



East Sussex Health and Social Care Programme

Key Developments in 2019/20

Key building blocks in 2019/20



Our context: Long-term commitment in East Sussex to:

- Integrated health and social care delivery
- Increased levels of prevention and early intervention
- Integrated commissioning for population health and social care

Single health and social care programme, system governance and accountability established and embedded:

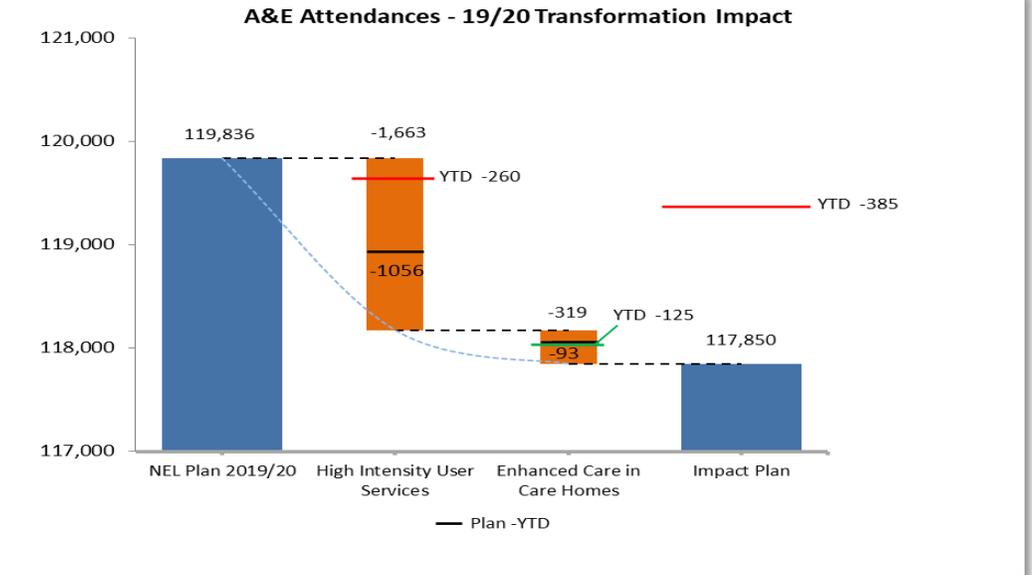
- Reflecting the whole population of East Sussex and our statutory responsibilities for services at that level,
- Direct report into the Health and Wellbeing Board as the key statutory committee responsible for oversight of system working
- Identified Joint System Responsible Officers (SROs): ESCC Director of ASC&H, East Sussex CCGs Executive Managing Director, ESHT Chief Executive Officer
- Programme SROs: senior leaders from operational commissioning and delivery across five areas – Community Health and Social Care, Urgent Care and Planned Care
- Programme and project management capacity is in place where required

East Sussex Health and Social Care Executive Group



2019/20 Integration programme

- In-year integration programme to deliver agreed priorities across community health and social care provision, urgent care and planned care
- Underpinning view and monitoring of system finances to support this
- Targets, Key Performance Indicators and critical milestones set together at the East Sussex level
- Alignment with Sussex-wide collaboratives and programmes
- Metrics, benefits and impacts captured by the system portfolio office across the whole programme
- Collectively held to account through our system governance - East Sussex Health and Social Care Executive Group and Oversight Boards
- Quarterly programme monitoring reports to the Health and Wellbeing Board





Integration programme impacts in 2019/20

High Level Summary

- Our priority for 2019/20 was to treat people in the right place, at the right time, and by the right service: attendances at our Accident & Emergency sites had seen a continual increase over the last few years and we've been keen to ensure we're able to provide a better service and response to meet needs
- The programmes focussed on redesigning existing services or developing new integrated services with a focus on prevention, early intervention and supporting independence to enable a decrease in activity in our emergency services, as this might not always be the best place to treat people
- The programmes meant that 1000 people who previously would have been treated in A&E were able to access other services and support, similarly for 700 people who would previously have been emergency admissions
- Improvements in diagnostics and procedures have also reduced the need for hospital appointments, and overall the impact of this reduced activity has equated to an avoidance of £4.7m cost pressures for our system
- Many qualitative benefits were also realised and continue to improve as changes become more established
- The impact of COVID-19 on our system has helped accelerate innovations that strengthen integration e.g. the rapid take up of digital solutions

