



Agenda for a meeting of the East Sussex Better Together (ESBT) Alliance Governing Board to be held in public on Wednesday, 6 December 2017, from 10:45-12:45 (please note new start and finish times) at St Wilfrid's Hospice, 1 Broadwater Way, Eastbourne, BN22 9PZ

Members:

David Clayton-Smith	Chair (DCS);
Dr Adrian Bull	Chief Executive, East Sussex Healthcare NHS Trust (ESHT)(AB);
Simone Button	Chief Operating Officer, Sussex Partnership Foundation NHS Trust (SPFT)(Associate Member)(SB);
Jackie Churchward-Cardiff	Non-Executive Director, ESHT (JCC);
Rose Durban	Governing Body Lay member, Eastbourne, Hailsham and Seaford (EHS) and Hastings and Rother (HR) Clinical Commissioning Groups (CCGs) (RD);
Stuart Gallimore	Director of Children's Services, East Sussex County Council (ESCC)(SG);
Keith Hinkley	Director of Adult Social Care and Health, ESCC (KH);
Amanda Philpott	Chief Officer, EHS and HR CCGs (ALP);
Dr David Warden	Chair, HR CCG Governing Body (DW)

Attendees:

Laura Bayford	Interim Chief Operating Officer South Downs Health & Care and Federation (provider lead)(LB);
Jessica Britton	Chief Operating Officer, EHS and HR CCGs (JeB);
Allison Cannon	Chief Nurse, EHS and HR CCGs (AC);
Paula Gorvett	ESBT Programme Director (PG);
Cynthia Lyons	Acting Director of Public Health, ESCC (CL);
John O'Sullivan	Chief Finance Officer, EHS and HR CCGs (JOS);
Dr Julius Parker	Chief Executive, Surrey and Sussex Local Medical Committees (SSLMCS)(JP);
John Routledge	Director, East Sussex Community Voice (ESCV) (Healthwatch)(JRou);
Vicky Smith	ESBT Accountable Care Strategic Development Manager (VS);
Dr Martin Writer	Chair of EHS CCG Governing Body (MW);
Andy Lane	(minutes) Corporate and Governance Services Officer, EHS and HR CCGs (AL)

There will be the opportunity for members of the public to ask questions after the meeting has finished, in response to the items discussed. A record of these discussions will be appended to the minute of the meeting.

AGENDA

Item No	Item	Action	Lead	Paper Attached	Time
Section 1: Introduction					
38/17	Welcome and apologies for absence	Note	DCS	Verbal	10:45
39/17	Declaration of interests	Note	DCS	Verbal	
40/17	Minutes of previous meeting held on 11 October 2017	Note	DCS	Yes	
41/17	Review of actions and matters arising	Note	DCS	Yes	
42/17	Chair's opening remarks	Discuss	DCS	Verbal	
43/17	A story of someone using our services	Note	AC	Verbal	
Section 2: Strategy and leadership					
44/17	Feedback from associated groups: <ul style="list-style-type: none"> • Alliance Executive (AB); • Clinical Leadership Forum (MW); • Accountable Care Development Group (ALP) 	Note	AB, MW, ALP	Verbal	11:00
45/17	Alliance Integrated System Plan, including activity, finance, impact of our plans to date, and required action	Endorse	AG, PH	Yes	11:15
46/17	Strengthening our ESBT Alliance arrangements for 2018/19: progress update	Discuss	JeB	Yes	11:55
47/17	East Sussex Better Together (ESBT) Locality Development: locality networks progress update.	Note	CL	Yes	12:10
Section 3: Communications and engagement					
48/17	Communications and engagement: progress update	Discuss	JeB	Yes	12:15
49/17	Key messages from this meeting	Agree	DCS	No	12:30
Section 4: Governance					
50/17	Any Other Business To be notified to Chair at least 2 working days in advance.	-	DCS	-	
Date of next formal meeting in public: 10:30-12:30, Wednesday 14 February 2018, The Sussex Exchange, Queensway, Hastings, St Leonard's-on-sea, TN38 9AG					
Public reflection or feedback on the discussions of the Alliance Governing Board will be taken prior to the formal closing of the meeting. A record of these discussions will be appended to the minutes of the meeting.					

Freedom of Information Act: Those present at the meeting should be aware that their names and designation will be listed in the minutes of this Meeting which may be released to members of the public on request.



Draft minutes of a formal meeting of the East Sussex Better Together (ESBT) Alliance Governing Board held in public on Wednesday 11 October 2017, from 10.00am to 12:30pm at the Sussex Exchange, Queensway, Hastings, St Leonard’s-on-sea, TN38 9AG

Present:

David Clayton-Smith (Chair)(DCS)
 Simone Button Chief Operating Officer, Sussex Partnership NHS Foundation Trust (SPFT)(SB)
 Dr Adrian Bull Chief Executive, East Sussex Healthcare NHS Trust (ESHT)(AB)
 Jackie Churchward-Cardiff Non-Executive Director, ESHT (JCC)
 Rose Durban Lay member, Eastbourne, Hailsham and Seaford (EHS) and Hastings and Rother (HR) Clinical Commissioning Groups (CCGs) (RDu)
 Cynthia Lyons Acting Director of Public Health, East Sussex County Council (ESCC)(on behalf of Keith Hinkley)(CL)
 Amanda Philpott Chief Officer, EHS and HR CCGs (ALP)
 Dr David Warden GP Governing Body member and Chair, HR CCG (DW)

In attendance:

Laura Bayford Interim Chief Operating Officer South Downs Health and Care and Federation (provider lead)(LB)
 Jessica Britton Chief Operating Officer, EHS and HR CCGs (JeB)
 Allison Cannon Chief Nurse, EHS and HR CCGs (AC)
 Paula Gorvett ESBT Programme Director, EHS and HR CCGs (PG)
 John O’Sullivan Chief Finance Officer, EHS and HR CCGs (JOS)
 Dr Julius Parker Chief Executive, Surrey and Sussex Local Medical Committees (SSLMCS)(JP)
 John Routledge Director, East Sussex Community Voice (ESCV)(JR)
 Vicky Smith Accountable Care Strategic Development Manager, ESBT, ESCC (VS)
 Dr Martin Writer Chair of EHS CCG Governing Body (MW)
 Andy Lane CCG Governance and Corporate Services Officer (minutes)(AL)

Draft Minutes

Item No	Item	Action
24/17	Welcome and apologies for absence	
	David Clayton-Smith welcomed those present and noted apologies from:	

Item No	Item	Action
	Stuart Gallimore Director of Children's Services, ESCC; and Keith Hinkley Director of Adult Social Care and Health, ESCC	
25/17	Declaration of interests	
	There were no new declarations of interest considered prejudicial to any of the agenda items.	
26/17	Minutes of the previous meeting on 9 August 2017	
	<p>The minutes of the 9 August 2017 formal ESBT Alliance Governing Board were approved as an accurate record of the meeting, subject to correction of the spelling of Jackie-Churchward-Cardiff's surname on page 4.</p> <p>Action 26/17 – Andy Lane will correct the spelling error on page 4 of the minutes of 9 August 2017 before publication as final, by 13 October 2017.</p>	AL 13/10/17
27/17	Matters arising and review outstanding ongoing activities recorded on the action point log	
	<p>19/17(i) Adrian Bull will submit a first cut of a report from the Alliance Executive to the 11 October 2017 meeting of the Alliance Governing Board - Paula Gorvett reported that this is ongoing work with Sarah Goldsack working on behalf of the Alliance. This is challenging work and an update will be brought to the informal meeting of the Alliance Governing Board on 8 November 2017. The Board agreed to close this action on the basis that it will be an agenda item at the next meeting.</p> <p>19/17(ii) Jessica Britton will work with the Federation to agree a way forward for ensuring it is fully engaged in the redesign work and report back to the 11 October 2017 meeting of the Alliance Governing Board – Jessica Britton and Paula Gorvett met with the Federation and agreed a process for its on-going involvement. The Board agreed to close this action.</p> <p>20/17 Adrian Bull, as chair of the Alliance Executive, to: ensure that the conditions for delivery of the plans are in place; and confirm commitment to collective actions necessary to ensure delivery of all constituent organisational control totals and overall ESBT system financial balance through an integrated ESBT Alliance Financial Plan. An update to be provided on 11 October 2017 at the next formal Alliance Governing Board – Adrian Bull reported that this is complicated work and that the Trust, CCGs and the Council finance leads are working closely on proposals. Update as follows:</p> <ul style="list-style-type: none"> we now have a single statement of the system financial position; 	

Item No	Item	Action
	<ul style="list-style-type: none"> • this position has been presented to both NHS England (NHSE) and NHS Improvement (NHSI); • system risks are now crystalizing and we have a joint recovery plan in place; • we have established a joint Programme Management Office which will support delivery of the plan; • further discussions with NHSE and NHSI are scheduled for the week commencing 16 October 2017 to seek their support for our approach; • a paper update will be brought to the informal meeting of the Board on 8 November 2017. <p>The Board agreed to carry forward this action.</p>	
28/17	Chair's opening remarks	
	<p>David Clayton-Smith made the following points:</p> <ul style="list-style-type: none"> • It was the third formal meeting of the Alliance Governing Board and the first on the Hastings side of the patch, following earlier meetings in Hailsham and Eastbourne. • He had attended a conference for NHS Clinical Commissioners. Many of the conference attendees were from CCGs in London and the South and there was lots of interest in the work of our Alliance. • He noted the positive prominence of public and patient involvement in the papers for the meeting. Effective engagement is crucial to ensuring we develop a system that works for everyone. • The item on the Outcomes Framework was an important session on the agenda; the new framework will help support delivery of strong community-wide performance. • The update on strengthening the Alliance will set out for us progress with moving towards enhanced arrangements from April 2018 and, in the longer-term, a new Accountable Care Organisation. 	
29/17	A story of someone using our services	
	<p>Allison Cannon told the story of a 24 year old gentleman from Hastings who has autism and who had been supported by the Little Gate Farm project, part of the Healthy Hastings programme. The project has enabled him to gain skills and confidence in a supporting, nurturing environment and has given him the confidence to find employment. The gentleman is now happily employed as an accounts clerk.</p> <p>The Board welcomed the successful outcome in this particular case but recognised also that there are many others with complex needs and ensuring they receive the support and care they need remains a challenge and a key focus for us.</p> <p>The Board noted the update.</p>	

Item No	Item	Action
30/17	Feedback and key issues from associated groups: <ul style="list-style-type: none"> • Alliance executive (AB); • Clinical Leadership Forum (DW); and • Accountable Care Development Group (ALP) 	
	<p>Feedback from associated groups:</p> <p><u>Alliance Executive</u> Adrian Bull gave feedback, key points as follows:</p> <ul style="list-style-type: none"> • a key focus of the Executive is bringing together the integrated financial plan; • a stronger framework around primary care quality and delivery will be built into our integrated reporting; • we have seen impressive joint working to maintain improved Accident and Emergency (A&E) performance, although it is recognised that we are still not fully where we need to be in this area; and • the Crisis Response teams are fully staffed, working well and we are seeing strong work in community-based care. <p>Comments made in discussion:</p> <ul style="list-style-type: none"> • It will be good to see integrated data reported to demonstrate improved performance and value. • There is still more that can be done around Mental Health issues and ensuring people have access to the support they need. All parts of the system will benefit from improved awareness, for example, to recognise where individuals might be a particular suicide risk (an area where East Sussex is higher than the national average). <p><u>Clinical Leadership Forum</u> Martin Writer gave feedback, key points as follows:</p> <ul style="list-style-type: none"> • The Forum discussed strengthening the clinical leadership supporting work on helping children with complex needs as they transition into adult services. The Forum agreed to provide a neurology consultant contact to join the Transition group looking at this area. • There was a discussion around ESHT's clinical strategy which is currently being developed. • There was also discussion around the importance of understanding the impacts of change and fully learning lessons so that we can bring that knowledge into future co-design. <p>The Board discussed how ESHT's clinical strategy is aligned with the ESBT strategy for healthcare and well-being. There needs to be clearer joining up as ESHT's clinical strategy gets developed further.</p> <p><u>Accountable Care Development Group</u> Amanda Philpott gave feedback, key points as follows:</p>	

