



**Leader and Lead Member for Strategic Management and  
Economic Development – 7 April 2017**

Please find attached item 4 – 2017/18 Strategic Investment Plan for East Sussex Better Together for consideration at the Leader and Lead Member for Strategic Management and Economic Development meeting being held on 7 April 2017. This item was marked as to follow on the agenda published on 30 March 2017.

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**Report to:** Leader and Lead Cabinet Member for Strategic Management and Economic Development

**Date of meeting:** 7 April 2017

**By:** Director of Adult Social Care and Health

**Title:** 2017/18 Strategic Investment Plan for East Sussex Better Together

**Purpose:** To seek agreement to a joint Strategic Investment Plan for health and social care which has been developed in partnership with Hastings and Rother Clinical Commissioning Group and Eastbourne Hailsham and Seaford Clinical Commissioning Group

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## **Recommendations:**

**The Leader and Lead Cabinet Member for Strategic Management and Economic Development is recommended to:**

- (1) Agree the Strategic Investment Plan as set out in Appendix 1**
  - (2) Agree that authority is delegated to the Strategic Commissioning Board to make any subsequent amendments to the Strategic Investment Plan as set out in the report**
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## **1 Background**

1.1 East Sussex Better Together (ESBT) is the whole system health and care transformation programme, which was formally launched in August 2014, to fully integrate health and social care across the ESBT footprint in order to deliver high quality and sustainable services to the local population. Originally formed as a partnership between Eastbourne, Hailsham & Seaford (EHS) Clinical Commissioning Group (CCG), Hastings and Rother (H&R) CCG and East Sussex County Council, the Programme now formally includes East Sussex Healthcare NHS Trust (ESHT) and Sussex Partnership NHS Foundation Trust (SPFT). Our shared vision is to ensure that people receive proactive, joined up care, supporting them to live as independently as possible and achieve the best possible outcomes.

1.2 As we approach week 140 of the programme the partnership is moving to the next phase of the work to fully integrate and embed into core business the commissioning and delivery of health and social care. The Council has, through Reconciling Policy Performance Resources, agreed at County Council on 7<sup>th</sup> February 2017 to align its Adult Social Care budget, Public Health budget and part of its Children's budget with EHS and H&R CCGs, as part of the transition to the ESBT accountable care model which is intended to take a whole-systems approach to the planning and delivery of health and social care across the ESBT area. The aligned budgets have been drawn together into a Strategic Investment Plan (SIP) which is set out in in summary for 2017/18, in Appendix 1. The Council's contribution to this plan was agreed at the County Council meeting. The SIP is a medium term plan covering the period to 2020/21 which following further development with ESBT partners can now be considered for agreement.

1.3 The Government's Spring Budget announced additional funding of £22.09m to East Sussex County Council over three years to support Adult Social Care. The funding will be allocated, through the Improved Better Care Fund, as follows: £11.027m in 2017/18, £7.343m in 2018/19 and £3.649m the year after. Within the ESBT Alliance, the additional funding allocation equates to £8.491m in 2017/18 (77% of the total East Sussex allocation). This funding will be deployed to meet the needs of the population covered by ESBT and the strategic objectives and programmes of work already outlined in the ESBT SIP. Subject to demonstration that the grant conditions are met, the funding will also help mitigate the risks that planned schemes will not be able to deliver the required system change within the 2017/18 timescales.

1.4 Below is the summary of the East Sussex County Council investment in the SIP:

<b>East Sussex Better Together Strategic Investment Plan</b>	<b>2017/18</b>
	<b>£'000</b>
Adult Social Care Base Budget	127,604
Council Tax Additional 1% Precept	1,887
<b>Adult Social Care Base Budget</b>	<b>129,491</b>
Supporting Adult Social Care Grant (one-off for 2017/18)	2,000
Improved Better Care Fund	220
Additional Adult Social Care Funding (Spring Budget)	8,491
<b>Total Adult Social Care</b>	<b>140,202</b>
Public Health	19,313
Children's Services	5,505
<b>Total ESCC Investment in the ESBT SIP</b>	<b>165,020</b>
Clinical Commissioning Group Investment (including NHS England Specialist Commissioning)	697,129
<b>Total ESBT SIP Investment</b>	<b>862,149</b>

1.5 In addition to the development of a SIP the Council, two CCGs and ESHT have agreed to establish an ESBT Alliance Partnership, in order to fully realise our ambition of a fully integrated whole system health and social care economy across the ESBT footprint, through an accountable care model. This involves a test-bed year in 2017/18 enabling us to operate our principles of collectively managing the health and social care system with our ESBT partners. This will help us to establish the best vehicle to enable us to reach our goal of delivering high quality, effective care for the population covered by the ESBT footprint in a way that is sustainable in the long term.

