

DRAFT East Sussex Integrated Care Partnership Proposal

1. Introduction

- 1.1 The ambition of the Sussex Health and Care Partnership (SH&CP) is to become an Integrated Care System (ICS) by April 2021. An ICS is a way of bringing together all organisations in each health and care system to join forces, so they are better able to improve the health of their populations and offer well-coordinated efficient services to those who need them. A self-regulating body, the ICS will do this through taking responsibility for collaborating and holding each other to account to ensure effective commissioning and delivery of health and social care for the population, within available resources.
- 1.2 A key enabler for the Sussex ICS will be three place based Integrated Care Partnerships (ICPs) in East Sussex, West Sussex and Brighton and Hove. This is where hospitals, Councils and community health, mental health and primary care teams work together to identify priorities and set the strategy for the commissioning and delivery of integrated health and social care outcomes for their populations.
- 1.3 This paper sets out proposals for developing our ICP in East Sussex covering:
- The aim and purpose of our ICP
 - The long term objectives for the ICP and the overall model we are working towards
 - The phases of development and the elements that need to be in place by April 2020
 - The high level roadmap for developing our ICP, including at what stage further decisions will be made about its future form and shape.
- 1.4 The initial proposals have been developed by East Sussex Clinical Commissioning Groups (CCGs) East Sussex County Council (ESCC); East Sussex Healthcare NHS Trust (ESHT); Sussex Community NHS Foundation Trust (SCFT) and Sussex Partnership NHS Foundation Trust (SPFT) during Autumn 2019, for wider testing with key partners across our East Sussex health and care system - including Primary Care Networks, Ambulance services, District and Borough Councils and the Voluntary and Community Sector (VCS) between December and February 2020.

2. Aim and purpose of our Integrated Care Partnership

- 2.1 The key aim we share as health and social care organisations in East Sussex is to improve the health, health inequalities and wellbeing of local people through more integrated care and an enhanced focus on prevention and re-ablement after episodes of ill-health. Our mechanism for delivering this is through our Integrated Care Partnership (ICP), which will enable greater levels of collaboration across health and social care provision and commissioning, together with our integrated health and social care outcomes commissioning.
- 2.2 Our ICP will provide the framework for all providers of health, care and support working in East Sussex to come together to plan, organise and deliver services at the right scope and

scale required to support consistent and high quality care across East Sussex. In summary our ICP will support:

- Primary care, community health, mental health, social care and hospitals to work together to identify priorities, integrate services and develop new models of care that:
 - help maintain people's health;
 - help people to manage long term conditions, including personalised care and support, self-management and self-care to put people in control of their health and social care;
 - anticipate and proactively minimise care needs, providing focussed care to people where this is most needed, including end of life care, and;
 - provide effective and timely secondary care where this is required and consistent pathways into and out of hospital care when this is needed.
- Delivery of our shared strategic commissioning outcomes for our population; improved health and wellbeing, improved quality and experience of care, and transformed services that are sustainable for the future. We will do this through making the best use of our collective resources for our population in the following ways:
 - delivering more streamlined health and care pathways and delivering more care in community settings;
 - integrated multi-disciplinary teams delivering primary, community health, mental health and social care close to, or where, people live; and
 - avoiding deterioration and unnecessary admission to hospital, and providing effective hospital interventions that support early discharge with rehabilitation and reablement where required.
- Understanding the health and care needs of populations in our communities and taking a proactive and targeted approach to promoting health and prevention.
- Providing consistent care and support tailored to the needs of the different communities in East Sussex, through strong links and closer working between primary, community, mental health and social care services and with the wider system of support in local communities and neighbourhoods in East Sussex - including social prescribing, drawing on resources across community, voluntary and independent sectors, as well as other public services such as housing and leisure services to impact on the wider determinants of health.
- Fostering strong relationships and pathways with services accessed by our population beyond the geography of East Sussex, and in other ICPs within Sussex. Overtime our ICP will develop to encompass specialist services within Sussex and beyond, acute hospital services provided within neighbouring Integrated Care Systems, for example Kent.
- Understanding our collective financial resource and taking decisions together to make best use of resources and deliver our strategic population health and social care outcomes.

3. Our approach in East Sussex

3.1 Our recent history of integrated working since 2014, through East Sussex Better Together and Connecting 4 You, provides a strong foundation for developing our ICP. We have taken

steps this year (2019/20) to bring these two programmes together, as well as develop our long term East Sussex Health and Social Care Plan.