Item No	Item	Action
	<ul style="list-style-type: none"> • The group spent time reviewing and refreshing the milestone plan for delivering the new model. • Key aims for delivery by 1 April 2018 are: <ul style="list-style-type: none"> ○ A fully integrated single point of leadership; ○ a single point of leadership for transformation; and ○ a cross-Alliance provider group to oversee delivery while we develop further that strand of work. • Implementation of an integrated commissioning fund. <p>A further update will be provided to the Board at its meeting on 6 December 2017.</p>	
31/17	Outcomes Framework	
	<p>Vicky Smith introduced this session and the paper that had been circulated ahead of the meeting, key points as follows:</p> <ul style="list-style-type: none"> • Work on the outcomes framework has been presented to the ESBT Strategic Commissioning Board, which met in public on 2 October 2017; • the Outcomes Framework is being piloted while the Alliance is in its test-bed year; • the framework is designed to help us measure and understand performance in delivering our aims and objectives while improving transparency and accountability as a system; • we want to understand what is important to people; • the framework is presented as four domains, with a number of outcomes and sub-indicators for each domain; • the approach will be supported by quarterly reporting; • there will be a programme of ongoing engagement to help us bring this information to life for a public audience, for example through the use of case studies; and • the key aim of this work is to provide us with a whole system view on outcomes, supporting the ESBT approach of one system, one budget. <p>Key points made in discussion:</p> <ul style="list-style-type: none"> • The framework was warmly welcomed by all those who contributed to the discussion; • a framework of outcomes for Accountable Care Organisations is being developed nationally and it is important that we link in our work appropriately; • a crucial element of this work is being clear on the interventions process when we see things are not going as well as anticipated and part of that is ensuring that we have appropriately clear and robust reporting arrangements; • need to ensure that the framework provides sufficient information on those with complex needs, for example those with Mental health 	

Item No	Item	Action
	<p>difficulties;</p> <ul style="list-style-type: none"> • the framework will be used to inform future pathway redesign work; • quality indicators, for example around admissions, are often more informative when expressed as a rate such as per 1,000 of the population; • it is useful to be able to draw comparisons with other areas; and • it will be helpful if we can align reporting against the four quadrants with other areas of reporting, for example from the ESBT Alliance Executive. <p>The Board noted the update.</p>	
32/17	ESBT performance: progress update on delivery against plans	
	<p>Paula Gorvett introduced the session and took the Board through a presentation.</p> <p>Key points as follows:</p> <ul style="list-style-type: none"> • Locality planning and development is bringing a whole system approach locally including, for example, working with the voluntary sector; • there are ongoing increases in demands for our services and we have been comparing those demands with other areas to see where we are bucking the overall trend; • there are ongoing challenges in the system, despite improved A&E performance, and pressure will grow as we move into the Winter; • although we have seen some success in tempering hospital admissions, we do not always help people move out of hospital quickly enough once they have been admitted; and • while challenges continue, we are functioning well as an Alliance, doing the right things and tackling issues from a whole-system viewpoint. <p>Points made in discussion:</p> <ul style="list-style-type: none"> • Adrian Bull congratulated Paula Gorvett on the presentation and said that tempering the increase in demand is an impact that has been seen in other accountable care systems. Further work is needed to help us translate reductions in demand and activity increases into a reduction in costs. • One thing the data is telling us is that younger people are increasingly using A&E and we need to develop a whole system approach to counteract that trend. • We are still working with the Federations to improve data around delivery in General Practices. <p>The Board noted the update.</p>	
33/17	ESBT financial position 2017/18: update and required actions	

Item No	Item	Action
	<p>John O’Sullivan introduced this item and referred to the update report that had been circulated with the papers. Key points:</p> <ul style="list-style-type: none"> • there are a complex range of factors influencing our financial performance but we are now addressing those as an Alliance within a notional framework of a single financial envelope; • Appendix 3 of the paper shows the expenditure to date against the agreed budget, highlighting the expenditure gap there has been over months 3 to 5 and suggesting a £45.5m spend/income challenge; • the CCGs and ESHT are jointly in discussion with regulators about the challenge, its causes and actions we are taking; and • from 17 October 2017, the ESBT Alliance Executive will be meeting weekly to monitor the response to the financial challenge. <p>The Board noted the update.</p>	
34/17	Strengthening our ESBT Alliance arrangements for 2018/19: progress update	
	<p>Jessica Britton introduced this item, key points as follows:</p> <ul style="list-style-type: none"> • Work on the development of the new Accountable Care Model is focussed on delivery of three main areas of transformation for implementation in April 2018: <ul style="list-style-type: none"> ○ a single point of leadership for commissioning overseeing an Integrated Commissioning Fund; ○ a group to oversee delivery of providers while we continue to work towards a single point of leadership for delivery; and ○ A single point of leadership for transformation. • Proposals will be seen by the governing boards of sovereign organisations before coming to the Alliance Governing Board on 6 December 2017. <p>Key points in discussion:</p> <ul style="list-style-type: none"> • there is a need to clarify what the transformation means for staff at all levels; • communications need to be clear; • we need to produce an overall business case and it will be helpful to see an outline at the next meeting in public of the Alliance Governing Board on 6 December 2017. <p><i>Action 34/17 Allocated to Jessica Britton. An outline of the accountable care overall business case to be submitted to a future board meeting (potentially December 2017). By 6 December 2017</i></p> <p>The Board noted the update.</p>	<p>JeB, 06-12-17</p>
35/17	ESBT Engagement and Communications Strategy: Delivery Plan progress report	

Item No	Item	Action
	<p>Jessica Britton introduced this item, providing an update on progress with delivering our key objectives. Key points:</p> <ul style="list-style-type: none"> • Patient and public engagement is very much a priority and we have introduced a new Health and Well-Being Stakeholder Group to encourage and enable people to engage with us and influence our transformation programme; • included with the papers for the meeting was a report on a Planning and Partnerships Workshop held in Hastings in July 2017 to help inform our engagement strategy; <p>Points made in discussion:</p> <ul style="list-style-type: none"> • The papers give a lot of really helpful information about public and patient engagement but we must not lose sight of engagement with staff. Jessica Britton reported that there are a series of staff engagement events planned for January 2018. • David Clayton-Smith asked whether engagement with regulators is adequately built in to our engagement plans and also what our plans are for the forthcoming Care Quality Commission (CQC) area reviews. The Board heard that we are working closely with regulators. On the CQC review, Allison Cannon reported that there are a number of work-streams ongoing with evidence being collated. Amanda Philpott reported that the review is not due to report formally until June 2018, though we might get some early feedback. • Establishing a clear, inclusive brand and then improving awareness is a crucial element and the Board heard that this is being looked at from a whole system perspective. <p>The Board noted the update.</p>	
36/17	Key messages from this meeting	
	<p>David Clayton-Smith reflected on the areas covered in the meeting and set out the key messages as follows:</p> <ul style="list-style-type: none"> • our success in improving urgent care performance illustrates that we are working well together. • The Outcomes Framework is a core, central piece in the overall ESBT jigsaw. • It is important to encourage assessment of whether we are delivering the service that we want – including and consulting localities is crucial to doing this effectively. • The Board heard about the single financial schedule and development of an ESHT cost centre which will help support our integrated approach to managing our finances. • We need to keep working to bend the demand curve to enable us to reduce costs while continuing to deliver a quality service. • From April 2018, we want single points of leadership for commissioning and transformation along with new arrangements for 	

Item No	Item	Action
	<p>overseeing delivery. We will see proposals at the next meeting in public of the Alliance Governing Board on 6 December 2017.</p> <ul style="list-style-type: none"> • Later in the financial year, we will want to see a detailed Business Plan. 	
37/17	<p>Any Other Business To be notified to Chair at least 2 working days in advance.</p>	
	<p>There was no other business put forward for discussion</p>	
	<p>The next date for a formal meeting in public of the Alliance Governing Board was confirmed as 6 December 2017, from 10:00-12:30 at St Wilfred's, 1 Broadwater Way, Eastbourne, BN22 9PZ</p> <p>The meeting closed at 12:25.</p>	

Freedom of Information Act: Those present at the meeting should be aware that their names and designation will be listed in the minutes of this Meeting which may be released to members of the public on request.

Questions from members of the public

- 1. Colin Campbell reiterated a question he had asked at the recent meeting in public of the joint Governing Bodies of the CCGs, at which he had asked for publication of a spreadsheet akin to the ESBT 150 week plan. Additionally, Colin Campbell asked whether the minutes of all ESBT meetings could be published on the ESBT website.**

In response, Amanda Philpott reiterated the ESBT Alliance Governing Board's commitment to an open and transparent approach and pointed to the considerable profile of the importance of public and patient engagement and involvement during the meeting, in addition to publishing all papers and plans. Amanda Philpott also reaffirmed our commitment to publishing the minutes and papers for all meetings held in public on the ESBT website.

- 2. Colin Campbell asked whether the ESBT Alliance Governing Board had considered convening a challenge group of clinical experts to assess plans before they are brought to formal Boards. Colin Campbell suggested that there should be a maximum age cap of 35 for members of such a group, to encourage younger clinicians to engage and to bring new thinking to this area.**

Amanda Philpott thanked Colin Campbell for the helpful idea and said that this was something the ESBT Clinical Leadership Forum would be interested in considering, although such a group would want a broader perspective than solely clinicians. Succession planning and development of our younger people was an important area.

- 3. Steve Dixon asked whether Amanda Philpott remained committed to the additional funding for GP practices for 2017/18.**

Amanda Philpott reaffirmed the CCG funding commitment for practices in 2017/18 which equates to an investment of £13 per head, substantially above the £3 per head suggested by NHS England.

Action Log for Eastbourne, Hailsham and Seaford and Hastings and Rother Clinical Commissioning Groups formal meetings held together

Date	Item no.	Item title	Initial Action Required	Staff to Action	Action Due	Action Complete	Further Actions/Comments
09/08/2017	20/17	Integrated ESBT Alliance Plans: Combined ESBT Strategic Investment Plan (SIP) and Cost Improvement Plan (CIP) Update at Month 2	Adrian Bull, as chair of the Alliance Executive, to: ensure that the conditions for delivery of the plans are in place; and confirm commitment to collective actions necessary to ensure delivery of all constituent organisational control totals and overall ESBT system financial balance through an integrated ESBT Alliance Financial Plan. An update to be provided on 11 October 2017 at the next formal Alliance Governing Board	Adrian Bull	Oct-17	Work in progress	Update 29/09/17: Included as an agenda item on 11/10/17 Update 11/10/17: Adrian Bull gave a verbal update to the AGB and undertook to bring a paper update to the informal meeting on 08/11/17. This is progressing well and a verbal update will be given at the meeting.
11/10/2017	26/17	Minutes of the previous meeting on 9 August 2017	Andy Lane to correct the spelling error on page 4 of the minutes of 9 August 2017 before publication as final.	Andy Lane	Oct-17	Propose to complete	Update 13/10/17: Minutes of meeting held on 09/08/17 corrected.
11/10/2017	34/17	Strengthening our alliance arrangements for 18/19	An outline of the accountable care overall business case to be submitted to a future board meeting (potentially December 2017).	Jessica Britton	Dec-17	Work in progress	

Updated: 30/11/2017



The East Sussex Better Together Alliance Governing Board

Item Number:

Date of meeting: 6 December 2017

44/17

Title of report:

Feedback from associated groups:

- ESBT Alliance Executive (AB);
- ESBT Clinical Leadership Forum (DW);
- ESBT Accountable Care Development Group (ALP)

Recommendation:

The Alliance Governing Board is recommended to **note** the verbal updates and consider any items raised for escalation.