Examples of key successes

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Further integration of community health and social care services to provide seamless care for people:

- We have continued our community health and social care integration programme which has seen the co-location of the community nursing and social care teams in Eastbourne, to support multi-disciplinary working and care coordination for people with multiple and complex care needs
- Home First Hospital Discharge pathways have been successfully piloted linking with joint community reablement teams to support people to leave hospital and have their needs assessed either in their own home or care home setting
- As a result health and social care partners agreed a Target Operating Model for community health and social care services for the whole County and the projects that will deliver this in 2020/21

Urgent care initiatives have reduced the demand from our emergency services ensuring the right care first time:

- Two key workers in Health and Social Care Connect have provided a High Intensity User Service working with our most vulnerable people with high levels of emergency attendances. The service works directly with people to provide advice and support and guidance on where to seek support before reaching a crisis
- Urgent Treatment Centres have been implemented at both emergency sites at Hastings and Eastbourne providing a primary care led diagnostic service and improving the way urgent care is delivered as part of our wider Urgent Care Strategy

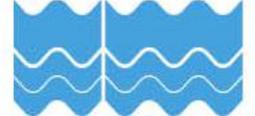
Planned care has focussed on the management of long term conditions:

Our Locally Commissioned Service (LCS) for Respiratory was introduced in April last year. This service was designed to:

- encourage a holistic and patient centred empowering approach to respiratory management;
- improve parity of respiratory care across East Sussex;
- make quality improvements identified in the NHS Rightcare Commissioning for Value Respiratory pack;
- reduce inappropriate use of inhaled corticosteroids;
- empower practices to make prescribing cost savings by improving medicines optimisation, and;
- support reduction in oxygen costs and emergency admissions;
- The service elements of the LCS include proactive case finding for lung disease e.g. COPD, enhanced annual reviews, reviews of highly medicated asthma sufferers. Since the launch of this service we have seen 148 avoided emergency admissions.

