East Sussex Better Care Fund 2016/17

PART ONE: NARRATIVE PLANS

Version 1.4

Contents

Version Control

Version	Author	Date	Change
V1.0	Sally Reed	16.03.16	First draft
V1.1	Sally Reed	18.03.16	Additional information added following discussion at FSG
V1.2	Sally Reed	21.03.16	Updated to include additional comments
V1.3	Sally Reed	30.03.16	Additional information added to support final submission
V1.4	Sally Reed	5.04.16	Table amended on page 11 following FSG meeting

1. Introduction

These plans build upon the 2015/16 BCF plan and outlines how we plan to deliver against the 8 national conditions defined with in the Planning Guidance for 161/17. These plans should be read alongside the emerging Strategic Transformation Plans (STP) and the five year strategic investment overviews which will inform longer term strategic planning for each of the CCGs in East Sussex.

2. The local vision for health and social care services

Our ambition is that by 2018 there will be a fully integrated health and social care system locally that will ensure every patient or service user enjoys proactive, joined up care that supports them to live as healthily and independently as possible and achieve the best possible outcomes.

Alongside this, our vision is to create a sustainable health and social care system that promotes health and wellbeing whilst addressing quality and safety issues, in order to prevent ill health and deliver improved patient experience and outcomes for our population. This will be delivered through a focus on population needs, better prevention, self-care, improved detection, early intervention, proactive and joined up responses to people that require care and support across traditional organisational and geographical boundaries.

We have been working together as commissioners across the East Sussex care economy for some time to refine our vision. We recognise that we cover a large geographic area and that the needs of our communities differ. We also recognise where we need to act together to deliver meaningful improvements in outcomes in response to local need and what our residents have told us is important to them.

The Better Care Fund provides the opportunity to strengthen our unified approach and to ensure delivery of "excellent sustainable services with a local focus" and we have committed much of our leadership energies as a system to delivering this, working through it consistently since the Clinical Commissioning Groups (CCGs) in our area were formed.

We have worked and will continue to work with partners and local people to develop our plans for the next five years:

- We have already undertaken a wide ranging programme of engagement with system stakeholders to develop our approach which includes care design groups, shaping health events and partnership boards

- Building on this we are committed to involving our partners and local people in shaping future services. We need to have an open and honest conversation about how we can

meet the challenges that we face. We need to make sure that we do what is best for the population of East Sussex as a whole.

- We continue to involve our partners and local people in developing our overarching approach to make sure it is right first, before we begin developing more detailed implementation plans with them, to ensure that they reflect and meet the needs of the distinct populations served by each commissioner.

3. The evidence base supporting the case for change

Everything we do is based squarely on a consistent strategic framework which links directly to:

- Our detailed knowledge of the changing needs and demands for our services – encapsulated in our Joint Strategic Needs Assessment (JSNA);
- The priorities we have agreed through our Health and Wellbeing Board – encapsulating what we will do in all key population groups;
- The components of the new system we need to deliver and the enablers required to get us there; and
- The activity we need to undertake now through clear strategies for primary care, integrated service, mental health and a range of other strategic plans, which are practically based.

In East Sussex we are very clear on both the need and the opportunity to improve services through greater integration. The CCGs and East Sussex County Council are committed to commissioning a range of services to improve the health of people in East Sussex. Services must work together so people receive seamless health and social care that is designed around their individual needs. We will build on the existing skills and expertise in the community based teams and local people to deliver services that meet the specific health needs and geography for the people of East Sussex. This understanding has been determined through;

- Evidence from existing integrated and collaborative commissioning across health and social care in East Sussex
- Programme reviews to compare service outcomes and levels of investment – ie. spotlight those with relatively low outcomes yet relatively high spend
- The demographic trajectory of the population will require a greater focus on joined up care as more people live longer facing more co-morbidities and complex care needs.

- Understanding the opportunity to reduce the incidence of unplanned care in the form of attendances at A&E departments and emergency admissions to acute hospitals.

- Preventing or minimising people reaching a crisis that requires acute or unplanned interventions when it could be avoided, is the right thing to do.