Executive Summary:

The Alliance Governing Board oversees the work of the Alliance Executive, the Clinical Leadership Forum and the Accountable Care Development Group. For this standing item the group chairs or a nominated representative will report relevant summary assurance and highlight any key points from the meetings held during the calendar month prior to each Board meeting.

The reports will be provided as verbal updates for:

- i. ESBT Alliance Executive – Dr Adrian Bull
- ii. ESBT Clinical Leadership Forum – Dr Martin Writer
- iii. ESBT Accountable Care Development Group – Amanda Philpott

Alliance Governing Board sponsors:

- ESBT Alliance Executive – Dr Adrian Bull Chief Executive, East Sussex Healthcare NHS Trust (ESHT)
- ESBT Clinical Leadership Forum – Dr Martin Writer, Chair, EHS CCG Governing Body
- ESBT Accountable Care Development Group – Amanda Philpott, Chief Officer, EHS and HR CCGs

Author(s): The relevant chairs/representatives will provide verbal updates.

Date of report: 30/11/17

Review by other committees: The Alliance Executive meets fortnightly and the Clinical Leadership Forum and the Accountable Care Development Group meet monthly. This item allows allocated time for verbal feedback from these meetings.

Health impact: Not applicable for this update.

Financial implications: Not applicable for this update.

Legal or compliance implications: None.

Link to key objective and/or principal risks: Not applicable for this update.

Link to East Sussex Better Together (ESBT) programme: Not applicable for this update.

How has the patient and public engagement informed this work: Minutes of the Alliance Governing Board, including updates from associated meetings, are published on the ESBT website. A programme of communications and engagement is integral to the work of the Alliance.

Equality Analysis (EA) Process - outcome:

Negative Impact Neutral Impact Positive Impact No Impact Not required for report

EA Summary: These verbal reports do not require Equality Assessment.

Privacy Impact Assessment (PIA) – outcome:

No personal data used Data processes sufficient Actions required

Actions: Not applicable.



The East Sussex Better Together Alliance Governing Board

Item Number:

Date of meeting: 6 December 2017

45/17

Title of report:

Alliance Integrated System Plan, including activity, finance, impact of our plans to date, and required action

Recommendation:

The ESBT Alliance Governing Board is recommended to:

- **note** the East Sussex Better Together (ESBT) system financial position and scale of forecast outturn variance;
- **note** that we are working closely with our regulators, NHS England (NHSE) and NHS Improvement (NHSI) to ensure there is complete transparency and understanding of the position and mitigating plans in the remaining months of 2017/18 and into 2018/19; and
- **endorse** the recovery actions being developed and implemented collaboratively through the Alliance structures, including the financial planning framework for 2018/19.

Executive Summary:

The report updates the ESBT Alliance Governing Board on the challenging financial position affecting the ESBT area in the context of the pressures on the NHS and social care nationally. Whilst we can demonstrate sustained improvements in quality and managing demand, there is a potential £80m risk within our overall resource envelope of approximately £1bn, and the report outlines our shared action to reduce this risk.

The key messages this report highlights are as follows:

- Operating in a challenged economy, ESBT targeted a demand shift, recognising that we could not simply reduce hospital costs. ESBT can demonstrate that it has successfully bent the demand curve since 2013/14.
- System performance is improving for key national standards, including Referral to Treatment Time (RTT), Accident and Emergency (A&E) and Delayed Transfers of Care (DTOC), and challenges remain in respect of cancer standards and the 62 day target. There is more to be done to deliver this consistently and sustainably.
- The shared financial challenge is significant. Both the Trust and the CCGs are seeing cost

pressures and are forecasting that they will not meet their financial plans. In May 2017 the financial risk was estimated at a worst case £83m. The combined system financial risk is now crystallising at this upper level - £80m (£70m after mitigation).

- We have a good shared understanding of the issues and have developed a shared financial recovery plan to mitigate this risk. The evidence indicates the ESBT strategy to shift demand is the right one. We know we need to go faster and deeper if we are to achieve system financial sustainability by the original planned date of **2020/21**.
- The governance arrangements for ESBT are embedded and starting to work well – all system partners are aligned and focusing on delivering our priorities for 2017/18. We already report the finances on an integrated basis monthly, and review the whole system financial position.
- Our focus is on our whole system to deliver our financial recovery plan over the remaining months of the financial year in order to start **2018/19** on plan.
- The ESBT Alliance is developing our financial plans as if we are a single organisation – the scale of challenge is such that we need to be unwavering in our focus on system recovery.
- We are working closely with our regulators, NHS England (NHSE) and NHS Improvement (NHSI) to ensure there is complete transparency and understanding of the position and mitigating plans in the remaining months of 2017/18 and into **2018/19**.

ESBT Alliance Governing Board sponsor:

Alison Gale, Acting Chief Finance Officer, Eastbourne, Hailsham and Seaford and Hastings and Rother Clinical Commissioning Groups (EHS and HR CCGs)

Author(s): Phil Hall, Strategic Financial Advisor, East Sussex County Council

Date of report: 30/11/17

Review by other groups/forum: ESBT Alliance Executive, the Governing Bodies of Eastbourne, Seaford and Hailsham and Hastings and Rother CCGs

Health impact: None – system report.

Financial implications: As set out in the report.

Legal or compliance implications: None – Financial reporting only.

Link to key objective and/or principal risks: Provides ESBT Alliance Governing Board with an assessment of financial position.

Importance to East Sussex Better Together (ESBT) programme: Financial reporting aimed at helping the Alliance deliver appropriate outcomes while achieving sustainability

How has the patient and public engagement informed this work: This is a report on the current system financial position. As such there has been no direct engagement in the production of this report. However, many of the proposed actions focus on initiatives that have been developed through stakeholder engagement and continue to focus on making best use of our collective resource for the benefit of our local population.

Equality Analysis (EA) Process - outcome:

Negative Impact Neutral Impact Positive Impact No Impact Not required for report

Privacy Impact Assessment (PIA) – outcome:

No personal data used Data processes sufficient Actions required

East Sussex Better Together (ESBT) financial position 2017/18

1. Introduction

- 1.1. The ESBT Alliance Governing Board has received a series of monitoring reports highlighting the financial risks to the system in 2017/18. All parties have endorsed the critical importance of achieving whole system financial balance (i.e. meeting all individual control totals).
- 1.2. The previous meeting of the Alliance Governing Board was advised of the significant adverse variance evident in the Month 6 figures and the need for urgent corrective action to be taken if financial balance is to be achieved was endorsed. Further analysis was being undertaken to ascertain precisely the scale of in-year financial challenge and, alongside this, mitigating actions were urgently being worked up.
- 1.3. As a reminder, the scale of budgets within the control of Alliance Partners is c£1 billion. This is illustrated pictorially at Appendix 1.
- 1.4. The year-to-date position, outturn and risk assessment is presented in this report as a whole system position.

2. Key messages

- 2.1. Operating in a challenged economy, ESBT targeted a demand shift, recognising that we could not simply reduce hospital costs. ESBT can demonstrate that it has successfully bent the demand curve since 2013/14.
- 2.2. System performance is improving for key national standards, including Referral to Treatment Time (RTT), Accident and Emergency (A&E) and Delayed Transfer of Care (DTOC), and challenges remain in respect of cancer standards and the 62 day target. There is more to be done to deliver this consistently and sustainably.
- 2.3. The shared financial challenge is significant. Both the Trust and the CCGs are seeing cost pressures and are forecasting that they will not meet their financial plans. In May 2017 the financial risk was estimated at a worst case £83m. The combined system financial risk is now crystallising at this upper level - £80m (£70m after mitigation).
- 2.4. We have a good shared understanding of the issues and have developed a shared financial recovery plan to mitigate this risk. The evidence indicates the ESBT strategy to shift demand is the right one. We know we need to go faster and deeper if we are to achieve system financial sustainability by the original planned date of **2020/21**.
- 2.5. The governance arrangements for ESBT are embedded and starting to work well – all system partners are aligned and focusing on delivering our priorities for 2017/18. We already report the finances on an integrated basis monthly, and review the whole system financial position. Our focus is on activity and cost reduction across the whole system to deliver our financial recovery plan over the remaining months of the financial year in order to start **2018/19** on plan.
- 2.6. The ESBT Alliance is developing our financial plans as if we are a single organisation – the scale of challenge is such that we need to be unwavering in our focus on system recovery – and not allow ourselves to be distracted by contractual disputes that do not support financial recovery.

- 2.7. We are working closely with our regulators, NHS England (NHSE) and NHS Improvement (NHSI) to ensure there is complete transparency and understanding of the position and mitigating plans in the remaining months of 2017/18 and into 2018/19.

3. Finance and Activity Monitoring - Update

- 3.1. The latest outturn and ESBT Alliance risk forecast remains as reported to the last meeting of the Board, which is a total risk to system control totals before mitigation of £80.3m.
- 3.2. The main reasons for this risk figure are planned savings not achieved (across all partner organisations) of £37.4m and consequential loss of Sustainability and Transformation Funding (STF) of £8.9m, together with additional costs from a commissioner perspective of activity growth of £3.3m, acute price growth of £12.5m, agreed additional winter pressures costs of £2m, resolution of system finance issues from 16/17 £4.6m and 17/18 system pressures of £7.6m, and other net system costs pressures of £3.8m.
- 3.3. Month 7 activity data shows consistently improving performance across a range of Strategic Investment Programme (SIP) projects, including:
- **Crisis Response:** referrals and activity has been in-line with projected levels for three consecutive months. Referrals from outside hospital have also improved, helping to support patients in their own residence and avoiding unnecessary conveyance to hospital
 - **HIT:** this is now consistently assessing and supporting twice the number of patients that had been the case at the beginning of the year
 - **Falls and Fracture Liaison services:** over the last two months there has been a significant increase in the number of falls assessments and exercise classes undertaken. This represents a fourfold increase in activity compared with April 2017.

Whilst this indicates some considerable progress in the delivery of individual interventions, the total number of people attending A&E and being admitted as emergencies continues to be higher than planned levels.

However, for the over 65 age group, where most of the above interventions are directed, it is evident there has been a significant positive rise in the number of people admitted for ambulatory care or assessment wards who have subsequently been discharged on the same day. In direct comparison with the same period in 2016/17, the number of patients over 65 years of with a zero length of stay (LOS) has increased by 12% and those with a 1 day LOS by 2%. Overall the average LOS of emergency patients over 65 years of age has reduced from 9.5 days to 8.1 days, a reduction of 15%. The positive impact of our ESBT initiatives therefore continues to be evidenced.

- 3.4. The ESBT position is very challenging and the level of risk is significant, requiring focused recovery plans. The position should however be viewed in the context of:
- the successful track record of ESBT since its inception in 2013/14 in bending the demand curve; and
 - the extent of financial challenge evident in other health systems, both locally and nationally.

4. Financial Recovery Plan (FRP) - Update

- 4.1. In the context of this very challenging financial position, discussions have taken place with the system regulators, NHSE and NHSI, in a series of joint meetings. A system Financial Recovery Plan (FRP) has been formulated.
- 4.2. Included within the recovery plan are a set of joint actions where we will work together to achieve cost reductions across specified budget lines primarily within ESHT and also the CCGs. This is part of the commitment to a single approach to system recovery, which also includes local agreement between the CCGs and ESHT to suspend Payment by Results (PbR) as a financial regime for 2017/18 and adopt an Aligned Incentive Contract which sets a fixed payment for the CCGs' commissioning of acute and community services from ESHT. Adopting a fixed payment, subject only to changes which are outwith the control of ESHT system partners (i.e. decisions by NHSE / NHSI, major catastrophic incidents) is intended to provide financial certainty to the system, enable ESHT to consolidate its quality improvements, and avoid distraction from the core task of financial recovery.
- 4.3. The change in financial regime is subject to approval by regulators and subject to a clear understanding with NHSE/I about the regulatory approach to organisational financial special measures. At this point both NHSE and NHSI have made it clear that the system does not have an agreed Aligned Incentive Contract and are requiring further analysis to be provided, including an expected forecast outturn (FOT) position based on Payment by Results (PbR), an agreed contract value and details around community investment included within the year to date position and forecast. The deterioration in the system financial position is considered by the regulators to be one of the most significant in the South East.
- 4.4. All options for CCG in-year spending reductions have been reviewed, but the scope for further reduction is limited because of the following context:
- ESHT position under significant pressure but forecast outturn deficit shows year-on-year improvement;
 - risk of jeopardising system performance improvements for key national standards, including RTT, A&E and DTOC;
 - Primary care is fragile;
 - Social care is holding up this year but will come under renewed financial pressure in **2018/19**; and
 - Mental health requires further investment.