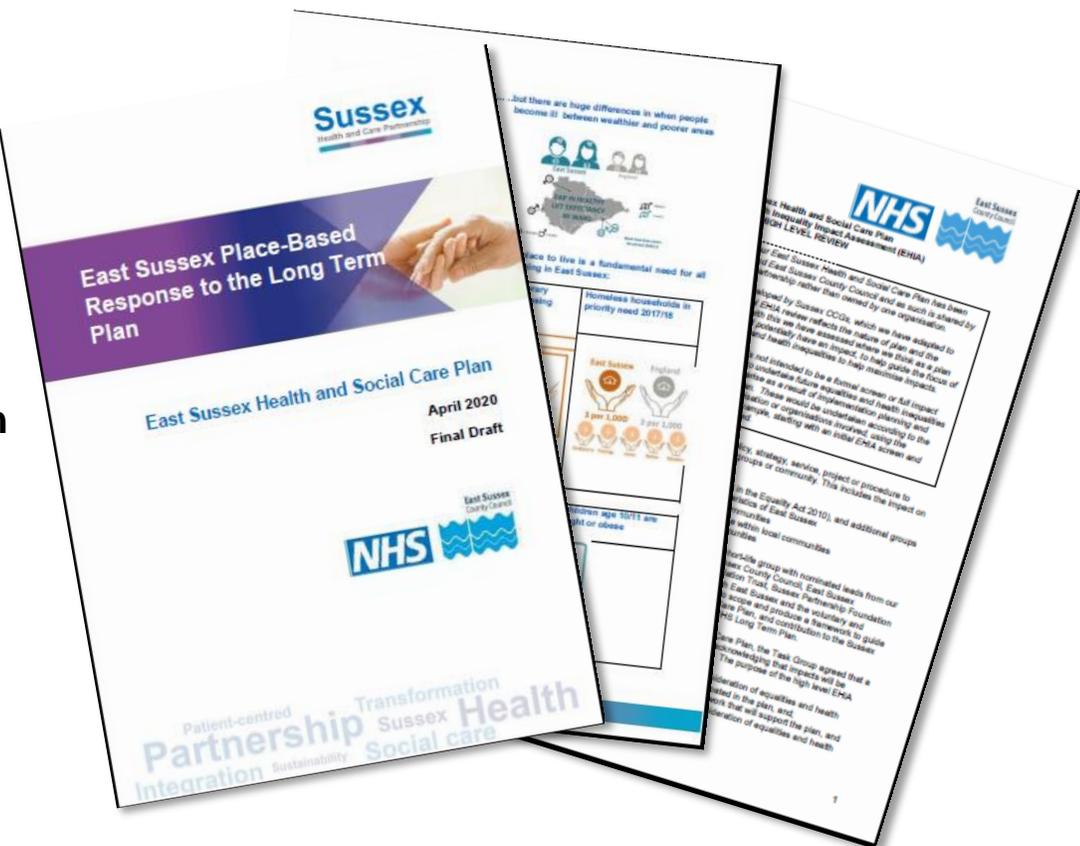
East Sussex Health and Social Care Plan

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Reflects the population needs and circumstances in East Sussex, NHS Long Term Plan commitments and the shared priorities for our system work to deliver our agreed long term outcomes.

- Developed by our multi-agency **East Sussex Plan Task Group**:
- Initial draft, consultation and submission to NHS England **September – December 2019**
- Short period of further consultation to further test the final draft plan, and inform the programme for 2020/21 during **January – March 2020**
- Equalities and Health Inequalities review to inform where we would expect to see benefits **November – January 2020**
- Endorsed by the East Sussex Health and Wellbeing Board and ESCC Cabinet, and CCG Governing Bodies and Trust Boards **January - March 2020**
- Existing integration programme covering urgent care, planned care and community extended:
 - Agreed to formalise programmes of work for **Children and Young People** and **Mental Health**
 - Focus on **personalisation, prevention** and **reducing health inequalities** across all areas of the programme
- Launched the **East Sussex Health and Social Care System Partnership Board** in **September 2019** to ensure wider integration and alignment of plans with District and Borough Councils and VCS partners



East Sussex Health and Wellbeing Board

East Sussex Integrated Care Partnership development



- The East Sussex ICP Development Steering Group (T&F) met during 2019/20
- Senior Executive Officers of ESCC, East Sussex CCGs, ESHT, SCFT and SPFT
- March 2020: Agreement reached to develop our ICP in a phased way, strengthening the ICP role as commissioner and provider of services
- ICP proposal covered further work on the following key enablers:
 - Shared Outcomes Framework
 - Integrated population health and social care commissioning
 - Shared East Sussex Health and Social Care Plan and integration programme
 - The Target Operating Model for integrated community health and social care services
 - Underpinning system financial framework
 - Integrated dataset development (SID-E)
 - Our longstanding system wide approach to communications and engagement and workforce planning
- Acknowledged patient and financial flow beyond our ICP and ICS





Draft refreshed East Sussex Health and Social Care Outcomes Framework

Working draft to support Integrated Care Partnership development in 2020/21



The Outcomes Framework shows our commitment to measuring our progress against the health and care priorities that matter to people. We have identified a small number of long term, overarching outcomes that organisations in our health and social care system share and are collectively working towards, based on what local people have told us is important. For local people using our services, this means developing a way to measure whether the services and support they receive is improving their health, wellbeing and experience of care and support (outcomes). Overall, through developing our Integrated care Partnership* in 2020/21 we want to strengthen the way we join forces to improve the health and wellbeing of our population, the quality and experience of health and care services, and keep this affordable.

Population health and wellbeing

The impact of services on the health of the population such as preventing premature death and overall prevalence of disease.

Ambition	Outcome
Improve and protect mental and physical health and wellbeing for local people	<ul style="list-style-type: none"> Children have a good start in life People are able to live well People age well People have a good end of life
Reduce health inequalities for local people	<ul style="list-style-type: none"> The gap in health outcomes is improved

Transforming services for sustainability

The way health, mental health, social care, education, housing and other services and support work together, and how effective they are at impacting positively on the people who use them.

