



ESBT staff events: Questions and Answers

July 2017

INTRODUCTION

East Sussex Better Together (ESBT) is our whole system health and care transformation programme that was formally launched in August 2014. It aims to fully integrate health and social care across the ESBT footprint and deliver high quality and sustainable health and care services to the local population.

By working together, we aim to offer health and care at the right time, in the right place, in a way that makes best use of our joint £850m budget.

We have made significant progress over the last 150 weeks, however it is clear that there is more to do to make sure every patient and service user receives proactive, joined up care that supports them to live as independently as possible and achieve the best possible outcomes. We are currently in a test-bed year, working through what system will offer the best opportunity to continue to improve our local services, improve the health and well-being of local people, and ensure sustainability in the longer term.

QUESTIONS AND ANSWERS

The following questions were asked or submitted as part of our June ESBT staff engagement events. While we don't have all of the answers yet, what we don't know we'll take away and get back to you when we have an answer.

There will be another round of events in in the autumn, where we will have more information on progress and next steps.

If you have any more questions, please send them through to esbt@eastsussex.gov.uk

MODEL, DECISION AND STRUCTURE

Are you looking at models from other countries?

Yes, we have looked at a wide range of international best practice to see what will be best for our local population . There are a number of models across the world where this is being successfully implemented. However, we're looking at a whole system approach that is right for our local population and there is no real like for like comparison. There are also some vanguards in this country, so we are learning learn from best practice and the best evidence base we can test.

After the July decision about model, how long will it take to come into force?

It depends on the accountable care system we choose in July. Once an accountable care system is chosen, we will develop a full implementation plan. Whichever model we choose, there will be further engagement and consultation and any model will require agreement from our statutory bodies. We expect this to take about 18 months to two years, depending on which model is chosen.

Is there a model we think is most likely?

No, however we have set out criteria by which the model will be assessed. Our sovereign organisations will make the ultimate decision about model, informed by the needs of local people and stakeholders, to make sure we get it right.

How will you measure success?

We have developed an outcomes framework (based on information from and in consultation with stakeholders, patients and members of the public). This framework (which will look at population health and wellbeing, the experience of local people, service for sustainability and quality care and support) will measure the success of our transformation and how well we are providing high quality health and care services to our local populations.. These outcomes will be published.

How will we measure success with things like proactive care if they are over a long period of time?

It's not always easy to see real time results and a lot of social care and public health activities are difficult to immediately quantify. Within the outcomes framework, we will see some impacts instantly, others will happen over months and years. Sometimes we will need to use proxy measures and refine these over time, but the results should give us statistics to show that we are delivering and with the acid test of people telling us their experience. What we know from elsewhere is that over time we can expect to see a reduction in emergency admissions, improved use of our resources, improved health outcomes and a good experience for people using our services. With the work we have already done, in 2016/2017 we saw a 4.3% reduction in our emergency admissions compared with the previous year.

Has an Equality Impact Assessment (EIA) been completed?

We are currently undertaking an EIA on the options, and we will be able to fully assess our option once we have a clear direction of travel. In addition we continue to complete EIAs on commissioning decisions, as we've gone through ESBT to date we have completed EIAs (currently around 15) for projects such as HSCC, and we have made sure we are implementing any recommendations arising from these. We are committed to ensuring this is given importance.

Will we have one computer/IT system? Will IT development be stopped?

A single system will take a lot of money and time to create, and there is unlikely to be one for the ESBT Alliance for some time. However, we are looking at pragmatic ways for our organisations to be able to share information more easily and effectively.

Development will continue, but the aim will be that our systems will be interoperable, so that in the future we can move towards systems that can pass information between each other.

Will there be an opportunity to see the options appraisal and the recommendation, prior to the decision being made

We are committed to being transparent in all that we do. We will publish the papers for each meeting on the relevant organisational website. Following these meetings we will be in touch to let you know about the progress we have made.

The dates for each of the Governing Boards in July are as follows:

- **18 July:** ESCC Cabinet
- **25 July:** ESHT Trust Board
- **26 July:** EHS & HR CCG Governing Boards

Is there a detailed plan outlining key milestones?