Therefore the system strategy must be to continue to:

- reduce the cost of provision wherever safe and appropriate.
 - ensure that we maximise the benefits of existing initiatives that bend the demand curve further.
 - implement locality plans to accelerate the redesign of care pathways.
- 4.5. A realistic target for in-year financial recovery has been set at £9.8m. This is a reduction of £6m on previous targets following an external testing of forecasts within ESHT. Within the £9.8m figure, joint system actions listed are targeted to achieve net savings of £5.3m. The Alliance Executive has made a commitment to its achievement across all parties, with shared responsibility covering joint governance, joint resourcing

and transparent benefits tracking. This is supported by a formal letter from the Director of Finance of ESHT to the Chief Officer of the CCGs.

- 4.6 In addition to the four principle schemes (focusing on supporting urgent care needs; efficiency of elective care; working across the STP footprint to ensure provision of most clinically effective treatments; and support direct access diagnostics) which may only deliver full financial benefit in **2018/19**, we will also review all uncommitted budget spend and undertake a peer review of all budgets across the partner organisations to identify further deliverable opportunities.
- 4.7 In order to consolidate the approach, we have agreed a framework for system planning for **2018/19** that enshrines the following principles and agreements:
- The ESBT Integrated Finance and Investment Plan (IFIP) is an integral part of the financial planning and budget-setting of all four organisations, so that there will be complete alignment between it and the individual budgets.
 - The IFIP planning process is informed by the budget parameters of individual organisations (to ensure affordability). All elements of the IFIP will engage clinical, operational and commissioning colleagues so that planned actions have shared ownership. The IFIP as a process must therefore have the confidence of each Alliance partner and of regulators.
 - The IFIP will be supported by a financial framework, an approvals process, a set of operating rules for application of the Plan into individual organisations and by effective PMO reporting with clear accountability for delivery of each scheme assigned to a lead officer.
 - The IFIP will form a platform for the whole-system Whole Population Budget to be put in place for the Accountable Care Organisation (ACO) in **2020/21**.

The **2018/19** planning framework is represented pictorially below.

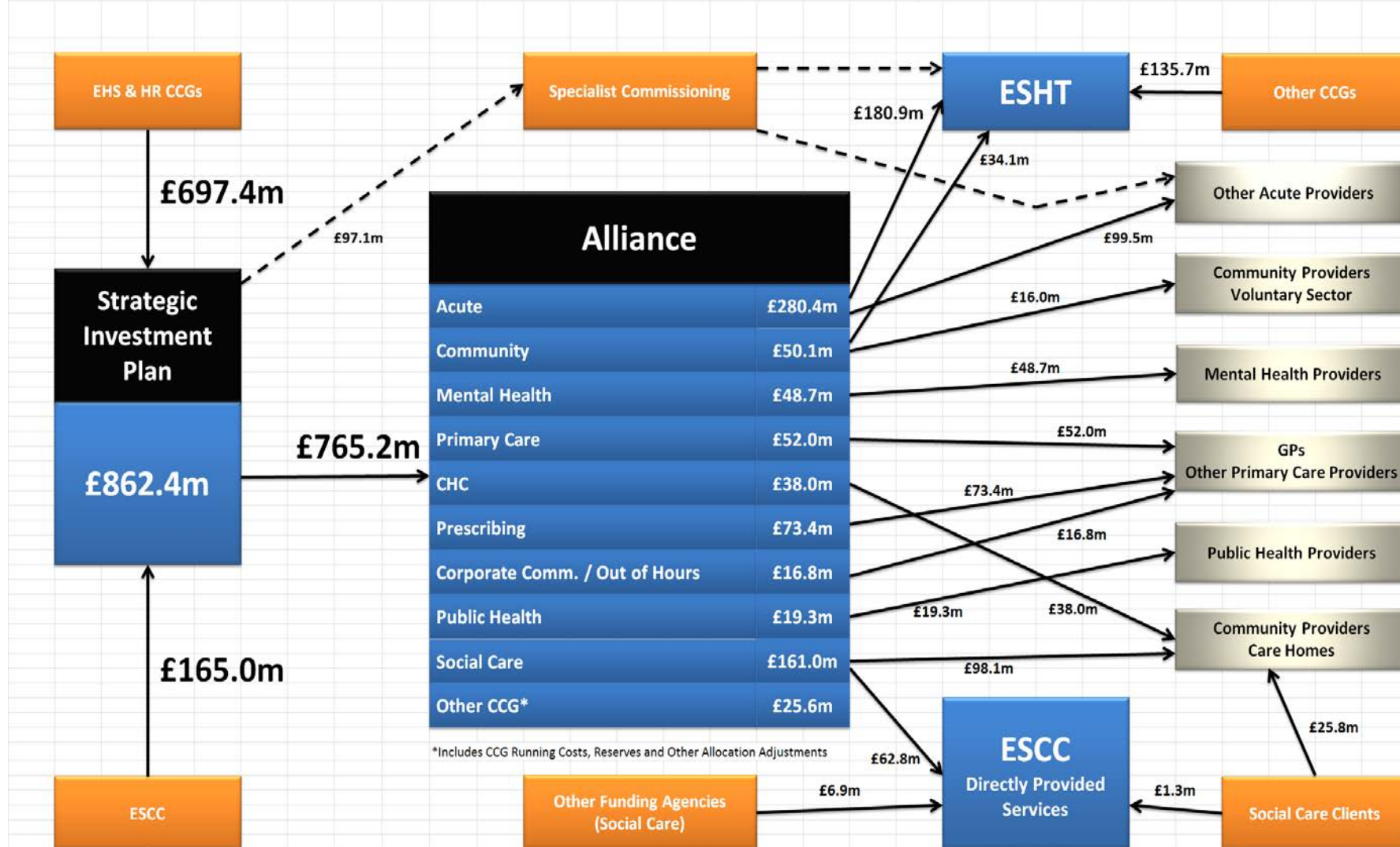
ESBT ALLIANCE INTEGRATED FINANCE AND INVESTMENT PLAN		
Purpose: To set affordability envelope and allocate planning targets to sub-plans; to ensure alignment back to individual organisational plans		
Co-ordinated and controlled by ESBT Finance Group; decisions made via Alliance governance structures		
ESBT SERVICE REDESIGN PLAN (SRP - formerly the SIP)	ESBT COST REDUCTION PLANS (CRP - formerly the CIP)	ESBT FINANCIAL RECOVERY PLAN (FRP)
Purpose: to allocate resources to services according to ESBT priorities; including investment/disinvestment schemes and projects	Purpose: to contain and, where feasible, reduce the unit cost of provision	Purpose: to drive a recovery in the ESBT financial position for 2017/18 (assume projects with recurrent savings are reallocated to SRP or CRP for 2018/19)
Co-ordinated and controlled by the ESBT ISPG	Managed by individual organisations against agreed planning targets	Managed jointly via Alliance Sub-Group for 2017/18; discontinued for 2018/19
Lead finance support from CCG	Lead finance support from relevant orgn	Lead finance support from ESHT
Projects managed and monitored by the ESBT Portfolio Management Office		
<- Inter-organisational impacts quantified and recognised ->		

5 Recommendation

The ESBT Alliance Governing Board is recommended to:

- **note** the East Sussex Better Together (ESBT) system financial position and scale of forecast outturn variance;
- **note** we are working closely with our regulators, NHS England (NHSE) and NHS Improvement (NHSI) to ensure there is complete transparency and understanding of the position and mitigating plans in the remaining months of 2017/18 and into 2018/19; and
- **endorse** the recovery actions being developed and implemented collaboratively through the Alliance structures, including the financial planning framework for 2018/19.

ESBT ALLIANCE: FINANCIAL FLOWS 2017/18





The East Sussex Better Together Alliance Governing Board

Item Number:

Date of meeting 6 December 2017

46/17

Title of report:

Strengthening our ESBT Alliance for 2018/19: progress update

Recommendation:

The ESBT Alliance Governing Board is recommended to:

- **Note** the confirmation that our proposals for strengthening the ESBT Alliance in 2018/19 remain on track, and the recent decision to recommend to ESBT sovereign partners to extend the ESBT Alliance Agreement until **March 2020** (in line with existing parameters regarding the term of the Agreement), as the framework within which a strengthened ESBT Alliance will operate in **2018/19** and **2019/20**;
- **Note** that the ESBT Accountable Care Development Group will be discussing the brief for our integrated ESBT health and care organisation business case in December, and the broad areas of focus we would expect it to cover;
- **Discuss** the relationship between the current work on financial recovery, the views of our regulators and the pace of change that will be most useful in strengthening our ESBT Alliance and stabilising our system;
- **Discuss** and test our level of confidence in our deepening ESBT Alliance planning and governance mechanisms including the following previously discussed issues:
 - our Integrated Commissioning Fund proposals;
 - locality planning proposals;
 - and our integrated governance arrangements, in ensuring delivery of system financial balance and the delivery of quality services.

Executive Summary:

Context

East Sussex Better Together (ESBT) is our whole system (£1 billion) health and care transformation programme. Our shared vision is that by **2020/21**, there will be a fully integrated, sustainable health and social care economy in East Sussex that ensures people receive proactive, joined up care, supporting them to live as independently as possible and achieving the best outcomes. By working together we aim to achieve high quality and affordable care now and for future generations and improve the quality and safety of all the services we commission and deliver.

We know we can be most effective if we manage as a system to drive innovation and continual improvement and to collectively address the financial and activity challenges we

face, within our place-based resource envelope. Accountable care is the vehicle we have chosen to help us deliver this.

Strengthening our alliance: single, system-wide leadership

By April 2018 we have agreed that we will have in place single system-wide leadership for health and social care commissioning and transformation, supported by stronger system governance. This will be underpinned by an Integrated Commissioning Fund arrangement between the CCGs and East Sussex County Council (ESCC), which will reinforce our ESBT focus on population health, reducing health inequalities and outcomes to drive improvements.

We are currently on track with shaping our proposals to deliver this. We have mapped and reviewed the existing governance arrangements of our sovereign commissioning member organisations, as well as the key elements of our new ESBT Alliance governance structure, to further develop our understanding of the following:

- what is currently delegable to our Alliance and what isn't;
- where lay, clinical and elected members' roles could be used to best effect in assuring plans as we move forward on a system-wide basis **in 2018/19**;
- an initial screening exercise of potential equalities and health inequalities impacts, and;
- the transitional timetable that will be necessary to test system-wide governance and leadership arrangements over the year.

We are also aiming to ensure single leadership of how we organise service delivery to support better coordination and delivery across our whole health and care system, and deliver in-year improvements to service quality and finance in line with our five year Strategic Investment Plan.

Future organisational model

Further to this, and in order to meet the timetable for our milestones, a critical action during early **2018/19** will be to develop and agree the business case to describe what our single ESBT accountable health and care organisation will look like. An initial brief for this work will be presented for discussion at the meeting of the ESBT ACDG on **7th December**, and further detail will be proposed to the ESBT Alliance Governing Board once it has been scoped. The following list describes the broad areas that we would expect the business case for our fully integrated ESBT health and care organisation to cover:

- How our integrated ESBT health and care delivery organisation will be commissioned
- The legal and governance arrangements for our new integrated ESBT organisation
- The financial arrangements that will underpin our new integrated ESBT organisation
- The process for establishing our new integrated ESBT organisation
- The support the new ESBT organisation will need to operate
- The commercial arrangements for our new integrated ESBT delivery organisation
- The contribution to the Sussex and East Surrey Sustainable Transformation Partnership (STP)
- Impact assessment
- Implementation Plan and resourcing the change

The ESBT Accountable Care Development Group (ACDG) has refreshed our high level ESBT Alliance milestone map that was agreed in July 2017(attached at Appendix 1 for ease of reference), to provide further detail on the workstreams to support delivery of our fully integrated future ESBT model.