Ambition	Outcome
Prioritise prevention, early intervention, self-care and self-management	<ul style="list-style-type: none"> People get support from their communities to prevent, reduce or delay their need for health, care and support People get help early to prevent situations from getting worse People get help to manage their condition(s)
Deliver an integrated model of care	<ul style="list-style-type: none"> People are supported to be as independent as possible
Demonstrate financial and system sustainability	<ul style="list-style-type: none"> People have access to timely and responsive care, including access to emergency hospital services when they need them Financial balance is achieved across the health and care system Digital services and innovation are used to help make best use of resources

The experience of local people

The experience people have of their health and care services.

Ambition	Outcome
Good communication and access to information for local people	<ul style="list-style-type: none"> Jargon free health and social care information can be found in a range of formats and locations Health and care services talk to each other so that people receive seamless services and people and staff have access to shared and integrated information
Put people in control of their health and care	<ul style="list-style-type: none"> People feel respected and able to make informed choices about services People have choice and control over services and how they are delivered

Quality care and support

Making sure we have safe and effective care and support.

Ambition	Outcome
Provide safe, effective and high-quality care and support	<ul style="list-style-type: none"> People receive high quality care and support People are kept safe and free from avoidable harm
Deliver personalised care through integrated and skilled service provision	<ul style="list-style-type: none"> People are supported by skilled staff, delivering holistic and personalised care

**An Integrated Care Partnership is a way of strengthening how we plan, organise, commission and deliver services together and better deliver our shared priorities across the county.*

Working draft produced 13 February 2020 for Health and Wellbeing Board 3 March 2020

External commentary on our system in 2019/20



Our strong approach and emphasis on system working has contributed to the following positive judgements about our services;

- **July 2019** – NHSE lifted legal directions for EHS CCG and HR CCG
- **July 2019** – ESHT exited financial special measures
- **November – December 2019** – CQC rated ESHT Good or Outstanding across almost every domain
- **February 2020** – Joint targeted area inspection of the multi-agency responses to children’s mental health in East Sussex: the positive inspection found that *“Partnership arrangements in East Sussex are well established and effective.”*

COVID-19: Delivering the emergency response



As a consequence of our strong integrated working we were able to respond rapidly to the COVID-19 emergency from March 2020 onwards through initiatives such as

- Hubs and liaison arrangements to support discharges across physical and mental health
- Joint commissioning of care home beds to create capacity in our hospitals
- More virtual integrated working across community health and social care teams
- Coordinated whole system mutual aid support to care homes across PPE, Infection Prevention and Control, workforce and the clinical support offer and close working with primary care, in conjunction with the benefits brought by the Sussex-wide approach to IP&C and primary care support to care homes in supporting consistency
- More information on the Care Homes Resilience Plan can be found here <https://www.eastsussex.gov.uk/socialcare/providers/covid-19-asc/escscc-updates/>
- Community hubs that have supported vulnerable people with food and essential supplies, welfare checks and medicines delivered in partnership by the Council, District and Borough Councils, CCG and the voluntary sector.

