



East Sussex Integrated Care Partnership: Planning for 2021/22 Draft Brief

1 Background

- 1.1 The East Sussex health and social care system has a longstanding history and commitment to integrated working, as this provides the opportunity to deliver the best possible outcomes for local residents and achieves the best use of collective public funding in East Sussex.
- 1.2 During 2020/21 our focus has increasingly been on the way we can further integrate our services to support people during the COVID-19 pandemic, including out of hospital support and discharge hubs to ensure timely discharge and appropriate care. Our integrated senior management arrangements and the community health and social care services target operating model (TOM) established in 2019/20 have been critical enablers of the pandemic response. At the current time our system is continuing to manage the extreme operational pressures being experienced due to winter and the current wave of the COVID-19 pandemic.
- 1.3 Work has also taken place as a health and social care system at both East Sussex and Sussex level on the full range of additional responsibilities that have come with this that require system grip and coordination, including:
 - A system-wide approach to demand and capacity modelling to support avoidance of unnecessary admissions and timely discharges from hospital
 - Care home and market resilience plans
 - Testing, outbreak control and the mass vaccinations programme
 - Shielding and support to Clinically Extremely Vulnerable people (CEV)
 - Health and social care winter planning
 - Supporting restoration and recovery of healthcare services for our population
 - Ensuring assessment and appropriate care to support those people moving on from the initial COVID-19 hospital discharge scheme.
- 1.4 On 26th November NHS England and Improvement (NHSE&I) published '*Integrating Care: Next steps to building strong and effective integrated care systems*'. This set out commitments to support greater collaboration between health and social care partners in 2021/22, and options for putting ICSs on a legislative footing by April 2022. This included a preferred option of setting up ICSs as corporate NHS bodies with a mandatory membership to plan and commission health services. This would represent the most significant shift for our system working since the 2012 Health and Social Care Act.
- 1.5 In addition to having a lead role in our East Sussex system, our organisations are individually a part of the Sussex Health and Care Partnership (SHCP), alongside the upper tier and unitary Authorities, Clinical Commissioning Groups and NHS Provider Trusts in West Sussex and Brighton and Hove. The SHCP was formally awarded Integrated Care System (ICS) status in April 2020.
- 1.6 '*Integrating Care*' also underlined the importance of place-based partnerships within wider ICSs, and in line with this a local response to the proposals was put forward in consultation with the East Sussex Health and Wellbeing Board. The White Paper '*Integration and Innovation: working together to improve health and social care for all*' has now been published, ahead of a Health and Care Bill later this year, and further detailed policy guidance is awaited.
- 1.7 This brief (which includes Appendices 3-8 of the agenda) sets out the next steps for East Sussex Clinical Commissioning Group, East Sussex County Council, East Sussex Healthcare NHS Trust, Sussex Community NHS Foundation Trust and Sussex Partnership NHS Foundation Trust at the East Sussex place level, as part of the wider SHCP ICS and with our

local wider system partners, to meet local priorities for our population and the commitments set out by NHSE&I in *'Integrating Care'*.

2 Our context

2.1 Our longstanding commitment to health and social care integration in East Sussex, the work we have agreed to date through our Health and Wellbeing Board and our approach to health and social care integration is in summary driven by the following challenges:

- East Sussex is a county with a growing and ageing population. By 2024 we predict that 23.3% of our population will be aged 65-84 (compared to 16.8% for England), and a further 4.3% will be over 85 (2.7% England).
- The number of children in need of help and protection is rising locally and nationally, linked to the increase in families experiencing financial difficulties, and there is a growth in the numbers of children with statements of special educational needs and disability (SEND) or Education Health and Care Plans, some of whom will have complex medical and care needs.
- Although on average our population health is similar to England, more older people and the complexity of their needs with increasing longevity, frailty and people with multiple conditions, means that health and care needs in East Sussex are likely to be higher than other similarly sized areas in England. This is currently and will continue to be a significant driver of rising demand for health and care services, in the context of meeting the full range of health and social care needs of our whole population across all age groups and their physical and mental health.
- There are also significant gaps in life expectancy within the county and deprivation. This requires joining up NHS and social care with other services provided by the County Council, District and Borough Councils, the voluntary and community sector and others that impact on people's daily lives, their health and socio-economic wellbeing.
- The county is rural and urban in nature with the inevitable challenges that this brings for ensuring appropriate access to services at the same time as meeting expectations about quality.