Our ESBT Alliance Agreement

In order to enable the further development of our ESBT Alliance and the work towards our future preferred model, at its informal meeting on the 8th November, the ESBT Alliance Governing Board agreed to recommend to sovereign bodies of the Alliance the necessary extension of the current ESBT Alliance Agreement until **March 2020**, as the framework within which a strengthened ESBT Alliance will operate in **2018/19** and **2019/20**. This is in line with existing parameters regarding the term of the Agreement.

Current action

It is clear that our current and necessary focus as an ESBT Alliance is to confirm and deliver our plans for financial recovery, and improve the in-year run rate for our ESBT system in order to demonstrate our ability to manage and transform within our resource envelope. This includes implementing some technical changes to the provider contract this year, as well as agreeing the contracting vehicle for **2018/19**.

Strengthening our system governance to assure our Financial Recovery Plans (FRP) will be a key part of this, alongside ensuring our contribution to the emerging plans for system balance within the Sussex and East Surrey Sustainable Transformation Plan. It will be important to target all energies on this delivery, and not to detract or distract from this in the short term, in order to enable the confidence from our regulators that will support us in moving forward collectively as a system.

As such, in a slight revision to timescales, and to allow time to finalise our plans for financial recovery and ensure our proposals for integrated system leadership with our ESBT Alliance partners from **April 2018** are fit for purpose, we will bring a comprehensive set of recommendations in the New Year for:

- integrated system leadership for commissioning, transformation and how we organise service delivery;
- strengthened governance across our ESBT system, and;
- the Integrated Commissioning Fund arrangement and how it will be used to underpin delivery of the good governance and good financial management.

ESBT Alliance Governing Board sponsor: Jessica Britton, Chief Operating Officer, EHS and HR CCGs

Author(s): Vicky Smith, Accountable Care Strategic Development Manager, ESBT and Jessica Britton

Date of report: 27/11/17

Review by other groups/forum: Iterations of these proposals have been discussed at meetings of the Accountable Care Development Group between August - November, the ESBT Alliance Governing Board and meetings of EHS and HR CCGs during September, October and November.

Health impact: Whole system transformation to the ESBT future model of accountable care, underpinned by whole system integrated strategic commissioning will positively incentivise improvements to individual's care and population health

Financial implications: Through taking a ‘one system one budget approach’ and developing our risk and reward share arrangements to deliver outcomes as an accountable care Alliance, we will positively incentivise a shift away from reactive acute based care to proactive community based care and preventing demand. In addition through the use of patient centred approaches, self-care and self-management and efficient and effective clinical and care decisions, resources will be invested more wisely and health and care services will become more sustainable overall.

Legal or compliance implications: New approaches are not yet fully embedded in national policy guidance and risks will need to be identified and mitigated. There will be a need to ensure that all regulatory and inspection bodies are fully on board with the move to the future ESBT model of accountable care.

Link to key objective and/or principal risks: a shift from over utilisation of expensive acute services to proactive community based prevention and population health to manage demand, will help achieve our overall goal of securing clinically and financially sustainable health and care services for future generations in East Sussex.

Importance to East Sussex Better Together (ESBT) programme: An integrated commissioning system will support the move to a new model of accountable care and a formally integrated health and care organisation by 2020/21.

How has the patient and public engagement informed this work: A full programme of engagement has informed the development of ESBT and the Accountable Care Model (ACM); most notably the development of integrated care, integrated locality teams, a focus on prevention and well-being and more recently, the pilot integrated outcomes framework for the ESBT Alliance and the criteria for appraising the future ESBT delivery vehicle.

Equality Analysis (EA) Process - outcome:

Negative Impact	Neutral Impact	Positive Impact	No Impact	Not required for report
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EA Summary: An initial Equalities screening of the proposed arrangements for integrating ESBT commissioning has been undertaken. At this stage there are no significant impacts to report, however it is recommended that we undertake further analysis once we have established the detailed arrangements for the Integrated Commissioning Fund. The screening makes some recommendations on key issues to take into account in doing this.

Privacy Impact Assessment (PIA) – outcome:

No personal data used	Data processes sufficient	Actions required
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



ESBT MILESTONE MAP

MILESTONE
Stakeholder engagement to inform options appraisal on future organisational form
APR '17

MILESTONE
Organisational form and development timeline agreed by sovereign organisations
JULY '17

ACTIONS COMPLETED

MILESTONE
Clarify menu of options for how primary care, mental health and other parts of system relate to chosen model
DEC '17

MILESTONE
Integrated single leadership structure for strategic commissioning function implemented; pooled budget and risk share agreed for strengthened Alliance
Single leadership of delivery function implemented.
APR '18

MILESTONE
Launch of new accountable care organisation
APR '20

MILESTONE
Business case for accountable care organisation Agreed; NHSE ISAP process initiated
JULY '18

MILESTONE
Plans for consulting with staff in place, as required

MILESTONE
Integrated business infrastructure in place, including potential delegation to STP level
SEPT '18

MILESTONE
New integrated regulatory framework and payment mechanisms agreed
APR '19
SEPT '19

NB this map of high level milestones is intended as a guide, and milestones may be subject to change with detailed implementation planning

Ongoing staff and stakeholder engagement

Year on year delivery of financial balance and quality improvement



The East Sussex Better Together Alliance Governing Board

Item Number:

Date of meeting: 6 December 2017

47/17

Title of report:

East Sussex Better Together (ESBT) Locality Development: locality networks progress update.

Recommendation:

The Alliance Governing Board is recommended to:

- **note** the stages of development, current position and next steps in the development of locality networks across ESBT; and
- **note** that we will be working to ensure these networks inform the emerging locality planning and delivery groups.

Executive Summary:

Locality Networks were established in each of the localities across ESBT in April 2017. The Networks co-ordinate ways in which organisations across sectors can work together with local people through community organisations to find solutions to shared issues or seize shared opportunities, improve health outcomes, and address the needs of the most vulnerable.

Networks have been well attended with participation from a wide range of sectors, with variation in attendance from different sectors in each network as would be expected at this stage of their development.

As well as specific local opportunities and issues, some shared themes are emerging across networks. Responses to the shared themes may be different in each area because of local variations and circumstances.

A review of networks is being undertaken to identify next steps in their development and this is likely to include strengthening the links between the networks and Integrated Locality Teams to provide rapid information on emerging issues and enable shared problem solving. We will also need to work to ensure these networks inform the emerging locality planning and delivery groups.

ESBT Alliance Governing Board sponsor: Cynthia Lyons, Acting Director of Public Health

Author: Anita Counsell, Head of Health Improvement	Date of report: 08/11/17
Review by other groups: The Governing Bodies of Eastbourne, Hailsham and Seaford and Hastings and Rother Clinical Commissioning Groups.	
Health impact: Locality networks, as part of a range of activity being developed through the ESBT personal and community resilience workstream, are expected to lead to improved health outcomes for local people	
Financial implications: One off investment was set aside from the public health grant to fund development costs of the Personal and Community Resilience work stream.	
Legal or compliance implications: None known.	
Link to key objective and/or principal risks: Delivery of locality based solutions where this makes best sense.	
Link to East Sussex Better Together (ESBT) programme: Locality Networks are part of the Personal and Community Resilience Workstream of ESBT.	
How has the patient and public engagement informed this work: Initial engagement was undertaken through six engagement events across East Sussex and has been included in Shaping Health and Care events.	
Equality Analysis (EA) Process - outcome: Negative Impact Neutral Impact Positive Impact No Impact Not required for report <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
EA Summary: N/A.	
Privacy Impact Assessment (PIA) – outcome: No personal data used Data processes sufficient Actions required <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Actions: N/A.	

Update on Locality Networks – progress to date, and next steps

1. Background

- 1.1. The Personal and Community Resilience workstream of East Sussex Better Together (ESBT) is a programme of work identifying, growing and better utilising the strengths that individuals and communities can bring to improving health outcomes and so reduce demand for health and social care services.
- 1.2. The workstream has been delivered through a phased approach with Phase one focussing on identifying shared priorities across organisations and communities, Phase 2 developing the building blocks for delivering against the shared priorities, and the current Phase 3 rolling out the agreed approaches and embedding these as 'business as usual'
- 1.3. As part of Phase 2 of the programme an approach to bringing people together at a local geographical level to support improved collaboration, and to enable the development of shared approaches to tackling mutual problems, capitalising on local opportunities was developed. Through this it was agreed to establish a Local Network (LN) in each locality.
- 1.4. Participation by local voluntary and community sector organisations (alongside other sectors such as health and social care, independent business, wider statutory sector etc) was identified as a vital component of the network function. To support this, local voluntary sector infrastructure organisations were invited to quote for resources to support the establishment of new locality networks.
- 1.5. Collaborative development was undertaken between the community resilience programme team in public health, the CVS Infrastructure contract commissioner in East Sussex County Council (ESCC), Locality Link Worker (LLW) team and the ESCC Locality Development Lead (Strategic Advisor managing LLWs).
- 1.6. Interactive co-design sessions were held during January 2017 to enable local stakeholders to design a framework for LNs across the county; advise on how LNs would work best in their own areas; and to also consider how they would like to work with the LLWs.
- 1.7. These were well attended and generated a strong consensus on the purpose and characteristics of the networks, practical arrangements and relationships to other networks. These were captured into an outcome and delivery framework.
- 1.8. It was identified that a number of existing networks met in each of the locality areas, with some networks better attended than others. It was agreed that where existing networks could be utilised to fulfil the functions of Locality Networks that these would be used rather than establishing new networks. The effectiveness of this approach would be identified as part of the network review process.
- 1.9. Development of, and support to, the Locality Network function was agreed as part of the role of the LLW team and Locality Development lead (working alongside CVSs).

2. Outcome and Delivery Framework for Locality Networks

- 2.1. The first network sessions which ran as interactive co-design workshops identified the components for inclusion in an outcome and delivery framework. The main components of this are set out below.

2.2. Network purpose: to share information and resources, build relationships and collaboration, influence service provision and provide opportunities for mutual support and learning.

2.3. Intermediate Outcomes (results)

- Wide range of local information gathered and shared
- Local resources of all kinds identified, shared and use maximised
- New relationships and connections made
- New collaborations established on principles of co-production (equal partnerships)
- Gaps identified, service developments influenced and/or opportunities to do so through other channels highlighted
- Organisational development and learning.

2.4. Outputs (activities to achieve results)

- Quarterly themed meeting in each locality
- Number of participants (minimum of x per event – baseline to be agreed)
- Information sharing mechanisms in place (including digital systems)
- Resource sharing mechanisms in place (including digital systems)
- Opportunities for new relationships and connections created and promoted
- Opportunities for collaboration created and promoted
- Opportunities for identifying gaps and influencing services promoted and/or created within LN meetings or through other channels
- Learning and development opportunities provided and promoted

2.5. Quality Measures (how well activities have been delivered)

- Wide participation across all types of organisation and sector, with at least x% (baseline % to be agreed) participation from the public/independent sector in particular
- Involvement of all relevant local networks in some form
- Appropriate links made to relevant county wide groups/forums (existing and emerging)
- Participants experience LNs as: informal, interactive, creative, enjoyable, focussed, supportive, inclusive, purposeful, jointly owned across sectors and accessible physically and digitally
- Representation across all local communities of interest and place, including 'protected groups'.

2.6. The paper which outlined the approach and the framework for agreement by partners is included in **Appendix A**

3. Locality Networks Update

3.1. Since the initial co-design sessions in January 2017 and their formal establishment in April 2017, Locality Networks have met quarterly in each area. Table 1 sets out the dates of network meetings held to date, and those of future meetings, where these have been agreed already. Two Networks are in the process of agreeing dates for the next two quarters meetings.