East Sussex Health and Social Care Executive Group

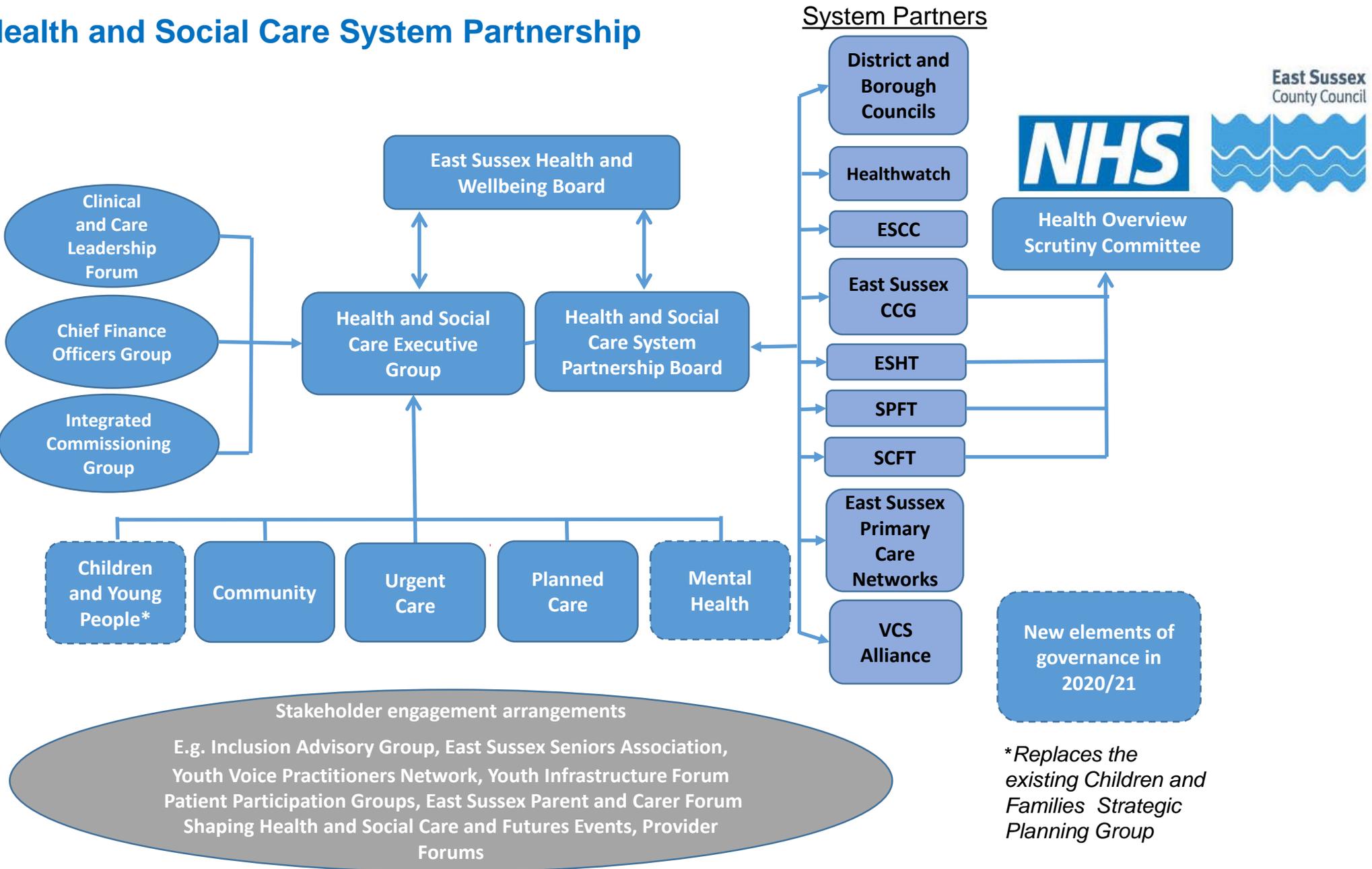
Additional responsibilities as a result of COVID-19



- Responding to the Pandemic has brought with it extra responsibilities for the foreseeable future:
 - Care Homes Resilience Plan and mutual aid support to the market
 - Local Outbreak Control Plan
 - Implementing Phase 3 of the NHS response to the pandemic, including restoration and recovery of healthcare services to pre-COVID levels
 - East Sussex and Sussex-wide Winter Plans, including planning for a possible future surge, and possible requirement to produce a separate Winter Plan for Social Care
- Each of these continues to require close system working and accountability at the upper tier authority level, a strong place based grip and localised responses across public services - County Council (adult services, children's services and public health), the NHS, District and Borough Councils, and the Voluntary and Community Sector
- We have agreed to use our core system business to help us deliver these plans and align them wherever possible, and use our existing governance to best effect to support this
- We have revisited and updated our integration programme for 2020/21 to take account of the changes in focus brought about by the pandemic, and sustaining new models and ways of working where there are agreed benefits for our population.

East Sussex Health and Social Care System Partnership Governance

This structure shows the current key elements of our partnership governance and the lines of accountability, to support delivery in 2020/21 and the widened scope of our programme. It will evolve over time, for example, as our East Sussex Integrated Care Partnership (ICP) develops and matures



**Replaces the existing Children and Families Strategic Planning Group*