3.2 This joint plan serves as the anchor for our work together as a system and will drive the priorities for the year ahead and subsequent years. Informed by local population health and care needs and shaped by and aligned with the NHS Long Term Plan commitments, the plan sets out the key changes we need to make to meet the health and social care needs of our population in the future, and how we anticipate doing this with priorities and next steps across:

- Prevention, personalisation and reducing health inequalities
- Children and young people
- Community
- Urgent care
- Planned care
- Mental health

3.3 During the process of drafting our health and social care plan and discussions at key meetings across our partnership governance, we have also identified some critical areas, over and above the broad-ranging improvement requirements in our plans, that we think will benefit from greater focus and collaboration through our ICP. These are:

- Our shared workforce planning across primary, community and hospital care, and collaborating to best effect over emerging new roles, recruitment and retention
- Agreeing and driving the implementation of our target operating model for community health and social care services, to increase efficiency and capacity to deliver a more sustainable model for the future, aligned to Primary Care Networks
- Addressing higher than expected demand for urgent and emergency care, including mental health and children and young people
- Independent sector bedded care capacity
- The importance of strong links and capturing the dependencies with primary care and mental health throughout our system plans

4. Our long term ICP model

4.1 Our proposals for our ICP have been developed based on the learning from our integrated working and the stakeholder engagement that has taken place since 2014, and overall our model will continue to take shape in an iterative way. We have set out below what we think the ICP model that we are working towards looks like in the long term, and its key characteristics. In the future our ICP will:

- Plan and work with the health and social care resources available for the population, deploying resources across the full pathway and spectrum of health and care needs to:
 - develop and implement operational plans and joint programmes of work;
 - develop and implement joint plans for workforce and organisational development
 - manage and plan demand and capacity, and;
 - deploy resources against delivery of commissioned and contracted outcomes

- Have the potential to hold a longer term contract or contracts to directly provide services, deliver outcomes and address health inequalities, and hold contracts with third parties to support delivery.
- Foster strong, trusting relationships and the sharing of risks across all the providers of care and support, including NHS providers, and social care and supported housing services, and the wider health and care system (including the voluntary and community sector, and wider County, District and Borough Council services), to coordinate and integrate provision across self-care activity, anticipatory care planning, coordination and management, public and patient navigation, population education and partnerships to address the wider determinants of health.
- Deliver a new model of care fit to meet the needs of our population, principally:
 - More care delivered at home or in the community through effective integrated care in localities and strong links to the wider system of local delivery to address the broader determinants of health
 - Easy and timely access to secondary care expertise when needed
 - Using whole population risk stratification to anticipate health and care needs ahead of time to help prevent the escalation of need wherever possible
- Understand the performance of the whole health and social care system (business as usual) through setting and monitoring a shared Outcomes Framework and Key Performance Indicators based on what matters to local people.
- Provide a range of system wide functions that are best delivered on an ICP footprint such as medicines optimisation, clinical and professional workforce training and education and emergency planning

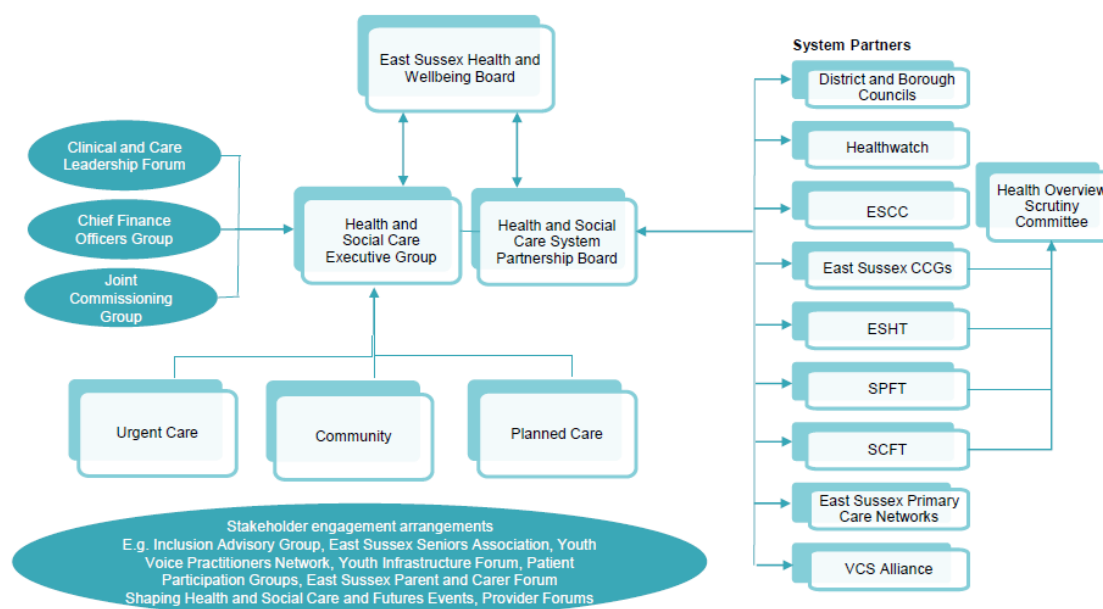
4.2 This is a significant development for all our organisations, particularly the sharing of risks. We will work together to understand the evidence-base and options for best delivering this model, implementing it iteratively to test and learn what will work best in East Sussex. This would also need to include showing how our future ICP model would meet the statutory duties and priorities of constituent organisations.

