

Report to: East Sussex Health and Wellbeing Board

Date of meeting: 14th December 2021

By: Executive Managing Director, East Sussex Clinical Commissioning Group and Director of Adult Social Care, East Sussex County Council

Title: East Sussex Health and Social Care Programme – update report

Purpose: To provide an update on progress with our integration programme and related areas of system collaboration

RECOMMENDATION

The Board is recommended to:

- 1. Note our system collaboration and actions required by the current increased needs for services; and**
 - 2. Note the continued progress on our shared medium term priority objectives aimed at improving population health, reducing health inequalities and delivering more integrated care**
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1. Background

1.1 Our shared health and social care programme is aimed at improving health and delivering new models of preventative and integrated care, based on our population needs across children and adults of all ages. It is delivered by our East Sussex Health and Care Partnership which draws together the local NHS, East Sussex County Council and wider partners in the District and Borough Councils and Voluntary, Community and Social Enterprise (VCSE) sector.

1.2 2021/22 is a transitional year and the context for our health and social care programme and wider system working is significantly influenced by the following factors:

- Managing the ongoing Covid-19 pandemic response and the risks and challenges around capacity, and restoration and recovery of services. This includes significant levels of need for our services being experienced by systems across the country.
- Implementing the changes brought about by the NHS Health and Care Bill and further developing our place-based collaboration in East Sussex to support this.
- The next steps for the Government's Plan 'Build Back Better: Our Plan for Health and Social Care' focussed on tackling the electives backlog in the NHS and putting the NHS on a sustainable footing. The Plan also sets out proposals for funding Adult Social Care in England, including a cap on social care costs and how financial assistance will work for those without substantial assets.

1.3 This report provides a summary of our progress and the impacts of our collaboration to manage high levels of system demand, as well as our continuing focus on our shared priorities as set out in our East Sussex Health and Care Partnership Plan, aimed at improving population health, reducing health inequalities and delivering more integrated care. The report provides a high level overview, the specific details of our programmed approach to transformation including monitoring metrics, is being finalised and is scheduled to come to the March meeting of the HWB.

2. Supporting information

System working to manage increased service needs

2.1 The last report to the HWB described the increasing challenges with pressure that were being experienced across all areas of the system including primary care, community, social care, mental health and acute, urgent care and ambulance services, driven by both needs for services and workforce pressures compounded by some Covid-19 outbreaks.

2.2 Locally our close system working and daily calls to manage placements and packages of care for individuals has helped to manage this, supported by agreeing coordinated action in the following areas:

- Continuation of and increased commissioning of Discharge to Assess (Pathway 3) Care Home beds including beds to support specific needs
- Continuation of commissioning of Home Care capacity
- Continued support of hospital discharge arrangements
- Recruitment of targeted case managers to support system flow
- Further exploration of potential recruitment approaches to improve our home care workforce capacity and ability to support local people within the community
- Close working between health and adult social care to maximise the flow of our patients through our system against backdrop of continued workforce challenges.
- Development of improved front-door model to support pressures on Emergency Departments
- Focussed work to support individuals of all ages needing access to mental health services and supporting timely discharge from hospital
- Maximising access to additional national resources as they become available to support local systems

2.3 The aim of this is to ensure that the needs of the individual are best served through the most appropriate care in the right setting at the right time.

Progress with shared priorities for transformation

2.4 Against this backdrop, as previously reported to the HWB and set out in our East Sussex Health and Care Partnership Summary Plan 2021/22, the focus of our transformation programme continues to be on the areas where changing care models and pathways can both help us build on the developments that were accelerated by the pandemic, and have the most impact in supporting restoration and recovery of our system in a sustainable way. Since the last HWB meeting our programme Oversight Boards have moved forward the following key developments:

- A Trusted Assessor pilot in Hastings and Rother so that staff in the Crisis Response Team can put in place simple packages of commissioned care and avoid unnecessary hand-offs / delays created by having to make referrals into Adult Social Care for an assessment. Training is being provided and access to systems to support delivery.
- To widen rollout and impact of the Trusted Assessor model, we have agreed to create an integrated, multi-disciplinary Rapid Response Team to support improved Home First Pathway 1 discharges and avoidance of the need to attend and/or be admitted to hospital through providing alternative services urgently in the community
- A specification has been developed for our Discharge to Assess (D2A) block contract beds to support our strategic approach to D2A beds. This has included exploring how best to ensure appropriate medical and pharmacy support due to the temporary nature of the placement, and ensuring care homes are made aware which GP Practices have signed up to the Locally Commissioned Service designed to support this.

- System resilience and urgent care leads have undertaken detailed exploration of the causes of increased A&E attendance. This has resulted in the agreed priority development of improved front-door model to support people needing to access care and pressures on Emergency Departments, and a focus on working as a system and helping people to best access the service that is most appropriate.
- Our Children and Young People programme has agreed to develop the Best Start in Life strategy focusing shared action with the 0 – 7 age group that will be critical to achieving good outcomes across the board for children.
- The implementation of Emotional Wellbeing Services with our Primary Care Networks (PCNs) has significantly progressed after significant engagement to shape the model. Initial services are due to be established within PCN Accelerator sites in December, aimed at providing greater access to a range of wellbeing support.
- To increase our ability to enhance prevention, personalisation, and reduce health inequalities and the gap in life expectancy and healthy life expectancy in the county, we have agreed to undertaking a prototype exercise to design our model for community and locality working. This will increase our capability to deliver the following objectives:
 - Strengthen the multi-disciplinary team working between primary care, community health and social care, mental health, housing and voluntary and community sector services and teams on the ground. This will ensure high risk vulnerable people with long term complex care needs, their families and carers, receive a joined up offer of integrated and personalised care and support based on the strengths and assets in their lives and where they live.
 - Support our Primary Care Networks to implement a 'Population Health Management' approach through better using data to identify populations with 'rising risks' to their health, to enable more anticipatory and preventative models of care. This will enable greater impacts on improvements to health and health inequalities.
 - Coordinate action across all our services that impact on the wider determinants of health such as housing, employment and leisure, as well as extending targeted approaches to empower people to make healthy choices across the whole life course to improve outcomes.
- Agreement has also been reached by our East Sussex Health and Social Care System Partnership Board to jointly implement a whole system approach to the role of our large institutions in supporting wider economic and social wellbeing for our population. The initial phase of discovery will focus on the added value to be brought by:
 - Facilitating the involvement of local NHS organisations into the full range of existing work being taken forward by local authorities and VCSE partners to support economic recovery and the levelling up agenda (Thinking Local), and;
 - Helping us identify and shape our plans for further joint action that will add value and bring benefits to people within our deprived communities

