

**Report to:** East Sussex Health and Wellbeing Board

**Date of meeting:** 17<sup>th</sup> September 2020

**By:** Director of Adult Social Care and Health and Executive Managing Director, East Sussex Clinical Commissioning Group (CCG)

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

**Purpose:** To consider progress on work to implement a revised East Sussex integration programme in 2020/21, as a result of the changes brought about by the COVID-19 pandemic

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## **RECOMMENDATIONS**

The Health and Wellbeing Board (HWB) is recommended to:

- 1) Note the progress made with producing a revised East Sussex health and social care integration programme, taking account of changes to our integrated working due to COVID-19.**
  - 2) Note that detailed projects and metrics for the finalised programme will be worked up in the suggested areas to enable programme monitoring.**
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### **1 Background**

1.1 Our collective system business associated with the East Sussex Plan and integration programme has been paused since March in order to enable our health and social care system to focus on the management of our urgent response to the COVID-19 pandemic. This included adapting our system governance in order to deliver the emergency response where this has required coordination and grip across the whole system.

1.2 The management of the pandemic has presented additional ongoing responsibilities that require a collaborative response from our whole health and social care system, including:

- Local Care Homes Resilience Plan and mutual aid support to the care market;
- Local Outbreak Control Plan (covered as a separate item on the agenda);
- Implementing of Phase 3 of the NHS response to the COVID-19 pandemic, including restoration and recovery of healthcare services to 'near normal' levels;
- Our local East Sussex and Sussex-wide Winter Plans (covered as a separate item on the agenda), and;
- The likelihood that the Department of Health and Social Care's Social Care Task Force will request a separate Winter Plan to be submitted for Social Care.

1.3 Our existing system governance has provided a robust platform for managing these additional responsibilities and ensuring that plans fully align to deliver the best possible outcomes for the population in East Sussex. We are also continuing to balance the immediate and pressing issues relating to COVID-19 and winter planning, with the pace and delivery of our shared priorities for transformation set out in our long term East Sussex Health and Social Care Plan, and aimed at meeting the health and social care needs of our population, reducing health inequalities and deliver long term sustainability.

1.4 The previous report to the Health and Wellbeing Board on the 14<sup>th</sup> July outlined the new models and ways of working that have emerged at speed during the pandemic, as a result of the changes made to allow for surge capacity within our hospitals and managing delivery of services

and support during lockdown, social distancing and shielding. This report brings an update on our further progress with revising and updating our integration programme priorities and objectives for 2020/21 to take account of:

- The learning from new ways of working that have rapidly been developed as part of our system response to the pandemic, and sustaining new models of delivery where there have been agreed benefits;
- The impacts of responding to the COVID-19 pandemic and the ongoing need to manage the response during 2020/21;
- New responsibilities and changes in focus, and broader restoration and recovery planning, and;
- The need to manage capacity, resources and risks appropriately across our system for the remainder of 2020/21.

## **2 Supporting information**

### ***Revised integration programme for 2020/21***

2.1 Our focus is to ensure we can identify and prioritise the key areas of development that will enable our system to continue to make further progress as an Integrated Care Partnership (ICP) in 2020/21, and deliver the long term outcomes set out in our East Sussex Plan.

2.2 Discussions have taken place across our system during June, July and August to identify the potential integration projects that are now emerging as critical shared priorities during the remainder of 2020/21, given the changes in focus due to COVID-19, and broader restoration and recovery planning. This covers children and young people, community, urgent care, planned care, and mental health. Within these, priorities for personalisation, prevention, and reducing health inequalities have also been taken into consideration.

2.3 Appendix 1 describes the suggested project areas that have emerged out of recent system discussions as being appropriate priorities for our collective system working in order to make progress during the remainder of 2020/21. Ahead of fully working up objectives, projects and Key Performance Indicators (KPIs) in more detail these areas are currently being further tested and sense-checked to ensure they contribute wherever possible to:

- Offering greater levels and experience of integrated care and personalised care and support;
- Maximising the potential for prevention, early intervention and avoiding unnecessary attendance or admission to hospital;
- Supporting patient flow through hospital and reduced length of stay, and planning for winter and the ongoing need to manage the response to COVID-19, including any possible outbreak control if necessary;
- Supporting our individual organisations' core service delivery, including local NHS and Sussex Integrated Care System (ICS) plans for recovery and restoration of services, including the national requirement to restore NHS services to pre-COVID-19 levels, and;
- Alignment with broader Sussex-wide programmes of work where appropriate to meet the health and social care needs of our East Sussex population, for example the collaboratives for acute care, primary and community, and mental health, and the planned care and cancer programmes.

2.4 In addition to testing the agreed benefits for our system in the short and medium term, attention is also being given to programme resources and capacity, and specifically our operational capacity to manage and deliver the revised programme in the current environment.