4.3 Alongside this the development of our integrated health and social care commissioning for our East Sussex place will also be a significant step in enabling us to set population health outcomes through a single process in the future.

5. Our collaborative framework

5.1 In September 2019 we launched a new East Sussex Health and Social Care System Partnership Board (SPB) as a key strategic planning partnership with a broad membership from across our system. This will help ensure a strong focus on prevention and the wider determinants of health, as well as making improvements to the quality of care that we deliver as a system. The SPB will have a key role in helping to shape our system ICP plans.

5.2 The diagram below shows the current key elements of our partnership governance and the lines of accountability. This will evolve over time in line with our ICP and integrated health and social care population commissioning developments.



6. Next steps - making a start with our ICP in 2020/21

6.1 Our ICP will be delivered in phases as we learn, test and evaluate the evidence. The iterative implementation of our ICP will be informed by the priorities in our plan and the arrangements that will need to be put in place to best deliver our objectives in 2020/21 – and how this will be formalised over time to maximise the benefits for our population. The following enablers have been identified to support this first phase of ICP implementation from April 2020:

- 1) The East Sussex health and social care plan and LTP response and the next phase of planning for delivering our agreed priorities through a transformation programme setting out the objectives, projects and Key Performance Indicators (KPIs) for 2020/21 to monitor delivery of key changes aimed at managing demand and improving outcomes.
- 2) Refreshing our overarching shared integrated Outcomes Framework in light of the East Sussex Health and Social Care Plan priorities and single programme arrangements, and exploring how we can use this to help monitor outcomes and measure longer term improvements.
- 3) Agreeing and taking forward phased implementation of a consistent common operating model and pathways for community health and social care services for the ICP, to help improve quality, performance and finances in 2020/21. The scope for this operating model will be in line with our priority objectives for more integrated working across primary, community health, mental health and social care and

support the delivery of the national service specifications for Primary Care Networks (PCNs) in 2020/21 under the new Network Directed Enhanced Services (DES) Contract, including anticipatory care, personalised care and enhanced care in care homes. Phased implementation of our target operating model will need to be strongly linked with programmes of work for Primary Care Network engagement and development.

- 4) Developing an underpinning financial framework, through building on the aligned incentive contract and developing a collaborative place-based framework to set out what the collective health and social care resource looks like for 2020/21 and how we will take decisions together on this to deliver the best possible outcomes. This would consist of:
 - A description of the whole system resource envelope for 2020/21
 - Modelling of the changes we will need to see and agreed trajectories
 - The decision-making process for deploying resources
 - The pooled and aligned budgets and arrangements for risk share where agreed by all Chief Finance Officers, including alignment with local NHS and ESCC financial planning and budget-setting for 2020/21
 - The aligned contracts that will support delivery
 - Developing risk-sharing arrangements in a safe way; we will continue the learning that has come out of the existing ESHT Aligned Incentive Contract arrangement and the aligned incentives around urgent and emergency care, and explore how we can build on this as well as existing Better Care Fund arrangements to support the first phase of delivering our target operating model for community health and social care services, as a key area that will deliver risk-share benefits and learning in 2020/21.
- 5) Implementation of the Sussex Integrated Dataset (SID – East Sussex has agreed to be an early adopter in 2019/20), to take forward understanding population health management and risk stratification to help deliver anticipatory care.
- 6) Any further refinement that may be necessary for the supporting partnership governance for ICP leadership and decision-making in 2020/21. For example, this might include further evolving our current collaborative framework where necessary to support delivery, for example through tools such as partnership agreements and memorandums of understanding.
- 7) Taking forward population health and social care commissioner arrangements. East Sussex CCGs and East Sussex County Council will also be involved in the ICP in their role as population health and social care commissioners, and we are further developing our approach to how we can add value through carrying out the following existing functions in a single integrated way:
 - Understanding local health and care needs of our population and setting the outcomes that need to be delivered,
 - Addressing health inequalities and working with population health data to improve the health and wellbeing of our population from birth to old age