Joint action on workforce and recruitment

2.5 Our East Sussex Health and Social Care Executive Group has also commissioned the exploration of possible additional opportunities by our shared Strategic Workforce Group for joint action to support our collective workforce recruitment in East Sussex, for the benefit of all providers including the independent care sector and voluntary, community and social enterprise sector. Two initial opportunities that have been identified to support improved recruitment as follows:

- The development of a single recruitment portal for Health and Social Care roles in East Sussex to streamline access to employment opportunities

- Larger organisations with recruitment scale supporting other organisations that do not have the capabilities to recruit in the same way.

2.6 In addition other potential ways where a more integrated approach can assist with our local workforce pressures are also being explored, including:

- Ways of mobilising our collective workforce more flexibly around need and allowing resources to be temporarily moved to where they are most needed, for example to open additional social care beds and reduce the number of patients who are medically ready for discharge from hospital
- Running system wide development programmes for certain staff groups, avoiding duplication and increasing throughput, for example Healthcare Assistant development programmes
- Joint approaches to national initiatives, for example Kickstart, to create and develop a system wide pool of potential employees who can be deployed more flexibly based on their wishes and organisational needs.

Sussex Integrated Care System

2.7 Previous reports to the HWB have covered the detail of the proposals in Health and Care Bill which will put Integrated Care Systems (ICSs) on a statutory footing in England by April 2022. ICSs are part of the new legislative proposals set out in the Health and Care Bill 2021, which are currently at the committee stage of the Parliamentary process, receiving a detailed examination following its second reading. In summary all ICSs in England will be made up of two boards:

- An ICS NHS Integrated Care Board (ICB) will be responsible for the day-to-day running of the ICS. This will involve merging some existing ICS and Clinical Commissioning Group functions.
- An ICS Integrated Care Partnership (ICP) is likely to have a wider array of partners represented. They will be responsible for agreeing how the health, social care and public health needs of their system will be addressed.

2.8 Both the ICB and the ICP will have duties to consider Health and Wellbeing Board plans. The ICB for Sussex will be responsible for a health budget of over £2bn and will oversee the commissioning, performance, financial management and transformation of the local NHS as part of the Sussex Integrated Care System (ICS).

2.9 A national process has been undertaken by NHS England to simultaneously appoint Chair Designates and Chief Executive Designates to all forty-two future ICBs. Stephen Lightfoot was appointed as the new Chair Designate for the future Sussex ICB, and Adam Doyle the new Chief Executive Officer Designate.

2.10 The current focus for our Sussex Health and Care Partnership in this transitional period is on setting out the arrangements between local NHS organisations, Local Authorities and wider partners in our Sussex ICS. This will cover the ICS vision, principles and governance arrangements that will support oversight and assurance of the NHS system and mutual accountability between ICS partners, as well as how our three Place Partnerships in East Sussex, West Sussex and Brighton and Hove will support delivery of our shared objectives.

Build Back Better

2.11 The last report to the HWB signalled the Government's proposals in 'Build Back Better: Our Plan for Health and Social Care' which focusses on:

- Tackling the elective backlog in the NHS and putting the NHS on a sustainable footing.

- Proposals for funding Adult Social Care in England, including a cap on social care costs and how financial assistance will work for those without substantial assets.
- The wider support that the government will provide for the social care system, and how the government will improve the integration of health and social care, and the introduction of a new Health and Social Care Levy.

2.12 This includes proposals for a new national strategy with renewed aims to integrate health and social care. The strategy will focus on:

- Outcomes; a single set of system-based health and care outcomes
- Local leaders; empowered to align incentives for their local community
- Wider reforms; CQC oversight of both adult social care and the overall quality of the Integrated Care System
- Convenience; co-ordinated care and a single digital care record
- Choice; improved service user choice over who provides their care
- Flexibility; enabling care needs to be met at the right time and place, either at home or in the community

2.13 The Government has set out the following steps to implement these plans and other related elements of health and social care reform:

- Consultation on social care charging reforms from October 2021
- Publishing a new Social Care White Paper in 2021, along with plans for health and social care integration
- The Health and Social Care Levy will be introduced in April 2022
- The NHS Health and Care Bill passes into law in April 2022 (pending parliamentary approval)
- The Social Care charging reforms will be introduced from October 2023

3. Conclusion and reasons for recommendations

3.1 In the current context of high need for services and pressure across our system we are continuing to balance our collaboration as a system on actions to help mitigate immediate pressures on operational service delivery, alongside implementing medium changes to support sustainable services in the long term. This is informing the development of our roadmap for the next phase of our integration plans, setting out the areas where we would like to go further and faster as part of our ICS, and our further development of neighbourhood and community working in 2022/23 to increase our ability to improve health and reduce health inequalities and deliver more integrated care.

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[Background documents](#)

None