

REPORT OF THE CABINET

The Cabinet met on 24 April 2012. Attendances:-

Councillor Jones (Chairman)

Councillors Belsey, Bennett, Bentley, Elkin, Freebody, Glazier and Maynard

1. Growing Places Fund

1.1 The South East Local Enterprise Partnership (SELEP) was initially allocated circa £33m to allocate funding to projects commensurate with the Government's Growing Places Fund (GPF) criteria. A further £16m allocation has now been made following the recent budget announcement, although this funding has not yet been received. The SELEP Board has determined that Essex County Council (ECC) will be the accountable body, issuing funds on a project by project basis to the relevant authority (or 'borrower') who will then secure repayment via various forms of reimbursement.

1.2 The SELEP Board agreed which projects would be allocated funding at a meeting on 23 March 2012, subject to a due diligence process. The due diligence process is being designed as a single process to satisfy the needs of both SELEP (and ECC as accountable body) and the relevant authority or 'borrower'. Should the East Sussex projects progress through due diligence, ECC will enter into a Primary Loan Agreement with East Sussex County Council who will remain liable for its repayment.

1.3 Two East Sussex projects have been allocated funding: North Queensway, Hastings (£1.5m; to construct a new junction and preliminary site infrastructure to facilitate the development of a business park); and Priory Quarter, Hastings (£7m; to construct a new office block). East Sussex Energy and Infrastructure Development Limited (ESEID) is the project promoter, developer and owns the land. The bids were included at Appendix A and B of the report submitted to the Cabinet and previously circulated to all members. Both bids form part of ESEID's business plan, and will contribute positively towards the economic regeneration and growth of the county.

1.4 The bids represent an acceptable level of risk to the County Council as a 'borrower', principally on the basis that should they be successful following due diligence, and prior to the transfer of any funds to ESEID a separate agreement will be entered into between the County Council and ESEID which will seek to indemnify the County Council against the financial risk. It is not possible however to mitigate all risk and there will remain some residual risk in the event that the anticipated income streams which facilitate repayment of the loan are not forthcoming and that the assets have no or less than required realisable value. The likelihood of both eventualities occurring is considered to be low. An interest rate might be applied to successful bids which will go some way towards protecting the capital value of the fund consistent with the concept of a rolling fund.

1.5 The recently approved capital programme included an allocation for Priory Quarter, Hastings. Following the success of these funding bids, this element will now need to be reconsidered within the overall context of the capital programme.

1.6 The purpose of the South East Growing Places Fund (GPF) is to unlock growth across the SELEP area. Government has recognised the crucial role of infrastructure in supporting housing and economic growth; accordingly GPF has been designed to unlock stalled projects by providing investment capital to stimulate growth. GPF is intended to be used to support the delivery of homes and/or jobs in the short term; contribute to the delivery of the LEP's strategic priorities; and establish a sustainable revolving fund. The government has indicated that future rounds of GPF are being considered beyond the recent budget announcement and that if further funding becomes available allocations are likely to be distributed based on the achievements made with the initial rounds of funding.

1.7 All upper tier authority members of the SELEP issued an initial call for proposals at the end of 2011. Five bids were submitted from East Sussex. The Government's GPF prospectus focussed on supporting projects which could be demonstrated to be deliverable within strictly defined timescales. Projects which have been assessed as not being ready for support, may still be eligible for support from the fund in future rounds. The amount and type of funding ultimately offered to any project will reflect the SELEP's assessment of the minimum support needed for the project to proceed.

1.8 It is intended that GPF will provide a balanced portfolio of investments which takes into account spatial distribution, level of risk and timescales for payback over a 10-15 year timescale. The question of certainty over repayment (both amount and timescale for repayment) is fundamental to the planning of future rounds of investment for GPF.

1.9 The North Queensway and Priory Quarter projects will contribute positively to the economic regeneration and growth of the county and securing GPF funding will facilitate early delivery of both projects. The Cabinet has therefore supported the bids which were approved at the SELEP Board, and has agreed to delegate authority to the Director of Economy Transport and Environment to agree the terms of, and enter into the loan agreement with Essex County Council; and authorised the Director to take any action, or enter into any further agreements, he considers appropriate to give effect to, or in consequence of, this, which will include entering into a separate agreement with ESEID.

2 NHS Health changes

2.1 The Cabinet has considered a report that provided an update in relation to the key issues in relation to NHS Health changes, their impact on the Council and some key dates.

Shadow Health and Wellbeing Board

2.2 The Shadow Health and Wellbeing Board has been meeting since October 2011. It is beginning to develop a Health and Wellbeing Strategy, which will be subject to consultation during the summer prior to approval in December 2012.

Public Health

2.3 The specialist Public Health team have been co-located in County Hall since May 2011. There is an identified Public Health link with each Clinical Commissioning Group and Council directorate to ensure that they understand local public health needs and work together to meet them. To augment the existing partnerships and ensure that the vision for public health in East Sussex can be achieved it is intended to set up a time-limited Public Health System Partnership. Its role will be to champion the new public health system as it is created, including proposing and testing priorities and approaches and providing advice to the Health and Wellbeing Board. The Health Overview and Scrutiny Committee and the Audit, Best Value and Community Services Scrutiny Committee have established a joint Public Health Reference Group which is due to meet shortly.