Table 1 Locality Network Meeting schedule

Locality	Network 2	Network 3	Network 4	Network 5
Bexhill	13 June 2017	28 September 2017	15 December 2017	15 March 2018
Eastbourne	13 July 2017	18 October 2017	18 January 2018	20 March 2018
Seaford	13 July 2017	24 October 2017	31 Jan 2018	22 March 2018
Hailsham and Polegate	21 July 2017	2 November 2017	TBC	TBC
Hastings and St Leonards	9 June 2017	5 October 2017	TBC	TBC
Rural Rother	26 April 2017	7 September 2017	30 November 2017	22 February 2018

3.2. Networks in all areas have been extremely well attended and well received by participants. Attendance is open to any interested organisation/group/individual.

3.3. Across the networks participants have been drawn from a wide range of sectors including voluntary and community sector, healthcare practitioners, General Practice/Patient Participation Group (PPG) members, social care staff, independent sector, elected members, and individuals from small community groups.

3.4. To engender a sense of local ownership, and to ensure that networks focus on identifying and responding to locality priorities networks have undertaken a process of identifying local priorities and preferences for network content as part of the forming stage of their development. S

3.5. Some examples of key themes for each of the networks are set out below:

Bexhill

Areas of interest: developing a joined up approach to supporting older people. Growing the network, knowing what is out there (for example directories, identifying priorities, youth organisation involvement, linking with job centre to increase volunteering).

Seaford

Focus on intergenerational working and how this could grow to address social isolation. How organisations can help each other build community opportunities, identifying what currently works well, identifying further shared priorities for Seaford.

Eastbourne

How to make best use of community spaces; keeping physically active for groups with particular needs (e.g. dementia, long term conditions); linking opportunities better together, including GP practices and developing social prescribing; how can assets be further grown; how are outdoor spaces being used; what further local needs can be specifically worked on together; what do we need more of in Eastbourne. Eastbourne Locality Network has started physically mapping key community locations.

Hailsham and Polegate

Collaborating more, getting more people involved in networks, growing local assets, working together to increase volunteering.

Rural Rother

Key themes include: development of cross sectors perspectives; public and voluntary sector, linking people together and knowing what's available; making best use of space such as GP practice waiting rooms; neighbours getting to know each other; increasing volunteering; better information about what is available in villages.

Hastings

In Hastings an existing community network has met for some time, and so already has well established approaches to linking together organisations working in communities, and established priorities. The Hastings Community network acts as an overarching network comprising local voluntary community and faith groups, networks and forums. It is co-ordinated by Hastings Voluntary Action (the CVS) and funded by a grant from the Tudor Trust.

- 3.6. The network is supported by an elected board of community and voluntary sector representatives, and offers 'communication channels between the voluntary and community sector and those who make decisions locally'. In addition to the overarching network a number of topic or issue specific networks also meet periodically. It was agreed that the locality network would be delivered through the Hastings Community Network to avoid the potential for duplication. Work is ongoing with the CVS and Hastings partners to identify the most effective way for delivering the outcomes framework for locality networks through the Hastings community network where current arrangements include a general networking session for attendees and an update session on locality networks.

4. Next steps

- 4.2. The period January 2017 to **January 2018** was identified as the development phase for locality networks. By the end of **January 2018** it is expected that each area will have in place a fully functioning locality network that engages attendees across organisations and sectors, has developed and shared plans for taking forward areas of mutual interest and to fill identified gaps and act on local opportunities.
- 4.3. A review of all the locality networks has commenced to inform next steps from **January 2018**. This expected to include rapid acceleration to delivery against local priorities as it is expected that the initial forming and norming stages of development will have been completed by this point.
- 4.4. In particular it is expected that work will be undertaken to enhance the way in which specific gaps can be identified by Integrated Locality Teams so that partners in locality networks can develop local responses and consider what collective action might be taken to address these e.g. growing specific opportunities to address these.
- 4.5. We will also need to work to ensure these networks inform the emerging locality planning and delivery groups.
- 4.6. Formal Terms of Reference for networks were not developed in advance as it was agreed that presentation of these as a fait accompli or discussion to formalise too early may limit participation in the network. This approach was developed in light of risks

and concerns identified through the engagement and development process around the potential that over formalisation might stifle innovation through the network or be perceived as an attempt to control network by the statutory sector. However, now that networks are more formed, draft Terms of Reference/ Terms of Engagement are in development.

Appendix A

Personal and Community Resilience Programme

Discussion Paper and Draft Proposal for Locality Networks (LNs), March 2017

Executive Summary

This paper sets out a proposed framework for Locality Networks (LNs) to be delivered from April 2017. The 'Building Stronger Communities' engagement process last year asked organisations and people living and working in communities what could be done to build more resilient communities, and so contribute to improved health and wellbeing outcomes. Engagement participants suggested that one of the ways this could be achieved was by providing more opportunities to network and share good practice. In response to this an intermediate programme milestone was set:

'Communicating and Collaborating network sessions in place in each locality by the end of January 2017'

Interactive co-design sessions were held during January 2017 to enable local stakeholders to design a framework for LNs across the county; advise on how LNs would work best in their own areas; and to also consider how they would like to work with the Locality Link Workers (LLWs). These were well attended and generated a strong consensus on the purpose and characteristics of the networks, practical arrangements and relationships to other networks. These have been translated into the following draft outcome and delivery framework:

Purpose: To share information and resources, build relationships and collaboration, influence service provision and provide opportunities for mutual support and learning.

Intermediate Outcomes (results)

- Wide range of local information gathered and shared
- Local resources of all kinds identified, shared and use maximised
- New relationships and connections made
- New collaborations established on principles of co-production¹ (equal partnerships)
- Gaps identified, service developments influenced and/or opportunities to do so through other channels highlighted
- Organisational development and learning

Outputs (activities to achieve results)

- Quarterly themed meeting in each locality
- No. of participants (minimum of x per event)
- Information sharing mechanisms in place (including digital systems)
- Resource sharing mechanisms in place (including digital systems)
- Opportunities for new relationships and connections created and promoted
- Opportunities for collaboration created and promoted

- Opportunities for identifying gaps and influencing services promoted and/or created within LN meetings or through other channels
- Learning and development opportunities provided and promoted

Quality Measures (how well activities have been delivered)

- Wide participation across all types of organisation and sector, with at least x% participation from the public/independent sector in particular
- Involvement of all relevant local networks in some form
- Appropriate links made to relevant county wide groups/forums (existing and emerging)
- Participants experience LNs as: informal, interactive, creative, enjoyable, focussed, supportive, inclusive, purposeful, jointly owned across sectors and accessible physically and digitally
- Representation across all local communities of interest and place, including ‘protected groups’.

Recommendations for the further development of the networks are set out on pages 9 to 11.

1. Introduction

This paper sets out a proposed framework for LNs to be delivered from April 2017. It describes the context for the networks and how the proposal came about; other evolving network and partnership arrangements to which they should relate, the process used to co-design the networks; the findings of the engagement process; a resulting framework around which they should be planned and evaluated; and recommendations on how the networks should be delivered from April 2017.

2. Community Resilience Programme Context

The overall aim of the Community Resilience Programme is to improve the health and wellbeing of local people through growing stronger and more resilient communities, using an asset based approach. It seeks to achieve this by transforming how organisations work with communities system-wide, bringing together and building on existing local asset based approaches.

The proposal for Locality Networks contributes to the achievement of two overarching programme milestones, due by June 2017:

‘A whole system in place that supports the commissioning and delivery of joint working and collaboration between organisations and between organisations and communities’

‘Communicating methods and practice are two-way, consistent and coordinated, and based on co-production.’

The ‘Building Stronger Communities’ engagement process last year asked organisations and people living and working in communities what could be done to build more resilient communities, and so contribute to improved health and wellbeing outcomes. The milestones were a response to some of the key themes that emerged from that engagement: strengthening collaboration and two- way communication.

Engagement participants suggested that one of the ways this could be achieved was by providing more opportunities to network and share good practice. Networks and

meetings should be interactive; bring together a wide range of organisations and communities; be inclusive; include opportunities for shared learning; and build on existing networks. In response to this an intermediate programme milestone was set:

'Communicating and Collaborating network sessions in place in each locality by the end of January 2017'

Across the wider programme, this milestone links in particular to another milestone *'Process in place for ongoing ILT and VCS engagement in localities'* due in March 2017.

It was envisaged that the Communicating and Collaborating network sessions could therefore:

- a. Provide a forum to enable a wide range of organisations to collaborate at a local level and make best use of local resources – building on and strengthening local networks and linking them to other networks across East Sussex
- b. Provide more opportunities for the VCS to work closely with new local integrated health and social care teams

The network plans also link to the Community Resilience Workforce Development Plan to provide multi-sector training and support around asset based approaches, including approaches such as learning sets that would also foster collaboration at a local level. In addition it will provide opportunities to engage locally around, and promote other opportunities arising from the programme, such as initiatives to increase access to funding, promotion of community involvement and volunteering, and of positive stories about community action.

3. Other Networks and Partnership Groups

In order to grow stronger communities, evidence shows the importance of growing connections within communities, and between communities and organisations outside them, that can help them to realise their goals. While LNs will need to work with local communities and find ways of obtaining direct input, they will also need to build on, link, coordinate with and draw support from a range of relevant existing networks.

The networks and partnership groups in East Sussex vary in purpose, geographical coverage, membership and level of formality. The main groups of most relevant networks and partnerships are described below, some of which are currently under review.

3.1. VCS led networks and partnerships

Local VCS networks play a key role in building stronger communities, including informal less well known networks. VCS led networks have been recently mapped by Councils for Voluntary Service (CVS's) and LLWs and were invited to the LN co-design sessions. The working definition for this mapping was *'formal gatherings of individuals, communities, or organisations to explore, discuss, and identify solutions to priorities relevant to the community (geography, interest, or identity) that brings them together - a network/forum does not usually provide a front line service'*. At the co-design sessions participants were invited to identify any other local networks that had been missed, and this will be an ongoing piece of work.

3.2. Public sector led networks and partnerships

The Personal and Community Resilience Programme, within which this initiative sits, has a multi-sector strategic planning group and three Deliver Groups focussing on Communicating and Collaborating, Resourcing and Involved Communities and Volunteers.

A review of Planning and Partnerships in health and social care is underway to establish overarching stakeholder engagement arrangements to support strategic and locality planning for health and care in East Sussex from April 2017. The review will also consider the relationship of these networks and partnerships to the LNs.

Speak Up is an organisation providing VCS input to public sector led networks and partnerships, and is finalising a refresh of its process and procedures.

The East Sussex Better Together Engagement and Communications Advisory Group, which represents in particular protected characteristic groups, and has had a previous role in advising on LN development, will be reviewing its own role in mid-March 2017, in relation to the Planning and Partnerships review.

The Children and Young People's Trust Partnership provides a key mechanism for engagement across agencies on issues that affect children and young people's health and wellbeing

Networks and partnerships beyond health and social care, including community safety, culture, environment and transport, housing, those led by Parish, District and Borough Councils, East Sussex Strategic Partnership, and Local Strategic Partnerships also play a key role in influencing the wider determinants of health and wellbeing and will therefore be important to the LNs.

3.3. Private sector network and partnerships

- Business networks and partnerships such as Chambers of Commerce
- Service provider networks such as the Older Peoples Residential and Nursing Provider Forum, and the Support With Confidence (SWC) Network
- Membership organisations such as the Residential Care Association

4. Co-Design Process for Locality Networks

To build on the insight generated by the 'Building Stronger Communities' engagement described in section 2, a workshop was held in November 2016 with the ESBT Engagement and Communications Advisory Group to obtain input on Locality Network design. A set of themes emerged which are included in the findings below. The Advisory Group recommended that LNs would also need to be designed and developed at a local level to reflect their context.