Once the decision about the delivery model is made, we will need to develop our plan for achieving that model. We will do this over the summer and early autumn and share this work with you at our next round of staff engagement events which will be held in the autumn.

Will the national political situation impact on plans

ESBT is aligned with the national approach. It constitutes our contribution towards the Sustainability and Transformation Plan for Sussex and East Surrey and it is firmly geared towards meeting the triple aims of the NHS five year forward view; to improve population health and well-being; improve the quality and experience of people's care; and ensure financial sustainability and best use of resources.

IMPACT ON WORKFORCE AND SERVICES

Will it mean cuts to people?

ESBT is about using all of our resources to best effect not on reducing staff. Our staff are our biggest and most valued asset. We are already improving the way we deliver services and we will continue to work with staff to understand the best way to organise services and teams/roles. This is also about enabling us to better recruit and retain our staff and investing in new types of services that focus on prevention and ill-health.

What's being done to be more attractive to potential staff and to retain staff?

We have an entire recruit and retain strategy and we have just launched a new campaign on what a care career can offer you. We are also testing different ways of working, and are beginning to attract a different type of clinician. We need the right staff to be able to respond to the needs of our population. No one thing will ever solve the issue and some of this is very long term. However we have got a better chance to cracking it across our organisations than we have on our own.

Who will I be employed by? Will I be TUPE transferred? What will happen to my pension?

It is too early to say what the implications may be for your contract of employment and pension, as we have not yet decided on the organisational model. If an option is chosen that

requires staff to be TUPE'd to another employer, there will be an extensive period of development, implementation and consultation. As soon as we know the chosen model, we will ensure that we discuss any potential implications with staff and their representatives and we will use our core processes to manage change. Further staff events will be held in the autumn.

Who will be the employing authority?

It depends on the model of care that is taken forward. It could be that staff stay with their sovereign organisation or move to a new organisation, the first step is to await the decision on the chosen model and then take it forward from there.

Would evaluation of employment be done under single status agreement?

There are different policies governing the employment of staff in health and social care and staff will be protected under their current terms and conditions. There is a Workforce Group (including representatives of each of the ESBT Alliance partner organisations) looking at what the changes for staff would be and trying to map out similarities and differences in employment, terms and conditions etc. We are also making sure that the unions are kept informed.

Are you involving staff/trade union representatives in these discussions?

Yes – through our local consultation and negotiation mechanisms.

Will there be investment in organisational cultural change and working in an integrated team?

Our Joint Community Rehabilitation and Reablement teams are probably the best example of where we have integrated, and feedback from these teams is that it was leadership and management within the service that led the change. We need to ensure that wherever we integrate the service, we give time, support and tools. We don't try and do one size fits all, but we are clear about our principles for ensuring the right investment in change.

Who are the link workers?

Information about the link workers is available here:

<https://www.eastsussex.gov.uk/media/7457/locality-link-workers-localities.pdf>

OUR STAKEHOLDERS, PATIENTS AND THE PUBLIC

What does integration mean for GPs?

We have been working with our primary care colleagues over recent months to discuss how the ESBT Alliance can work together with primary care to deliver improved health and care outcomes for local people. We are discussing with them a number of different options for how they might choose to best work with ESBT Alliance.

Are there plans to incentivise GPs to use social prescribing?

We are currently doing lots of work through the Healthy Hastings and Rother programme regarding social prescribing and we will share the learning around this so we can take forward this approach.

What about High Weald Lewes and Havens CCG?

HWLH CCG have their own programme - Connecting 4 You – as only around 30% of their population access services through ESHT, with the majority going out of county.

Connecting 4 You is based on similar principles to ESBT and operates in cooperation with East Sussex County Council. We are working closely with Connecting 4 You to coordinate and make sure that our plans are flexible enough to work together for the benefit of local people.

How are patients, carers, service users and residents having a say about this?

We have done a lot of work with local people and are talking to them in a variety of ways through Shaping Health and Care events, Seniors Forums, local Patient Groups and beyond. We have an ESBT Public Reference Forum to help with this and we are also making sure that Healthwatch is fully involved.

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