2.2 In light of this we have committed to transforming to a new model of integrated care that will:

- Support people's independence through integrating care and offering a range of preventative services, early intervention and joined up care and treatment; proactive support to people who are vulnerable or at risk as close as possible to where they live, and; access to good quality local and specialist hospital-based services when they need it. This can be sustainably achieved through greater levels of integration in our community health and social care services, working closely with Primary Care Networks, mental health services and local urgent and acute care services.
- Promote wider integrated working in our communities between the health and social care system and the full range of services that impact on the broader determinants of health and reduce health inequalities, including housing, employment, welfare, transport, environment and leisure and voluntary and community sector services and support.

2.3 We are taking this forward through our place based partnership with our local NHS, County, District and Borough Councils, Voluntary and Community Sector and others. This is managed through specific whole system partnership governance at place level, with our Health and Wellbeing Board having strategic system oversight, our place based Health and Social Care

Executive Group focussing on delivering strategic priorities and improvements to system performance, and an in-year programme to support delivery of our collectively shared priorities for service transformation.

- 2.4 Full details can be found in our agreed East Sussex Health and Social Care Plan, covering our East Sussex priorities and NHS Long Term Plan commitments, and the contribution to the Sussex Strategic Delivery Plan. In line with this there is strong alignment with the governance, collaboratives and programmes being taken forward at the Sussex ICS partnership level.

3 Health and social care integration progress in East Sussex

- 3.1 Through building on progress delivered to date as a system we are committed to delivering improved population health and outcomes through the following:

- Integrated strategic planning and commissioning to make the best use of our collective resources for our population;
- Increased levels of provider integration across health and social care services to support improved delivery of early intervention and prevention and better experience of care, and;
- Broader partnership working and whole system working with District and Borough Council and voluntary, community and social enterprise (VCSE) sector partners, to impact on the wider determinants of health and wellbeing.

- 3.2 Our joint working is delivered through our integration programme aimed at driving the changes needed to help manage growing demand, on both NHS and social care services, by joining up care to support people to live as independently as possible and achieve the best possible health outcomes. Examples of what this has delivered so far include:

- A range of integrated services for example Health and Social Care Connect, the Joint Community Reablement Service.
- A comprehensive range of preventative services, and continuing strong performance against Better Care Fund targets.
- Ongoing development of community health and social care services through integrated senior management arrangements to lead operational day-to-day working and an agreed overarching target operating model (TOM) across the county, attached in Appendix 3.
- Co-location of nursing and social work teams in Eastbourne to support greater levels of care coordination for people with multiple and complex care needs.
- Successful implementation of Home First and discharge to assess (D2A) pathways, and collaborative system working that has meant that community bedded care achieved optimum treatment length of stays, and maintained this during and after the first phase of the pandemic to support flow out of hospital.
- Close system working between Adult Social Care and the CCG Continuing Healthcare Team has also been taking place to enable approximately 1000 patients discharged under the original COVID-19 Hospital Discharge Scheme to be appropriately assessed and reviewed onto appropriate care and support, by the national target completion date of 31st March 2021 (locally in East Sussex we anticipate this being sooner).