Interactive co-design sessions were held during January 2017 to enable local stakeholders to design a framework for LNs across East Sussex; advise on how LNs would work best in their own areas; and to also consider how they would like to work with the LLWs. They took place in four locations at community venues in Battle, Bexhill, Eastbourne and Uckfield, bringing together several adult health and social care localities at each.

The events adopted a strength based approach and were planned collaboratively, with input from Community Resilience Programme leads, and delivered by Councils for Voluntary Service, with assistance from the Locality Link Workers. Introductions set the context for the events and included an introduction to the role of the LLWs, with maps of health and social care localities provided on the tables. A standard set of open solution focused questions based on Appreciative Inquiry were used in small groups, and responses generated collated at session level, and then summarized across all the events.

The sessions were well attended (between 26 and 53 participants per event and 147 participants in total). A range of sectors were represented, but not consistently across all events: voluntary and community sector attendance was strongest, but a good range of other sectors and types of agency were represented, including: East Sussex County Council (ESCC) children and young people's services; town, parish, district and borough council officers or members; CCGs; social care service providers; housing associations, leisure providers, transport associations and faith groups. There were some gaps in attendance, particularly from the independent and business sector, which should be addressed in future sessions.

Observations by those involved in organizing and delivering the sessions concluded that the events had been a good start in establishing the networks. CVS's and LLW's had worked very well together to set up the events at short notice, which were welcoming, informal and lively as had been intended. Food had been important in attracting participants, encouraging informal networking and a way of valuing the contribution of those attending in an unpaid capacity. The participants demonstrated strong interest in sessions of this kind. The volume of feedback had been impressive, and a robust process for collating this in future and resolving differing perspectives will be required.

Organisers found the asset based approach and methods used to design and deliver the sessions were effective, by encouraging a positive 'glass half full' approach, focusing on solutions and thus avoiding a less productive focus on current challenges. Avoidance of jargon and keeping the agenda simple and not over ambitious had worked well and should be sustained in future events to keep participants on board. Keeping introductions, and presentation short and informal and making the events very interactive had worked well.

Organisers observed some of the challenges in facilitating this and similar events, such as enabling all voices to be heard, and maintaining a balance between the input of various sectors and agencies. Many members of the VCS had experienced, or perceived, a tendency for the statutory sector to dominate meetings. Another challenge would be to acknowledge local community concerns while avoiding the dominance of single issues or individuals. These issues can be managed by skilled facilitation, wide representation of agencies, clarity of purpose and careful communications.

While participants were interested in the role of the LLWs, it was too early in the process of establishing Locality Teams to answer some of the questions that arose, but

still useful to understand expectations and start to address them. It was also noted that people may not have understood the Integrated Locality areas or have related to them.

Future events should allow space for direct feedback from participants on their experiences and perceptions of the networks.

In Hastings Locality, a well-established network of voluntary sector organisations, Hastings Community Network (HCN), refreshed its governance and constitution in 2016 and so a further event in January 2017 would not have been appropriate. In line with the principle of building on and not duplicating existing networks, discussions are taking place with HCN on how it would wish to link with this piece of work. It is anticipated that HCN would bring experience of delivering events with cross-sector participation, established channels of communications and a demonstrable record of influencing service delivery that is compatible with the LN outcomes.

5. Locality Network Engagement Themes

There was a strong consensus on the overall themes from Building Stronger Communities engagement, the ESBT Advisory Group workshop, and locality co-design sessions, but details were brought into sharper focus through the locality sessions. The original participant feedback is provided in Appendix 1. Findings are summarised below:

5.1. Purpose of Networking Events

- **Sharing Information:** there was a very strong desire to gather, share and have access to a wide range of information in more accessible ways. This included what is happening in local communities, local services, opportunities, funding and to a lesser extent, gaps in provision.
- **Sharing Resources:** related to this, there was interest in sharing a range of resources across groups and organisations, such as buildings, transport, volunteers, and in drawing on expertise among members and from invited speakers.
- **Relationship Building:** people wanted the opportunity to meet each other, learn about what was happening in their community, make connections with existing and new groups and organisations,
- **Collaboration/Influencing:** this included joint working across a range of groups and organisations, but also 'genuine' collaboration between sectors to maximise opportunities and address gaps. The session particularly highlighted the potential for how the VCS could influence public sector organisations and services, particularly, but not solely, health and social care.
- **Support and Development:** people want a space to share issues and to access or share learning and development opportunities, particularly around funding.

5.2. Characteristics

- **Informal:** across all the events there was very strong consensus that networking should be informal, relaxed and not 'over-organised'. The meetings need to be fun, practical and creative and not feel like 'work'. There were several suggestions for informal ways of getting to know each other and services (e.g. market places, speed talking)
- **Inclusive and supportive**
- **Focused and purposeful**

- **Themed:** participants wanted the informal sessions to be themed around specific topics, organisations or services. This could help them choose whether to attend, where capacity is limited.
- **Owned:** the network should be owned by participants, not controlled by one organisation or sector. It was suggested that sessions could be led by the CVS's/Speak Up with the public sector in a supporting role. This reflected concern that the LNs should not be dominated by the statutory sector and should give communities, and the VCS a voice. This may reflect the majority of attendees being from the VCS, and other sectors not represented at the sessions may take a different view. Others felt that LNs should be jointly owned. See also below participants' views on the role of LLWs.
- **Multi-sector:** there was a strong preference for a wide if not unlimited membership list, including VCS, communities of interest and place, health, social care organisations, private companies and businesses. Children and young people's organisations should be included.
- **Digital presence:** in addition to the face to face networking events participants saw a need for an on-line presence of some kind. As well as providing information, including for those unable to attend meetings, it could provide a way of sharing resources. Social media was mentioned several times, as was on-line bulletin boards.

5.3. Meeting Arrangements

- **Quarterly:** the most common suggestion.
- **Location dependent on locality:** travel was a concern and in the more rural areas participants requested a moving or rotating location. In urban areas people wanted town centres. Choice of venues could be a way to promote local services and facilities A few participants raised concern about the relevance of locality boundaries to members.
- **Refreshments provided:** considered important in encouraging attendance

5.4. Relationships to other Networks

- **Linking and avoiding duplication:** this was considered important and a range of suggestions made on how to achieve it, including using on-line resources, social media, newsletters and sending representatives to other networks/ forums/team meetings to report back, and coordinating across LNs in some way.

5.5. Role of Locality Link Workers

The sessions highlighted a need to ensure the LLW role was is more thoroughly understood, and expectations managed, in some locations. Participants felt LLWs should focus on local information source and role as connectors: collecting, developing, sharing and promoting information on local services, and providing connections within communities and across sectors.

5.6. Variations across Localities

Different areas placed different emphasis on particular themes, or had particular suggestions that are not captured here but can be observed in appendix 2.

6. Proposed Outcome and Delivery Framework for Locality Networks

Networks will contribute to the overall goal of building community resilience and healthier communities by strengthening communicating and collaborating at a locality level.

The following is a proposed framework for LN planning, delivery and evaluation developed directly from the themes of the engagement. It defines their purpose, and the intermediate outcomes, outputs and quality measures that could be attributed to them and measured.

6.1. Purpose

To share information and resources, build relationships and collaboration, influence service provision and provide opportunities for mutual support and learning

6.1.1. Intermediate Outcomes (results)

- Wide range of local information gathered and shared
- Local resources of all kinds identified, shared and use maximised
- New relationships and connections made
- New collaborations established on principles of co-production² (equal partnerships)
- Gaps identified, service developments influenced and/or opportunities to do so through other channels highlighted
- Organisational development and learning

6.1.2. (activities to achieve results)

- Quarterly themed meeting in each locality
- No. of participants (minimum of x per event)
- Information sharing mechanisms in place (including digital systems)
- Resource sharing mechanisms in place (including digital systems)
- Opportunities for new relationships and connections created and promoted
- Opportunities for collaboration created and promoted
- Opportunities for identifying gaps and influencing services promoted and/or created within LN meetings or through other channels
- Learning and development opportunities provided and promoted

6.1.3. Measures (how well activities have been delivered)

- Wide participation across all types of organisation and sector, with at least x% participation from the public/independent sector in particular
- Involvement of all relevant local networks in some form
- Appropriate links made to relevant county wide groups/forums (existing and emerging)
- Participants experience LNs as: informal, interactive, creative, enjoyable, focussed, supportive, inclusive, purposeful, jointly owned across sectors and accessible physically and digitally
- Representation across all local communities of interest and place, including 'protected groups'.

² 'Co-production of services and outcomes by professionals and citizens. The coming together of equals, each with assets and strengths, around a common goal or a joint venture' - (cited in Heads Hands Heart: The Health Foundation 2015)

7. **Recommendations for the Delivery of Local Networks**

The proposed framework in section 5, should be used to plan, deliver and evaluate the LNs, and be reflected in relevant organisational work plans and agreements. It should be reviewed and discussed at the next round of LN meetings to ensure clarity and consensus, particularly around balancing potentially conflicting requirements, so the framework may be further modified at that point, and be open to future review

The extent to which the different outcomes will be achieved will be determined by the local context, opportunities and what would be most important for each locality. As this will be driven by the network members targets should not be set for them. Networks should be allowed to develop in a flexible and organic manner if community and VCS members in particular are to remain engaged.

The way in which the outcomes are achieved will also depend on what would be most effective at locality level: as for the outcomes, targets for some outputs should not be set.

Monitoring and evaluation should be largely built into the sessions They should be proportionate and use asset based methods(such as connection mapping ,story-telling or case studies, and other participatory methods) to capture outcomes, outputs and quality measures in the framework.

Practical arrangements for events should vary according to local context and existing network arrangements: in some they may take the form of additional events provided alongside or hosted by an existing network or networks, in others they may be new, but take care to involve and not undermine existing local networks. Local approaches to delivery should draw upon suggestions made at local events. In rural areas in particular the LNs are likely to rotate around the locality, to maximise accessibility and based around geographical areas most likely to be meaningful to participants.

Further work is required to widen organisational representation at LNs, particularly beyond the voluntary and community sector. Locality networks should be open to and 'owned' by all sectors if genuine collaboration is achieved. Care will be needed to ensure that particular sectors do not dominate, or are perceived to do so. This would require careful communication, with facilitators leading by example; offering briefings and support to new members; and promoting asset based learning opportunities (such as locality learning sets planned as part of the Workforce Development Plan).

Themes and session content would be driven by network members, based on local priorities and knowledge of opportunities (for example to influence services or develop bids). It is likely that leadership of specific areas that networks wish to work on will be drawn from the most appropriate organisation for each piece of work.

LNs would continue to be facilitated collaboratively by the LLWs Workers (as part of their bridging role between ILTs and the VCS) and the CVS's (as part of the enhanced General Infrastructure Contract), in liaison with Community Resilience Programme Leads. They would ensure active involvement of interested network representatives in planning development and delivery of LNs. Areas of responsibility and a process for

joint working would be agreed between the CVS's and LLWs, and with other sector leads for particular pieces of work.

Skilled and consistent facilitation would be key to future success of the LNs, required to manage the agenda, balance opportunities, help the networks develop further, resolve conflicting expectations and ensure ownership and sectoral neutrality. The LN organisers will need to be mindful of literacy and numeracy barriers for community participants and make use of story-telling and visual methods to maximise inclusion and participation. This could be assisted through a joint learning set for LLWs and CVS facilitators to share their substantial existing experience and knowledge of asset based tools and techniques and develop evaluation methods. Community Facilitators trained in Phase 1 of the Community Resilience programme can also be drawn on as a resource and invited to participate in the learning set.

While there should be an emphasis on local problem solving, including facilitating spin off meetings ('nimble networks') the CVS and LLW facilitation team would need to establish an effective interface with relevant agencies, ensuring prompt and effective response to issues and ideas raised by the networks. They would need to facilitate light touch coordination across the LNs to manage timings; identify common theme; ensure equal opportunities to contribute to particular engagement activity, and enable liaison with other relevant partnerships and networks. These would include in particular Deliver Groups, and arrangements emerging from the Planning and Partnerships review and more formal Connecting4You and ESBT health and social care forums. Digital systems would assist with this.