2.5 Once the programme and the finalised list of projects has been agreed by the East Sussex Health and Social Care Executive Group at the end of August, the next step will be to set out a framework of realistic programme metrics and resources for the remainder of 2020/21, taking into account the current challenges, complexities and risks across our whole system.

### ***System governance and engagement***

2.6 Although there will continue to be further detail to work through, we will return to our integration programme delivery and monitoring in a phased and manageable way by the early autumn. Alongside the monthly meetings of the (COVID-19) East Sussex Health and Social Care Executive Group throughout the pandemic response, the following oversight boards have held meetings during June, July and August to review their partnership programmes for the restoration exercise, and develop other critical action plans such as preparation for winter and supporting recovery and restoration of services:

- Children and Young People Oversight Board
- Community Oversight Board
- Local A&E Delivery and Urgent Care Oversight Board
- Planned Care Oversight Board
- Meetings have taken place in July and August to establish the new East Sussex Mental Health Oversight Board and programme, considering the terms of reference, potential programme scope, including what will be led at the East Sussex level alignment with the Sussex ICS Mental Health Collaborative Programme.

2.7 Our East Sussex Health and Social Care System Partnership Board met again on 6<sup>th</sup> August to re-engage after a pause since April 2020. This was a welcome opportunity to review our position after the initial phase of the pandemic from each of our organisational perspectives, including District and Borough Councils, Healthwatch and the Voluntary and Community Sector, alongside core health and social care system partners.

2.8 The suggested project areas that have emerged out of recent system discussions as being appropriate priorities for our collective system working (set out in Appendix 1) were shared at the meeting. The meeting discussion has helped shape where the focus of the System Partnership Board can be used to best effect to add value to our collective system plans, in the context of managing the ongoing pandemic response. The key messages from the meeting are attached in Appendix 2.

2.9 The partnership nature of the discussions across our system has been fundamental to the process of restoring the integration programme. As the revised programmes and projects are worked up in detail this will include future arrangements for partner organisations to be involved in project delivery where there is a shared interest, and how clients, patients and carers will be involved. Health inequalities and equality impact screens and full assessments will also be undertaken if this is required as part of future agreed projects.

2.10 As the broader Sussex Integrated Care System (ICS) governance embeds further work is also underway to understand how plans can be best developed and delivered in different footprints within the ICS, and ensure appropriate alignment. This has taken into consideration the previous agreements about how accountability will work across the Sussex ICS, and the role Councils have as sovereign organisations in the partnership.

### ***Integrated commissioning for population health***

2.11 Our previous plans have set out how in the long term this will describe what is led at the East Sussex level, the outcomes our ICP has to deliver to meet the health and care needs of our population and the collective resources available to do this. As part of this and to support the

broader development of our ICP at the meeting in March the Health and Wellbeing Board agreed to adopt our shared Outcomes Framework as a working document in 2020/21, to link this with developing how we strategically commission our ICP and measure performance in delivering improvements in four areas:

- Population health and wellbeing
- Experience of local people
- Quality care and support
- Transforming services for sustainability

2.12 Developing a model of integrated commissioning for population health will entail shaping and strengthening how our East Sussex ICP operates as both a commissioner and provider of services for our East Sussex population. Responding to COVID-19 together as a system has rapidly developed a faster more collaborative approach between NHS commissioners and providers, and across our joint work with voluntary and independent care sector providers. Specific areas of work have been identified to help us build on this to accelerate our model for integrated commissioning this year, so that we can use the learning to inform the next steps for taking this forward in 2021/22. The areas are:

- Developing a plan and programme for mental health and wellbeing;
- Developing sustainable community hubs and wider integrated working;
- Integrated commissioning of hospital discharge and pathways; and
- Supporting and shaping care markets.

2.14 High level detail about these areas of work can be found in Appendix 1, and monitoring of progress will dovetail with our wider programme governance arrangements. A next step will be to revisit our plans set out at the beginning of 2020/21 to design meaningful monitoring of our shared system Outcomes Framework and setting outcome measures and performance indicators, in conjunction with the monitoring of our integration programme.

### **3. Conclusion and reasons for recommendations**

3.1 Strong progress has been made with updating our programme both to understand the learning from new ways of working that have rapidly been developed as part of our system response to the pandemic, and sustain new models of delivery where there have been agreed benefits.

3.2 Responding to the COVID-19 pandemic has brought with it additional responsibilities for our health and social care system. The updated integration programme will enable us to take account of the new responsibilities and changes in focus, and broader restoration and recovery planning.

3.2 As part of reaching a finalised list of projects, the recommended areas for the revised programme are being further sense-checked to ensure there is a good fit with current additional requirements placed on our system. This includes the need to manage capacity, resources and risks appropriately across our system for the remainder of 2020/21. Detailed projects and metrics will then be worked up in the suggested areas to enable programme monitoring.

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Appendix 1 Draft Summary of potential integration programme projects and suggested areas for system working in 2020/21

Appendix 2 Key messages from the East Sussex Health and Social Care System Partnership Board meeting