- 3.3 This is supported by:

- Embedded integrated system leadership and planning arrangements to deliver against our population health priorities, NHS Long Term Plan requirements and ESCC priority objectives, and enable alignment of organisational plans across our whole system to support health and wellbeing, with accountability to the East Sussex Health and Wellbeing Board for our system working and delivery of our agreed East Sussex Health and Social Care Plan and programme. Our current system partnership governance is set out in Appendix 4.
- An agreed shared outcomes framework for our system that covers population health and wellbeing, the quality and experience of care, and transformed services for sustainability, included in Appendix 5.
- Integrated commissioning arrangements across children and young people, mental health and community services. This includes pooled and aligned budgets and a shared approach

to system finances, shared arrangements for commissioning voluntary and community sector services, and significant joint work to understand additional care capacity requirements taking forward our agreed approach to bedded care both in and out of hospital through lead commissioner arrangements.

4. Integration programme

- 4.1 After an initial pause during March – May 2020, our in-year integration programme was updated and revised to take account of the learning and new models and ways of working brought about by delivering the first wave of the pandemic response. A high level summary of the current programme covering Children and Young People, Mental Health, Community, Urgent Care and Planned Care is included in Appendix 6. The programme will continue to be reviewed and updated to ensure our agreed shared priorities remain relevant for 2021/22, and complements the ongoing pandemic response to manage the risks and challenges around capacity, restoration and recovery. Links are also made to specific workforce and digital projects that will enable the programme to be delivered.
- 4.2 Programme monitoring resumed in October with metrics being captured across the system through an agreed and embedded performance management process, with regular reports to the East Sussex Health and Social Care Executive Group and the Health and Wellbeing Board, as well as feeding into the SHCP ICS performance framework. Alongside our other organisational monitoring this is informing our understanding of the impacts of COVID-19 on patterns of demand and service delivery and our planning for 2021/22.

5. Population Needs Summary Update

5.1 An updated summary of population needs was also produced in November 2020 to provide a summary of the key facts and figures about our population needs based on what the latest data and insight is telling us, and taking into account:

- The predicted changes over a 3 – 5-year period where this is understood
- The impacts of the COVID-19 pandemic where known - for example social, economic, health and mental health and wellbeing impacts, social isolation, and indirect impacts on health
- What we understand about inequalities and health inequalities related to the COVID-19 pandemic

5.2 The summary update is included in Appendix 7. The modelled data is intended to provide estimates of where additional unmet need might be expected in our population, which could help support and inform a range of work potentially including:

- Our understanding of future demand and our individual organisations' planning processes for 2021/22 and in the medium term
- How we work together as a health and care system to further develop our Integrated Care Partnership, including:
 - Using it alongside our demand and capacity modelling data to inform what changes we'll need to make to service models and interventions in order to meet future projected demand for health and social care services
 - Financial modelling and how we'll use our collective pooled and aligned system resources in 2021/22 and beyond
 - How we collectively work together with our communities to deliver prevention, early intervention, reduced health inequalities and improved outcomes for our population

6. Place based Integrated Care Partnership (ICP)

6.1 In November NHS England and Improvement (NHSE&I) published '*Integrating Care: Next steps to building strong and effective integrated care systems*'. This acknowledged that for most people their day-to-day care and support needs will be expressed and met locally in the place where they live. It therefore included expectations for how providers of primary, community health and mental health services, social care and support, community diagnostics and urgent and emergency care should work together to join up services at place (i.e. East Sussex) level to deliver an offer for their populations so that everyone is able to:

- Access clear advice on staying well
- Access a range of preventative services
- Access simple, joined up care and treatment when this is needed
- Access digital services (with non-digital alternatives) that put the citizen at the heart of their own care
- Access proactive support to keep people as well as possible, where they are vulnerable or at high risk

6.2 There is commitment to support this with meaningful and delegated budgets over time. The NHS is also expected to play its part at place level in local planning arrangements covering:

- Approaches to employment, training, procurement and volunteering activities and use of estates, allowing the NHS to play a full a part in social and economic development and environmental sustainability, and;
- Strengthened links with other public and voluntary services that have an impact on people's day to day health for example through improving local skills and employment or ensuring housing and accommodation.

