

Report to: Cabinet

Date of meeting: 23 April 2019

By: Director of Adult Social Care and Health

Title: Integrated Working with the NHS in East Sussex

Purpose: To consider proposals for future partnership arrangements and priorities for integrated health and social care in East Sussex

RECOMMENDATIONS

Cabinet is recommended to:

- 1) agree the approach being taken to resetting health and social care system governance, including agreeing to take forward a single joint programme across East Sussex;**
 - 2) agree to replace the East Sussex Better Together Strategic Commissioning Board from April 2019 with the new arrangements under the single East Sussex-wide joint programme which will be subject to strategic oversight by the East Sussex Health and Wellbeing Board;**
 - 3) approve the scope and projects within the new integrated community health and care services joint programme (Appendix 5); and**
 - 4) delegate authority to the Director of Adult Social Care and Health to take any action he considers necessary to give effect to or in consequence of, the above recommendations.**
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1. Background

1.1 The County Council remains committed to integrated working with the NHS as this will enable us to deliver the best possible outcomes for local residents and achieve the best use of collective public resources in East Sussex. There is a strong national and international evidence base that demonstrates the value of integrated working in improving patient and client experience and outcomes, as well as better value for money. Integrated working has been progressed in recent years through the East Sussex Better Together (ESBT) programme and Connecting 4 You (C4Y).

1.2 The existing ESBT health and care governance structure has been suspended during 2018/19 to enable the NHS to focus on in-year financial recovery, as a result of some local NHS partners being in financial special measures and under legal directions. Work by NHS England (NHSE) and NHS Improvement (NHSI), and a series of consultancy reviews have focused on the need to establish financial sustainability moving forward. This has informed the revised approach to system governance for managing financial recovery, business as usual and delivering the strategic priority to integrate care.

1.3 The work on integration to date provides a firm foundation for the next steps as it has delivered:

- Health and Social Care Connect
- Joint Community Re-ablement Service
- A comprehensive and co-ordinated range of preventative services
- On-going development of community health and social care services
- Strong whole system performance against the Better Care Fund targets

1.4 The key lesson from the NHSE, NHSI and consultants' reviews about governance was the importance of establishing robust programme arrangements that are resourced to deliver change in services and new models of care. The challenge of delivering transformation through business as usual proved to be that there was insufficient management capacity or focus to deliver operational requirements and significantly progress integration. It is also clear, in line with national policy, that a greater level of collaboration is required between NHS commissioners and providers in planning and delivering transformation priorities and establishing whole system sustainability.

1.5 In addition to system plans for financial recovery, we are proposing to move to a single programme across the whole of East Sussex with all three Clinical Commissioning Groups (CCGs) and NHS providers. This will focus on delivering measurable progress over the next 12-18 month period, in the three core areas of urgent care, community services, and planned care. We will deliver the reset strategic programme by consolidating the existing ESBT and C4Y aims and objectives to deliver outcomes drawing on the recommendations and actions arising from the system diagnostic work of NHSI and NHSE, and the other consultancy reviews.

1.6 There will be high level programme milestones, Key Performance Indicators (KPIs) and financial monitoring to enable the system to measure progress effectively. A Programme Management Office (PMO), as required by NHSE and NHSI, has also been set up to track measurable progress and benefits realisation across the three key programme workstreams, which will operate county-wide, and the financial recovery plan. This, and the oversight boards for the three workstreams, will report to an overarching East Sussex Health and Care Executive Group that will hold the system organisationally and collectively to account for delivery. This in turn will report to the East Sussex Health and Wellbeing Board (HWB).