A detailed analysis of the current position across East Sussex has been carried out, illustrating the current resource use and highlighting the challenges and opportunities. This includes a range of information pertaining to the following:

- Current activity and resource profile stratified by commissioner, by age, care type and provider;
- Predicted required health and social care resource vs available spend in a 'do nothing' scenario for each commissioner;
- Inequalities in health and unmet need;
- Opportunities for improvement based on best practice examples
- Benchmarking information supporting savings targets across secondary care and prescribing
- Initial savings targets and reinvestment levels
- Savings and reinvestment profiles and resulting surplus/deficit positions

4. Our coordinated and integrated plan of action for delivering that change

Our integrated approach is based on a set of key principles and our commitments to:

- Deliver wholesale change – we are adopting a phased approach to delivering the changes required;

- Build on evidence about what works – both learning from our experience locally, as well as from elsewhere (nationally and internationally);

- Develop services based on a 'You said, we delivered' approach;

- Deliver consistently high quality services and outcomes across the county – with locality based delivery solutions based on local need;

- Invest in community and primary care as the keys to shifting finite resources out of acute care; and

- Use a phased approach – including using the Better Care Fund (BCF) as one of our key mechanisms for delivering high quality, safe and sustainable care at scale and pace.

5. How we plan to meet each national condition

i) Plans to be jointly agreed

These plans are jointly agreed between the commissioning organisations within the East Sussex HWB footprint.

ii) Maintain provision of social care services (not spending)

We aim to ensure the protection of social care services in East Sussex by ensuring that the legal responsibilities and duties required in Law and regulation are represented in any future operating models, namely:

- Adult social care means the care and support provided by local social services authorities pursuant to their responsibilities towards adults who need extra support.
- The Local Authorities responsibilities towards adults who need extra support are set out in the Care Act and a list of statutes in the NHS and Community Care Act 1990, where they are referred to as assessment for and arrangement of community care services.
- Community care services are those which local social service authorities are required to provide if assessed as needed.
- Relevant social work in adult social care is that which is required to be provided by local social services authorities if assessed as needed.
- Registered social workers are trained to undertake relevant social work and are registered as capable of so doing.

Social work in adult social care consists of a relationship which goes beyond customer boundaries in order to promote or contribute to the wellbeing of a person in need of extra support. The social work relationship, as with all adult social care (Children's Social Care is defined by law), is governed by a set of principles which have been set out by the Law Commission. The relationship becomes social work when the following subset of those principles needs to be applied.

The principles are that social work must:

- recognise when the individual may not be the best judge of their own wellbeing in that they might lack the mental capacity to make relevant decisions
- recognise when it may not be appropriate to follow the individual's views, wishes and feelings
- achieve a balance with the wellbeing of others, if this is relevant and practicable
- safeguard adults wherever practicable from abuse and neglect
- use the least restrictive solution where it is necessary to interfere with the individual's rights and freedom of action wherever that is practicable.

Year on year we continue to support people to remain living independently in their own homes, with maximum choice and control over the support they receive. Within the context

of growing demand and significant budgetary pressures we want to continue to develop personalised services by approaching them in a more innovative way. We want to help more people to help themselves, as well as focusing on reablement and more proactive support to ensure people remain well, are engaged with self-management, and where ever possible improve people's independence so they can stay within their own home and avoid admission to hospital and/or institutional care
The ambition is to ensure that all partner organisations recognise the value of social work and social services and the key role they play in the management of services that are focussed on prevention, cost avoidance and maintaining independence

NHS funding for social care has been used in East Sussex to enable the local authority to sustain the current level of eligibility criteria. It is also being used to continue to provide capacity within the range of social care services outlined below:

Health funding for Social Care 2016/17

Health funding for Social Care Categories	**Commentary - service and activity**	**Area Team Subjective Codes**	**16/17 Planned £'000**
Telecare	Telecare/Telehealth	52131016	301
Integrated Crisis and Response	Integrated Night Service	52131017	62
Re-enablement Services	Including JCR and ICAP	52131019	1,165
Bed Based Intermediate Care	Including Milton Grange and Firwood	52131020	451
Early Supported Hospital Discharge Schemes	Including hospital teams	52131021	636
Mental Health Services	Including Assessment and Care Management	52131022	1,604
Other Preventative Services	Including stroke support and Living Well	52131023	134
Community Equipment and Adaptations		n/a	-
Maintaining Eligibility Criteria	Eligibility maintained at Substantial and Critical	52131018	5,343
Total Investment of Health funding for Social Care			**9,696**

iii) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to

acute settings and to facilitate transfer to alternative care settings when clinically appropriate

East Sussex has a good record of investing in community services that deliver "7 day working" in an integrated delivery model. This includes our integrated services such as Health and Social care Connect, the Joint Community Rehabilitation Team, Integrated Night Service as well as a range of other core services including District Nursing teams and homecare providers. In 16/17, Integrated Locality teams and Communities of practice are being implemented to provide a joined up approach to the delivery of 7 day services.

The plans to further develop health and Social care Connect alongside the implementation of locality teams will ensure a consistent 24/7 community offer to support admission avoidance and discharge from hospital including at weekends. The locality model will provide a systematic approach to understanding service gaps within local areas to inform future commission intentions.