6.3 In addition to delivering our shared in-year priorities through our integration programme, work is taking place to explore how our place-based ICP arrangements can be strengthened to ensure access to the local offer for our population by April 2022. The following paragraphs set this out in more detail.

7. Integrated commissioning model

7.1 Working together to respond to the pandemic response has accelerated and influenced our integrated commissioning leading to:

- Greater levels of collaborative working across commissioners and providers to design and agree service developments, pathways, and models of care, and a shared responsibility for delivery
- Undertaking modelling together to understand bed capacity both in and out of hospital to support timely hospital discharge and flow
- An integrated support offer for providers across all sectors from our health and social care commissioning teams including support for care homes and ongoing improvements to quality and clinical care, and development of services and new models of care across different care settings.

7.2 In 2021/22 in the context of our developing Sussex Integrated Care System we will work together as health and social care commissioners to build on this, and develop a framework setting out how we will jointly deliver our commissioning functions for our East Sussex population, covering the following areas:

- Our understanding of our population's health and care needs, and understanding demographic modelling and demand for care and services that impact on the wider determinants of health, including using data analysis and information to underpin how integrated commissioning and our approach to population health is developed
- Planning and prioritising how to address those needs, improve residents' health and tackle health inequalities, feeding into the Sussex-wide programme on Health Inequalities and agreeing the shared outcomes that our place-based ICP will deliver
- Shaping models of integrated care, services and investment decisions and bringing together our collective resources and allocating them so that they can have the most impact for our population
- Informing modelling of demand and capacity requirements now and in the future – including understanding the relationship between capacity requirements in different parts of the system, for example bedded capacity across acute, community health and nursing/residential care, to support delivery of our target operating model for community health and social care services

- 7.3 We will also develop plans for the work we need to do as an ICP in 2021/22 to further strengthen the way we work together to deliver greater levels of prevention and early intervention, and improved health and wellbeing outcomes for our population. Through discussions at our East Sussex Health and Social Care System Partnership Board in October and December 2020, we have agreed this needs to have a strong focus on forging closer links between all of our organisations that work within our communities, to ensure resilience in the coming months and improve outcomes and reduce health inequalities in the longer term.
- 7.4 Proposals about how we can collaborate further to take this forward for the benefit of our population will be co-designed and developed to ensure strong links between our health and social care system, our Primary Care Networks, District and Borough Councils and VCSE partners to support prevention and wellbeing in communities in East Sussex. This will be aimed at taking action together on the causes of ill-health and health inequalities through service models that can better enable:
- A more targeted approach to populations to support prevention and wellbeing and reduce health inequalities, and;
 - Streamlined and 'wrap around' proactive care and support to high risk vulnerable people who have long term conditions and complex care needs.
- 7.5 Initially, this will entail understanding the further work involved with defining our aims and objectives for designing wider integrated working, building on our progress to date in the following areas:
- The next steps for the Community Hubs that have been delivered as part of the pandemic response, and wider services delivered by District and Borough Councils and the VCSE sector
 - Primary care developments and Primary Care Network delivery, for example multi-disciplinary team working and care coordination, social prescribing and the Additional Roles Reimbursement Scheme, and support to care homes
 - Alignment with health and social care integration developments across community health and social care, mental health and children and young people's services.

8. Provider collaboration and integration across health and social care

- 8.1 Building on the steps we have already taken to remove the barriers to our health and social care staff working effectively together, we have reviewed our overarching community health and social care services TOM to take account of the learning during the first wave of the pandemic, and agreed the projects that will further embed the TOM in 2021/22 as part of our integration programme. Projects cover embedding hospital discharge hubs, the development of integrated community rapid response teams, further roll out of Home First hospital discharge pathways and the shared IT developments to support the delivery of joined up health and social care.
- 8.2 To support this, in 2021/22 we will also jointly explore how we can best organise ourselves with our NHS provider partners to deliver the next phase of health and social care integration for our residents, including:
- How we can pool our resources further and combine our planning and delivery functions to deploy our collective resources and have the most impact for our population
 - The further potential for generic roles and shared or joint leadership and management arrangements, building on the arrangements that we have already put in place to support integrated care delivery
 - Working with our emerging Primary Care Networks and providers of mental health and wellbeing services, to collaborate on providing a care and support offer that can be wrapped around high risk and vulnerable people who have long term conditions and complex care needs

8.3 There will be a key focus on team building and development across our services and organisations to build ownership of how our plans fit with the broader offer to our communities in East Sussex, and developing the proposals to deliver the offer.