1.7 The following appendices are attached:

- Appendix 1 Proposed new East Sussex-wide health and social care system governance structure
- Appendix 2 Previous agreed ESBT system governance structure
- Appendix 3 Previous agreed C4Y governance structure
- Appendix 4 Terms of Reference for the East Sussex Health and Social Care Executive Group
- Appendix 5 Work programme for integrated community health and social care services
- Appendix 6 The NHS Long Term Plan – A Summary

2. Supporting information

New system governance structure

2.1 The proposed governance has been informed by the learning from the previous Alliance arrangements, as well as the results of the system diagnostic work and consultancy reviews. The refreshed system governance is designed to:

- ensure all partners have a tight grip on delivery, allowing risks and issues to be identified, escalated and tackled swiftly and resources to be allocated and reallocated appropriately, to achieve system objectives of financial recovery and integrated and sustainable health and care;
- ensure a clear focus on agreeing and implementing a small number of priority projects and programmes of change that will make a demonstrable difference in service delivery and performance;
- be streamlined to free up our organisational resources and capacity to implement the agreed projects through a programme approach;
- ensure a focussed approach to engagement and collaboration with staff, patients, clients and other key stakeholders to deliver key objectives. This will enable an inclusive

approach but also will be practical, by shifting away from capacity intensive meeting cycles, instead bringing together time-limited task meetings and workshops as needed, where there is a clear business need to support improvement and change in delivery;

- place population need and patient, client, carer and stakeholder engagement at the core of our work.

2.2 It is proposed that the collective arrangements improve whole system delivery and governance whilst ensuring clear oversight and reporting to our constituent organisations, who remain statutorily accountable. The County Council will therefore remain, through Reconciling Policy, Performance and Resources (RPPR), the responsible body for setting the authority's priorities and budgets. Although integrated working will enable statutory partners to make best use of our collective resources it will not deliver the savings that maybe required of the County Council in future years. The People Scrutiny Committee, through a reference group, will scrutinise the work of the County Council in taking forward integration and delivering change across health and social care.

2.3 These proposals have been developed in the context of changes to the role of the HWB (which has been recently reviewed through a separate exercise), the focus on East Sussex as the strategic unit of planning, and the return to having a single county-wide programme for health and social care. The CCGs' Boards have been fully engaged in these developments and supporting the focus of the programme, and future proposals will also be considered by CCG Boards. As the NHS commissioning governance continues to develop over 2019/20 it will be important to ensure this is properly reflected in the whole system arrangements, including CCG Board statutory accountability.

2.4 The proposals cover the whole population health and social care of East Sussex. This builds on the integration that has already taken place across East Sussex, including Health and Social Care Connect, Joint Community Rehabilitation and Integrated Community Equipment Service. The work and initiatives carried forward from the ESBT programme will continue, most critically the joint management of community health and social care teams. Further work is required to determine the integration of services in the west of the county including primary care and Sussex Community NHS Foundation Trust (SCFT), which reflect patient flows out of county for acute care. Work will also be undertaken to map existing C4Y governance into the proposed whole East Sussex arrangements.

2.5 The proposal for a new system governance structure outlined in Appendix 1 combines financial recovery, strategic oversight of business as usual and the three key programmes of business change into a single, streamlined partnership approach.

2.6 The more streamlined approach proposed will ensure that there is clearer leadership to implement priority changes across the county, which will be collectively owned and overseen by NHS and council partners.

2.7 The East Sussex Health and Care Executive Group brings together the senior executives from all of the statutory commissioner organisations and provider trusts in East Sussex, to hold them organisationally and collectively accountable to the HWB for the delivery of agreed actions and priority programmes of change. The terms of reference for this group are set out in Appendix 4 for information. All officers on the Executive Group remain accountable to their respective organisations with Cabinet responsible for all decisions in respect of social care. The Health Overview and Scrutiny Committee role is unchanged in its oversight and scrutiny of NHS services in East Sussex.

2.8 The ESBT Strategic Commissioning Board (SCB) was established in March 2017 as a joint committee between the County Council, Eastbourne Hailsham and Seaford CCG, and Hastings and Rother CCG. The revised approach means that key elements of the ESBT SCB's role will be undertaken through the HWB meetings. It is therefore recommended to discontinue the ESBT SCB. It is proposed that a report is made to the HWB in July which will set out how the work of the ESBT SCB will be included within the whole system programme.