The networks have demonstrated a clear appetite for working with LLWs and health and social care services. While determining their own agendas, they would provide a key source of local insight for the locality teams and be able to feed in to formal health and social care locality planning and engagement

The next round of network meetings would run in March and April 2017, exploring in particular the role that existing networks may wish to play in hosting LN. A subsequent round of fully fledged LNs would take place in the next quarter, around June 2017. The aim would be to run networks across different localities within a six week window, allowing flexibility for optimising local timings and for them to be staggered so that participants have the opportunity to attend more than one, while taking place close enough to be able to collate and communicate common themes.

A decision is needed on the future name of the networks. Since some members would not necessarily identify readily with locality areas, and to distinguish them from formal locality planning structures, the networks could be renamed 'Community Networks'. On the other hand, front line workers may relate more to LNs and there is potential confusion from a change of title part way through the process.



The East Sussex Better Together Alliance Governing Board

Item Number:

Date of meeting: 6 December 2017

48/17

Title of report:

East Sussex Better Together (ESBT) Engagement and Communications Strategy: highlight report.

Recommendation:

The Governing Board is recommended to **note** this summary progress update that gives a flavour of activity over the last reporting period.

Executive Summary:

This report sets out key highlights of activity against the agreed aims of our year 2 ESBT communications and engagement strategy delivery plan.

- To develop a **programme of clear and consistent engagement, information and material** that is targeted, accessible and audience specific.

Our autumn ESBT **Shaping Health and Care Events** took place in early November 2017; one event in Bexhill and one in Hailsham. In response to feedback we offered a range of workshops for participants to choose in advance. These included conversations about Allied Professionals in GP Practices; Urgent Care, End of Life Care, Integrated Locality Teams, Support with Confidence and an introduction to the Sussex and East Surrey Transformation Partnership (STP). In addition to this a progress update on our strengthening ESBT Alliance was given, including information about performance and challenges to date.

This approach was very popular with all participants rating the format and content of the day as excellent or good. We also used the events to consult participants about the content, format and approach to Shaping Health and Care events going forward enabling good feedback and engagement, with participants commenting that 'it felt like an excellent chance to have more of a say'. Feedback suggests that the events were considered to be continually improving and ideas on how to engage a wider range of people was offered; particularly men and younger people. Many participants indicated an interest in contributing and co-delivering activities going forward; particularly with regard to community based prevention and self-help. An event report will be submitted to a future meeting of this Board.

The results of our joint **public consultation on the new model for the pan-Sussex NHS 111** was shared during September 2017. Over 1,000 people took part, 67% of whom had used the service. The results showed that 72% of respondents would recommend the service with 28% not recommending the service due to issues such as call back times, lack of access to clinicians and number of 'non' relevant questions. This feedback has been captured and will inform the redesign and recommissioning of the new service. The NHS 111 Transformation Programme has since appointed a Public Member to ensure we have this voice represented and, because the programme is Sussex wide, we are in the process of setting up a public network with Public/ Lay Member from each of the seven Sussex CCGs. The NHS 111 Public Member will sit on the Programme Board and will Chair the network, with support from the Senior Communications and Engagement Manager. The network will be involved in the procurement evaluation in addition to the design of the specification.

Our Healthy Hastings and Rother Programme use **social marketing approaches to co-design services and new initiatives** for local people. One behaviour change initiative has **aimed to reduce alcohol related harm in young people aged 11 to 15 years old**. Insight from young people and their parents found that some parents often supply their underage children with alcohol. Interventions were developed and co-designed with parents and young people, which included a radio campaign for parents, supported by posters, leaflets and a website highlighting the negative impact alcohol can have on teenage brain development. The campaign ran in July 2017 with the slogan: Your child and alcohol. Think Again Now. It included 'myth busting' posters focussing on why parents might give their children alcohol, and disproving the reasons/myths that are often given. The posters were displayed in shops, pubs and other public areas in Hastings to raise awareness among parents. Early findings suggest that the campaign has had a positive impact on parents' understanding of the dangers of young people drinking; in particular around the key message of the impact alcohol can have on a teenager's brain. An evaluation report will be published in **December 2017** which will be shared with our stakeholders.

During September 2017 our **Patient Participation Group (PPG) Forums** met in both Bexhill and Eastbourne. Our Forums are developing with support from our Engagement Team to ensure that PPG members themselves steer and chair the work. This means that going forward a PPG steering group will be established and we will co-design our engagement priorities. Our September 2017 forums focussed on the role of integrated locality teams; building carer friendly practices, e-referrals and developing our ESBT Alliance outcomes framework. Our evaluation of the forums showed that members felt that all items were of use and relevance to their work in practices, with building carer friendly practices being particularly useful. Our 'about you' monitoring indicated that our Forums attract mostly older people so future forums will focus on engaging a more diverse membership.

Our Public Reference Forum work has been refreshed and a new survey produced to enable us to capture the stories and experience of local people in relation to our Accountable Care Outcomes Framework. As part of the Healthwatch East Sussex

listening tour we are talking to people within communities in the Hastings area, including engaging with people during the evenings and night time. The Forum will collect case studies, comments and quotes to inform service delivery as well as demonstrate how our ESBT Alliance is improving services for local people.

Furthermore **our Outcomes Framework** continues to be shaped by local people with the establishment of a focus group with local patient representatives in December. The workshop will focus on the outcomes, indicators and how best to communicate these and report back on progress to local people.

Our **specific communications and engagement plan** to support the development of accountable care, aligned with our milestone map, is being refreshed and includes updated stakeholder mapping and key action across a range of stakeholder audiences, including staff.

- **Improve access to and quality of information**

Our ESBT Alliance newsletters have included information about our decision to formalise further health and social care integration through a single health and care entity for East Sussex in the future. They have also promoted the new Carers Prescription launched in GP surgeries; information about our medicines waste work and campaign and our NHS 111 consultation questionnaire.

In addition, from the November 2017 issue, we have begun to segment the newsletter to three different audiences: staff; stakeholders and members of the public. This means that each audience group will receive an email newsletter with content tailored to their interests. Each audience group's particular interests have been established via the information we have gathered from metrics so far.

Our GP newsletter during this period shared information about subjects including:

- ESBT Integrated Locality Services – new interactive PDF and video series;
- ESBT Proactive Care Practitioner Service;
- New Primary Care streaming service at Eastbourne District General Hospital (EDGH) and Conquest;
- ESBT Benefits and Debt Advice Project;
- Learning Disabilities Mortality Review Programme (LeDeR);
- Management of Dementia in Primary Care;
- Infection Control GP accreditation programme;
- Stay Well This Winter – public health campaign including link to resources such as posters, etc;
- Whooping cough vaccination in pregnancy – awareness campaign with links to leaflets and posters for patients;
- Accessible Information Standard – quick guide for GPs.

Our teams have **contributed articles to various community newsletters and social media platforms**. This has included sharing the ESBT Alliance newsletter on Facebook community pages such as Seaford and Hastings and Rother Rainbow Alliance as well

as sharing articles about the Primary Care Learning Disability Project for East Sussex Parent Carer Council e-news.

ESBT engagement officers now attend 'The Local Offer' steering group which aims to **improve the accessibility, content and range of information provided for parents, carers and children and young people with special educational needs and disabilities**. The group is working towards the creation of a new single offer platform of health and care services.

- **Further develop relationships that are wide, collaborative and inclusive**

Our GP locality meetings held in October 2017 in Eastbourne, Hailsham and Rother gave us an opportunity to engage with Members on **our new Locality Planning and Delivery Groups** design, membership and purpose. The groups will bring together a wide range of health and social care staff, together with representatives of the third sector, GPs and the Independent Sector to understand variance, need and delivery in local areas and prioritise future investment in primary and community care services. General Practice Forward View (GPFV) updates were also provided together with our work on vulnerable patients, over 75's, Cancer Quality Improvement Services and Learning Disability Annual Health Checks.

Our **Health and Wellbeing Stakeholder Partnership** has successfully recruited 15 community members to help us shape and inform the progress towards our new ESBT Alliance single organisation, including our citizen governance arrangements in our new model. The first meeting of the partnership will be in **December 2017** focusing on building working relationships and creating a work plan. Representatives come from a wide range of backgrounds and roles in their local communities.

In order to make the best use of ESBT Alliance resources to improve outcomes for children and families, we are working closely with partners to develop and agree the priorities for the Department for Education's (DfE) **Hastings Opportunity Area**. The DfE has committed £6m of funding to support the Opportunity Area in 2017/18 to **2019/20**, which aims to increase social mobility and to ensure that all children and young people have the opportunity to reach their full potential.

- **Empower people in their health and wellbeing (reflecting our shift towards people's health and wellbeing within health and caring communities).**

Our Personal and Community Resilience Programme continues to empower local people in relation to their health and wellbeing, for example through the development of a self-help network in Rother supported by Rother Voluntary Action. The network has 127 groups in its membership and they are supported to access training, promote their activities and access small grants through our Healthy Hastings and Rother Programme.

More broadly **our Locality Networks** are now up and running across our ESBT Alliance area with each network attracting a wide range of community representatives.

Members of our integrated locality teams are attending the meetings to make connections and raise awareness of services and support; particularly in relation to proactive care, crisis response and falls prevention.

Our Care Navigators programme is currently being developed so that staff in Member Practices are supported to signpost patients to 'non clinical' services in community settings. This will enable practice staff to help patients access different types of support that can keep people well, help them live with long term conditions and/or reduce the need for hospital admissions. The service will also help reduce the impact on practice resources where the issues are non-clinical in nature.

Our ESBT Alliance recognises that **digital technology** is a really important tool to empower local people and improve health and wellbeing, so we are currently working with the Academic Health Science Networks (AHSN), to complete an assessment of how well we are delivering what matters to local people and how well equipped we currently are to use digital technology effectively.

In order to **raise awareness of the risk factors, signs and symptoms of cancer**, teams of volunteers have been recruited from most deprived communities of Hastings and Rother. Volunteers are being supported to develop community-based campaigns and initiatives which raise awareness of cancer and encourage participation in the National Cancer Screening Programmes. Recent activities have focused on Bowel Cancer Screening and lung cancer. In September and October 2017, the teams attended many diverse community events achieving a cumulative total of 208 volunteering hours. They had 555 brief advice conversations about cancer and 89% of those individuals followed up demonstrated an increase awareness or intention to act on the advice given.

The learning from our ESBT Alliance work on **Making Every Contact Count (MECC)** was shared at Public Health England's national conference in September 2017. MECC training is now included in East Sussex Healthcare NHS Trust's mandatory staff training and 1800 staff will have been trained in 2017/18.

Our 'One You' Integrated Healthy Lifestyle Service is now operational and the team has been engaging with local stakeholders including Members through our Locality Meetings. Local people can self-refer to the service which aims to empower people and promote personal and community resilience.

ESBT Alliance Governing Board sponsor: Jessica Britton, Chief Operating Officer

Author: ESBT communications and engagement team

Date of report: 29/11/17

Review by other committees: The content has been reviewed by ESBT partner forums and, in part, by the CCG Governing Bodies at their meeting in November 2017.

Health impact: Involving local people in the identification of their health needs, care experiences and service priorities strengthens effective commissioning of health services.

Financial implications: There are no direct financial implications.

Legal or compliance implications: Health and Social Care Act 012 – duty to involve local patients and the local community in health planning. Equality Act 2010 – public sector equality duty.

Link to key objective and/or principal risks: Deliver our ambition of an integrated Health and Care Communications and Engagement Strategy to further ensure citizen involvement underpins our Alliance.

Equality Analysis (EA) Process - outcome:

Negative Impact Neutral Impact Positive Impact No Impact Not required for report

EA Summary: Our engagement and communications work helps us achieve our duties under the Equality Act 2010; in particular by engaging with people from protected characteristic communities and ensuring their input into the planning and design of services.

Privacy Impact Assessment (PIA) – outcome:

No personal data used Data processes sufficient Actions required

Actions: N/A