There is more that we can do to ensure there is a systematic whole system approach to 7 day service delivery with the clear objective benefit of admission avoidance and timely discharge from inpatient settings. To this effect, further work with stakeholders is planned within 2016/17 to ensure planned service developments support effective and efficient hospital discharges at weekends as well as during the week.

The key risk to 7 day services is the availability of workforce. This risk is recorded on relevant risk registers and has been identified as a specific work stream within transformation programmes.

iv) Better data sharing between health and social care, based on the NHS number

The CCGs have established a Joint East Sussex Informatics Group, which includes the three East Sussex CCGs, the Council, the Ambulance Service, the Out of Hours GP service, the local mental health trust and the local acute/community services trust. The group has developed a joint Informatics Strategy, which sets out the principles for information sharing, a five year vision/five year goals. All of our key providers are being asked to sign up to the principles and vision. On the strength of this, the CCGs and the Council have agreed to implement the ROCI solution (Read Only Care Information), by which relevant providers have read-only access to each other's care records, within the boundaries of their role and of people's consent.

All health and social care services will use the NHS Number subject to resolution of national information governance issues. The NHS number is regularly matched to Social Care records

held on CareFirst. It is expected that this will be fully in place by April 2016. The current coverage of the NHS number for active Social Services clients stands at over 90%.

We are committed to using systems that are based upon Open APIs and Open Standards. As providers implement new information systems eg. System One, we will look to maximise opportunities to improve the interface between systems to support integrated working.

"We commit ourselves to aim for interoperability (i.e. use Informatics systems that can communicate with each other through electronic means). When this is not possible in the short term, the CCGs will ensure the information they hold is capable of being viewed electronically by other parties, as appropriate. The CCGs are committed to system-wide solutions and system-wide behaviours to achieve this, and this commitment includes their work on Informatics. The principle of interoperability will apply to the CCGs' commissioning and re-commissioning or procurement of new clinical services and Informatics systems. We will ask our key providers to be mindful of these principles when they undertake their own procurement of new Informatics systems." (Ref: Principle 9 of our Informatics Strategy)

We are committed to using systems that are based upon Open APIs and Open Standards, including use of GSX and nhs.net secure email. We also use the voltage secure email for communicating between East Sussex County Council and the public and third/voluntary sector.

"We are committed to being mindful and respectful of the need for best practice and take account of good IG practice, Caldicott, and the significant legal framework that supports this area of work. The CCGs' default position will be for information to be shared, unless there are specific reasons why this should not happen (e.g. consent not given)." (Ref: Principle 8 of our Informatics Strategy)

The following key documents are explicitly referenced in the strategy:

- Securing excellence in Primary Care IMT.
- Caldicott Standards/Caldicott 2 Report.
- HM Government Information Sharing: Pocket Guide.
- Health and Social Care Information Centre Information Governance Toolkit.
- Information Commissioner's Office (ICO) Statutory Data Sharing Cod of Practice.
- NHS Confidentiality Code of Practice.

We will review and continue to maintain an information governance framework that ensures we meet all Caldicott requirements. This will meet the NHS standard contract requirements and support professional and clinical practice. All practices' compliance with the IG toolkit is monitored on a biannual basis.

v) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

East Sussex has been developing multi-disciplinary working, centred around risk stratification of GP Practice populations using Sussex Combined Predictive Mechanism (CPM). Monthly multi-disciplinary meetings have been taking place, working towards ensuring that all people who are high risk of hospital admissions have a care plan with a named lead professional.

As well as focussing on those at very high and high risk of hospital admission the Multidisciplinary team meetings also identify people at medium risk where their risk score is rising. Proactive care and interventions are then planned with the individual proactively to help prevent them deteriorating.

East Sussex Healthcare NHS Trust has been working closely with East Sussex Adult Social Care via Virtual Management Teams to promote joint working within CCG areas. Joint working has also involved Sussex Partnership NHS Foundation Trust engagement in the Virtual Management teams and monthly multi-disciplinary meetings, to ensure the holistic approach to person centred planning includes consideration of psychological wellbeing and mental health needs. Work is underway to establish a joint health and social care business intelligence tool which will support the risk profiling and care planning process.