9. Digital developments

9.1 There is a strong emphasis given to the role of technology in '*Integrating Care*' and the White Paper proposals. In addition to the bespoke digital developments that will support specific projects in our integration programme, the pan-Sussex digital programme is aimed at ensuring our health and care system has the integrated digital, data and technology capability to put our patients, clients and the public at the heart of their own care. In summary the key areas of digital transformation include:

- Connecting health and care records across primary care, hospital and community healthcare and social care systems to provide clinical and care professionals with the right information at the right time, so that people don't have to repeat their stories
- A digital personal health and care record to enable people to organise their health information securely online via the NHS App, with the facility for clinical and care professionals to add information for example, letters, appointments and care plans
- A Sussex Integrated Dataset (SID) that links anonymised service user and activity data across different health and care providers, to help plan and improve integrated services for our population and understand who is at the greatest risk of poor health outcomes. East Sussex agreed to be an early adopter in 2019/20, to take forward approaches to understanding population health management and risk stratification to help deliver anticipatory, proactive care.

9.2 Our ICP development plans will ensure strong links to these programmes through their implementation and roll out at place level.

10. Next steps and milestone planning for 2021/22

10.1 Work will take place in early 2021 to agree the scope, roadmap and milestones for implementing the next phase of integration across both commissioning and service delivery by April 2022. To support this a draft high level milestone plan is included in Appendix 8, which will also dovetail where helpful with organisational plans and programmes for recovery in 2021/22.

10.2 As has previously been the case resources are in place within our system to support programme and project management and the development of regular reporting of Key Performance Indicators (KPIs) and financial information. As we further develop our plans all the statutory partners will work to ensure focus is given to:

- Effective communications and setting out clearly to all stakeholders how services will develop and what improvements will be delivered
- A clear approach to considering the impacts for diverse communities in East Sussex including health inequalities and equalities reviews and assessments
- 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
- An effective relationship with NHS England and NHS Improvement and the SHCP ICS
- 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 VCSE.

11. Conclusion

11.1 Through our system partnership working in East Sussex we have strong foundations in place to take forward increased integration of commissioning and delivery of services to improve

outcomes for our population. Responding to the pandemic during 2020/21 has fundamentally changed the way we work together as a health and social care system and has accelerated our integrated working. In addition, forthcoming legislation being proposed will significantly influence the way we work together to commission and deliver integrated care.

11.2 Appendix 8 sets out the milestones and further work required to develop the detailed understanding and agreement of the shape of our ICP and further implementation during 2021/22. By April 2022 we will be in a position to build on progress, and jointly commission our ICP to deliver the next phase of integration required to improve outcomes for our population. Within this we will continue to use the learning from delivering the pandemic response to accelerate our integration

11.3 We will also continue to take account of the impacts of COVID-19 through taking forward a model for wider integrated working in our communities and our agreed shared priorities for in-year service transformation across Children and Young People, Mental Health, Community, Urgent Care and Planned Care. This will enable us to respond to the ongoing changes and challenges brought about by COVID-19 for our diverse communities, and expectations around restoration and recovery of services as we move into 2021/22.

Appendices

Appendix 3	Community health and social care services Target Operating Model (TOM)
Appendix 4	East Sussex System Partnership Governance
Appendix 5	Shared Outcomes Framework
Appendix 6	Integration Programme Summary
Appendix 7	Population Needs Summary Update
Appendix 8	Draft high level milestone plan