Healthwatch

2.4 A new consumer champion service is being created for users of health and social care services called Local Healthwatch. The Department of Health's vision for Local Healthwatch is that it will:

- be the local consumer voice for people who use and need health and social care services, empowered to improve and influence the commissioning decisions made about those services;
- build on the good work of LINKs; and
- strengthen the ways in which commissioners and providers take the views and experiences of patients and the public into account when improving the quality and safety of health and social care services.

The Council has been working with stakeholders to develop the local vision for Healthwatch. The full report 'A Vision for Local Healthwatch in East Sussex: Report of Stakeholder Engagement Activity' with a detailed timeline can be found on the East Sussex Strategic Partnership website, Health and Wellbeing section.

Clinical Commissioning Groups

2.5 There are three Clinical Commissioning Groups (CCGs) in East Sussex: the Coastal Commissioning Healthcare Consortia (Eastbourne, Hailsham, Seaford); Hastings and Rother; and the newly merged High Weald, Lewes and Havens. The CCGs are members of the Shadow Health and Wellbeing Board and at the last meeting presented an update on how they are developing. The CCGs are going through an authorisation process led by the NHS Commissioning Board and the NHS South of England. They are being assessed on their readiness to take on responsibility for health care budgets for local communities. Authorisation continues until November 2012 and the Council will be part of the partnership 360 degree assessment in October where our views on the ability for our CCGs to deliver their business plans will be noted. It is expected that the vast majority of CCGs will be fully operational from April 2013.

2.6 The CCGs have each produced Integrated Strategic and Operational Plans (ISOPs) in conjunction with NHS Sussex, which set out how they will commission services that improve health, reduce inequalities and promote wellbeing and independence within the funds available. These plans have been agreed by the

Strategic Health Authority. The Council has committed significant resources to support the development of the ISOPs as these will be critical to improving health and social care services in East Sussex. The current plans represent a significant step forward in the alignment of health and County Council planning cycles. The plans are also transformational and signal a shift away from acute care to primary and community health provision which is more effectively integrated and offers better value for money.

2.7 There are significant risks to the delivery of ISOPs. There is consensus about the planned changes that are needed but it will be very challenging to deliver the level of efficiency savings expected within the health economy. The County Council remains committed, however, through the work of the joint commissioners we manage, to contribute fully to the transformation of health and social care services. It is also important to note that the scale of change needed to shift the balance from acute to integrated community provision is unprecedented within East Sussex. This is nonetheless critical if we are to deliver sustainable health and social services in the future. Arrangements are in place to implement our shared plans, monitor delivery and manage the risks that arise during this period.

East Sussex Healthcare NHS Trust (ESHT)

2.8 ESHT is in the process of developing a clinical strategy, *'Shaping our Future'*, which will set out the direction to be taken by the Trust, taking into account the national and local context. It is intended to support the organisation in taking a consistent and coherent approach to developing and reconfiguring its services over the next five years. In November 2011, the Health Overview and Scrutiny Committee (HOSC) agreed in principle that proposed service reconfigurations would be considered as 'substantial development or variation' to services and require formal consultation with the Committee under health scrutiny legislation. HOSC has continued to receive on going reports and has established a Task group to provide extra oversight and scrutiny given the complexity of the changes. Further details can be found in the HOSC 8 March 2012 meeting papers.

Managing the changes

2.9 Project arrangements are in place within the County Council to manage the transfer of Public Health staff and budgets from April next year. Work will be undertaken to align this with the NHS Transition Plan to ensure that there is a seamless transfer of services when the PCTs are abolished. There will be further negotiation with CCGs as they move through the Authorisation process to determine how joint commissioning and support arrangement will be delivered in the future.

2.10 Work will be undertaken with the CCGs and ESHT to understand the investment and service arrangements in Public Health and community health services so a robust approach can be taken to performance management and the potential re-commissioning of services based on an evaluation of effectiveness and value for money.

2.11 The Council has established a virtual network across South East Seven to share good practice and help solve any problems. Some NHS staff know that their functions will transfer to the Council other staff have yet to receive formal letters from the PCT about where their function will be located.

2.12 The ring fenced budget that the Council will receive for its new public health responsibilities will not be finalised until December 2012. Indicative budgets have been announced for public health. Although there may be some national negotiations about the level of transfer of funding to local government, there is a gap between the indicative budget for East Sussex and the current spend of up to £5m and future plans will need to take the reduction in resources into account.

3 Identifying Carers

3.1 The Cabinet has considered a report of the Adult Social Care and Community Safety Scrutiny Committee on its review of identifying carers. The report is included elsewhere on the agenda (see agenda item 16). The Scrutiny report has previously been circulated to all members.

3.2 During the course of a previous scrutiny review of Respite Care Provision (June 2011) it became apparent that whilst provision was available to eligible carers, some carers were either unaware of the provision or unwilling to pursue it. The Adult Social Care Scrutiny Committee established a review to consider how to get more people to recognise when they are performing a caring role and whether statutory agencies and voluntary organisations could do any more to identify carers they come into contact with and direct them to appropriate support.

3.3 In welcoming the findings of the Scrutiny Committee, the Cabinet has considered a report by the Director of Adult Social Care (as set out in Appendix 1 to this report, circulated separately to all members) on the specific recommendations and endorsed it as its response to the recommendations. The actions outlined in the action plan provide an opportunity to improve how statutory agencies across health and social care identify and subsequently support carers. This will benefit both carers and those for whom they provide care.

3.4 The Cabinet, in welcoming the report, recommends the County Council to –

- ☆ approve the response of the Director of Adult Social Care on the implementation of the recommendations in the Scrutiny Committee's report

24 April 2012

PETER JONES
Chairman