- Working with District and Borough Councils, the voluntary and community sector and other providers of services that impact on the wider determinants of health to link together action on education, employment, income, discrimination and safe and resilient communities
- Ensuring that integrated services covering neighbourhoods and communities are delivered at the optimum scale to get the best outcomes for local populations

6.2 Some of the above areas of work are already underway, and some will require more detail to be developed by leads and others involved to define the work involved further. To support initial ICP implementation for April 2020, a coordinated programme of projects and work will be worked up by identified leads and small teams from our organisations. A high level programme has been developed to support delivery for April 2020.

7. High level roadmap for our ICP model

	Milestone/decision*	When by (deadline)
1	<ul style="list-style-type: none"> • Co-production of the East Sussex Health and Social Care Plan • Co-design of common target operating model for integrated community health and social care by Community Leadership Group 	July – November 2019
2	<ul style="list-style-type: none"> • Finalise the draft East Sussex Health and Social Care Plan • Finalise the ICP common target operating model 	November 2019
4	<ul style="list-style-type: none"> • Health and Wellbeing Board endorsement of the draft East Sussex Plan, and objective-setting, project definition and KPI development underway • Senior responsible officer agreement of draft initial ICP proposal, including elements for April 2020 • Senior responsible officer agreement of proposed common ICP operating model for community health and social care • To support delivery of the ICP for April 2020: <ul style="list-style-type: none"> ○ Develop detailed programme ○ Develop supporting communications and engagement plan 	December 2019
5	<ul style="list-style-type: none"> • Undertake wider engagement on ICP proposal and target operating model • Individual partner organisations' approval of the draft East Sussex Plan (subject to Cabinet, Governing Body and Trust Board timetables) • Progress ICP development programme for April 2020, including: <ul style="list-style-type: none"> ○ Development of Financial Framework Agreement, aligned incentive/trial risk-share arrangement and alignment with organisational budget-setting ○ Aligned incentive contracts and other contracts in scope ○ Target operating model project initiation and understand dependencies and the links with PCN DES Contract national service specification delivery in 2020/21, including anticipatory care ○ Outcomes Framework refresh and arrangements to take forward population health and social care outcomes 	January – March 2020

	commissioner	
6	<ul style="list-style-type: none"> The Health and Wellbeing Board is asked to endorse: <ul style="list-style-type: none"> East Sussex Plan detailed transformation programme for 2020/21 Refreshed integrated Outcomes Framework and arrangements to take forward population health and social care outcomes Finalised ICP phase 1 model and next steps 	March 2020
7	<ul style="list-style-type: none"> Go live with phase 1 ICP elements in shadow form to deliver East Sussex Plan/LTP programme priorities: <ul style="list-style-type: none"> Phase 1 projects to deliver the target operating model for community health and social care, linked with PCN Network DES service specifications in 2020/21 Place-based Financial Framework Agreement Sussex Integrated Dataset Supporting governance Ongoing system monitoring of East Sussex Plan transformation programme 	April 2020
8	<ul style="list-style-type: none"> Consider the shape and form of a strengthened ICP for 2021/22 (phase 2) Consider relationship and interface with neighbouring ICPs both within and beyond our Sussex ICS, and specialist services across a wider geography 	July 2020
9	<ul style="list-style-type: none"> Phase 1 ICP elements fully live Make further decisions about phase 2 ICP model development 	October 2020
10	<ul style="list-style-type: none"> Phase 2 ICP model mobilisation phase 	November – March 2021
11	<ul style="list-style-type: none"> Phase 2 ICP model goes live Sussex Integrated Care System live 	April 2021

**There will be ongoing engagement with all of our key stakeholders supported by a comprehensive communications and engagement plan.*

***Partner organisation agreement will be sought in line with individual governance processes as the ICP develops. For example, if in the future options are developed for potential organisational changes or developments in how resources are managed this would be subject to individual organisational governance and consultation.*

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