collective system business associated with the East Sussex Plan and integration programme has been paused since March in order to enable our health and social care system to focus on the management of our urgent response to the COVID-19 pandemic. This has included adapting our system governance in order to deliver the emergency response where this has required coordination and grip across the whole system, for example hospital discharge and mutual aid support to care homes.

1.4 This report provides a brief update on the work that has been taking place to revise our integration programme priorities and objectives, so that the impacts of responding to the COVID-19 pandemic and the ongoing need to manage the response during 2020/21 can be taken fully into account.

## **2 Supporting information**

### ***Approach, scope and next steps***

2.1 The brief attached in **Appendix 1** sets out the approach, scope and next steps recently agreed by our health and social care system to revise and restore our integration programme, as we started to move into further phases of the COVID-19 response and the wider recovery process.

2.2 Work has taken place to revisit our initial programme objectives for 2020/21 in light of the impacts of responding to COVID-19, including the changes made to rapidly allow for surge capacity within our hospitals and manage delivery of services and support during lockdown, social

distancing and isolation. New models and ways of working have emerged at speed, including for example:

- Hubs and liaison arrangements to support discharges from hospital across physical and mental health;
- More virtual integrated working across community health and social care teams;
- Coordinated whole system support for care homes including primary care, and;
- Community hubs that have supported vulnerable people with food, medicine and social contact needs, delivered in partnership by the Council, East Sussex Clinical Commissioning Group (CCG), District and Borough Councils and the Voluntary and Community Sector (VCS).

2.3 As a result we are developing a revised programme that takes into account the changes and new service models that have recently been put in place and the learning from this work. Our integration programme restoration will focus on the priorities for our recovery and ongoing transformation of care that make best sense to be collectively led at the East Sussex level, covering Children and Young People; Community; Urgent Care; Planned Care, and; Mental Health. Priorities for prevention and reducing health inequalities will also where appropriate form a part of each of these programme areas and projects.

2.4 The updated programme objectives will align with and support our individual organisations' core service delivery, including recovery planning and the national requirement to restore NHS services to pre COVID-19 levels, and our Sussex Integrated Care System recovery programme.

2.5 Our focus is to ensure we can identify and prioritise the key areas of development that will enable our system to continue to make further progress as an Integrated Care Partnership (ICP) in 2020/21 and deliver the long term outcomes set out in our East Sussex Plan. It should be noted that there will be a continual requirement to balance the ongoing need to respond to the pandemic with the pace and delivery of transformation. In light of this challenge attention has also been given to programme capacity and the resources needed to support delivery of our shared priorities.

2.6 System discussions have taken place to explore the potential integration projects that are emerging as critical shared priorities during the remainder of 2020/21, given the changes in focus due to COVID-19, and broader restoration and recovery planning. This has also taken into consideration the different impacts of COVID-19 across our local population, including minority ethnic groups, and across our system.

2.7 The next step will be to develop a framework of realistic programme metrics and resources for the remainder of 2020/21, taking into account the current challenges, complexities and risks across our whole system.

2.8 Although there will continue to be further detail to work through, the intention is to return to our integration programme delivery in a phased and manageable way by the early autumn, including our formal health and social care system meetings to lead and monitor this collectively. This will include the East Sussex Health and Social Care Executive Group and the East Sussex Health and Social Care System Partnership Board.

2.9 The oversight boards for each of the programme areas have also started to meet again in June and July to support the programme restoration exercise. This includes the new East Sussex Children and Young People Oversight Board that replaces the former Children and Families strategic planning group, and a meeting to consider arrangements for establishing a new East Sussex Mental Health Oversight Board and programme.

### ***Integrated health and social care commissioning***

2.10 Developing a model of integrated commissioning will support how we shape and strengthen our East Sussex ICP as both a commissioner and provider of services. In the long term this will describe what is led at the East Sussex level, the outcomes our ICP has to deliver to meet the health and care needs of our population and the collective resources available to do this.

2.11 Responding to COVID-19 together as a system has also enabled different working arrangements to rapidly develop around commissioning, for example a faster more collaborative

approach between NHS commissioners and providers, and with voluntary and independent care sector providers. We are now building on this to accelerate our model for integrated commissioning and set out the next steps for taking this forward.

### **Engagement**

2.12 Partners have worked together as a whole system to respond to COVID-19, including General Practice, the independent care sector, District and Borough Councils, Healthwatch East Sussex and VCS organisations alongside core health and social care services, and this is continuing as we move into further phases of the response and recovery.

2.13 The process of restoring the integration programme will allow the time for the necessary partnership discussions to take place across our system. This includes current plans to sustain COVID-19 changes as part of recovery planning where this is of benefit, and revising programmes and projects to support this, as well as future arrangements to be agreed for ongoing involvement in projects where there is a shared interest. This will include involving clients, patients and carers and any health inequalities and equality impact assessments that might be necessary as part of future agreed projects.

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

3.1 Responding to the COVID-19 pandemic has meant that we have had to pause our health and social care integration programme. In addition, new ways of working have rapidly been developed as part of our system response to the pandemic. This has accelerated integrated working in a number of areas and resulted in the need to revisit our plans and programme for 2020/21, both to understand the learning and sustain new models of delivery where there have been agreed benefits.

3.2 Strong progress has been made with our intention to produce an initial draft revised programme of shared priorities, projects and objectives for our system to review together in July. The updated programme will enable us to take account of the changes in focus due to COVID-19, and broader restoration and recovery planning, as well as the need to manage capacity, resources and risks appropriately across our system for the remainder of 2020/21.

3.3 This will ensure our continued focus on local system issues, whilst the broader recovery and restoration process takes place. It is proposed that a report with further detail will be brought to the September meeting of the HWB.

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Appendix 1 Integration Plan and Programme Restoration Brief