Reset work programme for integrated community health and care services

2.9 Appendix 5 contains a summary of the resulting projects and describes the further work that was agreed by the Community Oversight Board and ratified by the East Sussex Health and Care Executive Group. Together these linked projects make up Phase 1 of the programme of work across community health and social care services that will deliver a more integrated model of working.

2.10 The programme represents pragmatic and realistic steps to be taken over the next 6 – 12 months to progress fuller integration of health and social care community services. In practice:

- Phase 1 of the work will be delivered in the short term. Further work is being undertaken to describe how integration will develop further over the next 2 to 3 years.
- The respective partner organisations (East Sussex Healthcare NHS Trust (ESHT), East Sussex CCGs and County Council) have agreed to promote and support the proposed integration initiatives as a key organisational priority over the next 12 – 18 months.
- Detailed arrangements for single line management with authority and accountability for community health and social care provision across the County Council and ESHT will be put in place by May. Further work will also be undertaken with SCFT, as the providers of community health services in the west of the county, to agree how integration will be taken forward.
- Resources have been redeployed from within our system to support programme and project management, alongside the system PMO resource which will assist with the development and regular reporting of integrated KPIs and financial information.
- The work with NHSI and NHSE reinforced the need for further investment in IT to enable community health staff to work more efficiently and to participate fully in integrated working initiatives.

2.11 Attention is also being given to ensuring:

- communications are effective, setting out clearly to all stakeholders how services will develop and what improvements will be delivered;
- financial and other risks related to integration, including delivering services on behalf of other statutory partners, are being managed;
- potential for co-location of staff, joint estates management, integration of workforces and IT and digital relationships;
- effective relationships with NHSE/ I and the Sustainability and Transformation Partnership (STP);
- maintaining effective engagement with a broader range of stakeholders in the planning and delivery of services, including patients, clients, carers, Borough and District Councils, independent sector providers and the voluntary and community sector;
- the County Council continues to act as “One Council” as well as working with the NHS and that full consideration is given to evolving the work focussed on Children and Public Health.

NHS Long Term Plan and reform of primary and community healthcare

2.12 The NHS Long Term Plan was published on 7 January 2019. The summary is included at Appendix 6. Alongside further direction on full integration of the health and social care system in line with the NHS Five Year Forward View and national policy to date, it sets out a new approach to primary medical and community health services. Supported by ring fenced growth in funding of at least £4.5bn by 2023-24, the Long Term Plan describes the core features of the reformed primary and community services model to be:

- Flexible teams working across primary care and local hospitals will deliver urgent response and recovery support;
- Using the new investment to create fully integrated community-based care by funding expanded community multidisciplinary teams aligned with new primary care networks based on neighbouring GP practices, that work together typically covering 30 – 50,000 people;
- Ensuring stronger links between primary care networks and their local care homes; and
- From 2020/21 primary care networks will assess their local population by risk of unwarranted health outcomes to enable proactive care and targeted support with self-management.

2.13 Our plans and objectives for integration of community health and social care services align with the NHS Long Term Plan, and the plans set out for primary care networks will further strengthen the operational interface with General Practice as we move towards implementing further integration of community health and care services. This, as well the growing lobby for improvement to social care funding to improve long term care and support for older people (with further direction on health and social care integration also expected in the forthcoming Social Care Green Paper), suggests we are right to maintain our focus on transforming to the integrated community care delivery model to meet our population health and care needs and tackle the challenge of an ageing population – which we are at the forefront of in East Sussex.

3. Conclusion and reasons for recommendations

3.1 The reset programme will ensure that there is a clear focus on measurable progress and delivery of outcomes. It was agreed at the East Sussex Health and Care Executive Group that each partner organisation will take the proposed governance and programme arrangements through their governance processes in preparation for 2019/20. Once formally agreed a set of communications can then be shared more widely with stakeholders.

3.2 The three East Sussex CCGs, ESHT, Sussex Partnership NHS Foundation Trust (SPFT) and SCFT will be taking a similar report through their governance processes in the same time-frame.

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Background documents

None