In 2016/17, Integrated Locality teams and Communities of Practice will be implemented ensuring these joint working developments are built upon to define and implement locality models of care, ensuring accountable lead professionals are allocated and care plans are in place for the identified patient/service user cohorts. Local Primary Care strategies envision GPs taking a lead in coordinating care for people at high risk of hospital admission.

vi) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans

Agreement to all the intentions within the BCF Plans will be incorporated into the contracts with providers for 2016/17.

vii) Agreement to invest in NHS commissioned out-of-hospital services

The detail of this will follow once the 15/16 NEA position is understood and contracts have been finalised with providers.

viii) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan

East Sussex recognises this as an important piece of work which needs to be taken forward in a thorough and meaningful way, including all stakeholders. A steering group will be established to develop the agreed local target and action plan to include the following:

- Agreed Local target
- Additional measures
- Evidence of agreement
- Situation Analysis
- Analysis of patient flow
- Local Capacity Mapping
- Patient co-ordination
- Involvement of service users/patients and carers
- Engagement with wider providers eg. Care Homes
- Workforce Strategy
- Governance and accountability structure
- Commissioning Approach

6. The agreed approach to financial risk sharing and contingency.

The partners have agreed risk share principles as set out below, which provide for financial risks arising within the commissioning of services from the Better Care Fund pooled budget.

RISK SHARE PRINCIPLES IN RESPECT OF THE EAST SUSSEX BETTER CARE FUND

Background

This agreement describes the key principles underpinning the risk share arrangements between Commissioners in East Sussex in respect of the Better Care Fund (BCF). These commissioners comprise High Weald Lewes Havens (HWLH) CCG, CCG Eastbourne, Hailsham and Seaford (EHS) CCG, Hastings and Rother (HR) CCG and East Sussex County Council (ESCC). These principles should be applied consistently to each East Sussex Health and Wellbeing Board Framework Section 75 agreement relating to the Better Care Fund and the Commissioning of Health and Social Care Services within East Sussex.

The governance of the risk share principles on behalf of HWLH and ESCC will be the Connecting 4 You Programme Board. The governance of the risk share principles on behalf of EHS, HR and ESCC will be the East Sussex Better Together Programme Board. Each Programme Board will review this schedule annually.

For 2016/17 the contributions to the East Sussex BCF totals £43.499m. The following table details these contributions by organisation:

	ESCC/ESBT	ESCC/HWLH	Total
	£m	£m	£m
High Weald Lewes Havens CCG	0	10.583	10.583
Eastbourne, Hailsham and Seaford CCG	12.955	0	12.955
Hastings and Rother CCG	13.263	0	13.263
East Sussex County Council	5.016	1.682	6.698
Total	**31.234**	**12.265**	**43.499**

The BCF is intended to provide a framework for investment in schemes that promote better integration between social and health care services, to improve people's health and social care experience while also delivering the benefits identified in the Connecting 4 You and ESBT programmes.

Individual organisations are jointly responsible for risk managing the BCF s75 pooled budget arrangements and shall reflect and report identified organisational risk in their own corporate risk registers.

Where there is any inconsistency between the risk share principles set out in this schedule and a s75 agreement, the relevant Programme Board will determine the appropriate action.

Principle 1
The risk share fund and contingency arrangement are intended to address financial risks associated with the delivery of the 2016/17 BCF plan and ensures BCF investment does not cause a CCG partner to over extend in financial terms and put the achievement of its financial balance at risk.

Principle 2
That a risk share fund is established for each CCG which as a minimum is equal to the difference between the value of planned BCF healthcare activity reductions and the reductions realised within 2016/17 healthcare contracts. The full value of the risk share fund is retained by each CCG from their BCF allocation which is paid into the pooled budget at the beginning of the year.

Principle 3
A contingency fund is established at the beginning of each year within the Pooled Fund equal to the difference between total BCF investment (excluding Risk Share Funds) and forecast expenditure in total on the individual approved BCF schemes.

Principle 4
New business cases for BCF will be approved by the relevant Programme Board or delegated sub-committee. Investment shall include a clear appraisal of financial risks associated with delivery and provide clarity on whether financial risk crystalizing is an appropriate call on risk share fund or contingency arrangements. The relevant Programme Board shall agree all investment decisions and risk handling mechanisms.

Principle 5

The lead commissioner as identified within the s75 agreements will be responsible for reporting to the Programme Boards the achievement of the BCF plans and for ensuring commissioning contracts reflect BCF savings and investment plans.

Principle 6

Each organisation will annually and following a properly conducted risk assessment of each BCF saving and investment scheme provide the relevant Programme Board with a detailed plan of how the total quantum of risk is mitigated. The assessment shall include the likelihood and impact of each scheme delivering the expected outcomes at an organisational level in terms of activity reduction, cost reduction and operational and quality indicators.

Principle 7

The East Sussex Finance Sub Group will be responsible for co-ordinating the performance management of BCF schemes and will report to the relevant Programme Board quarterly. The East Sussex Finance Sub Group will make recommendations to the relevant Programme Board regarding mitigating actions, the application of risk share funds, contingency and underspends on schemes and the source of any additional pool funding required.