## 2 Supporting Information

2.1 The vision of ESBT is to meet population health need by delivering fully integrated and sustainable health and social care. The SIP sets out a medium term financial plan that enables the Council to set a balanced budget for 2017/18 and creates a sustainable system that promotes health and wellbeing whilst addressing quality and safety issues, in order to achieve the following triple aims:

- Prevent ill health and deliver improved outcomes for our population
- Enhance the quality and experience of care people receive; and
- Ensure the future affordability and sustainability of services.

2.2 From the outset it was agreed that this will be delivered through a focus on population needs, better prevention, self-care, improved detection, early intervention, proactive and joined up responses to people that require care and support across traditional organisational and geographical boundaries. In delivering this vision, we will see services:

- Move from acute to community settings with a focus on maintaining people safely at home.
- Provided by multidisciplinary teams working across health and social care at a local level who will seek to prevent escalation, reduce the need for complex care packages or hospitalisation, and enable people to leave bedded care quickly following an illness.

- Targeted for people based on a risk stratification approach, focused on individuals, or populations to actively engage them in maintaining their health and wellbeing.
- Transformed within 150 weeks from the current service configuration to one that is integrated.

2.3 The delivery of the SIP will be governed through Council's core processes with any key investment and service decisions being made through Cabinet. The Cabinet also agreed on 7<sup>th</sup> March 2017 to establish a joint committee, known as the Strategic Commissioning Board, with EHS and H&R CCGs. This Board will play a central role in the joint oversight of the SIP and will be authorised to take decisions within its terms of reference as agreed from time to time. The terms of reference for the Strategic Commissioning Board are attached at Appendix 2. Given the complexity of the health and social care system and the requirement to respond to changing service demands it is likely that the SIP will continue to evolve. It is therefore proposed that authority is delegated to the Strategic Commissioning Board to make any subsequent amendments.

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

3.1 Cabinet has previously agreed the setting up and delivery of the ESBT programme and proposals for moving to an accountable care model and County Council has agreed the budget for Adult Social Care, Public Health and Children's services, that will be the Council's contribution to the SIP. The SIP will enable the Council and EHS and H&R CCGs to align health and social care investment to deliver the transformation in how care is provided across the ESBT footprint and establish a clinically and financially sustainable system. The SIP will also enable the planning and control of ESBT resources through regular monitoring of expenditure against the plan, with corrective action to be taken in year, if required, by the Strategic Commissioning Board.

3.2 In order to build on the progress of the ESBT programme, it is recommended that the Leader agrees the SIP as set out in Appendix 1, which takes account of the additional funding for Adult Social Care from the Spring Budget. The SIP has been considered and agreed by the Governing Bodies of EHS and H&R CCGS and delivery of the plan will be governed by core County Council processes and the Strategic Commissioning Board.

**Keith Hinkley**  
**Director of Adult Social Care and Health**

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#### Background documents:

None

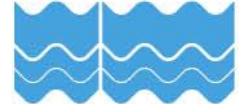
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## 2017/18 Strategic Investment Plan

ESBT Strategic Investment Plan 2017/18	EHS CCG & HR CCG	ESCC	ESBT Total
	£'000	£'000	£'000
Available Resources	697,129	165,020	862,149
Forecast Expenditure pre-Service Redesign	730,059	165,936	895,995
<b>Net Deficit / (Surplus) pre-Service Redesign</b>	<b>32,930</b>	<b>916</b>	<b>33,846</b>
<b>Service Redesign Savings</b>			
Healthy Living & Wellbeing/Maintaining Independence	(2,556)	(422)	(2,978)
Proactive Care/Crisis intervention and Admission Avoidance	(24,558)	-	(24,558)
Bedded Care	(1,435)	-	(1,435)
Discharge to Assess	(3,220)	-	(3,220)
Prescribing	(5,314)	-	(5,314)
Planned Care	(7,567)	-	(7,567)
Primary Care	(500)	-	(500)
Learning Disability	-	(160)	(160)
Enablers	(1,000)	-	(1,000)
<b>Total Service Redesign Savings</b>	<b>(46,150)</b>	<b>(582)</b>	<b>(46,732)</b>
<b>Service Redesign Investments</b>			
Healthy Living & Wellbeing/Maintaining Independence	5,000	658	5,658
Proactive Care/Crisis intervention and Admission Avoidance	10,427	183	10,610
Discharge to Assess	936	2,167	3,103
Mental Health	216	-	216
Prescribing	732	-	732
Planned Care	264	-	264
<b>Total Service Redesign Investments</b>	<b>17,575</b>	<b>3,008</b>	<b>20,583</b>
<b>Mitigations</b>			
Application of Better Care Fund to meet Service Redesign Investments	(7,697)	-	(7,697)
<b>Total Mitigations</b>	<b>(7,697)</b>	<b>-</b>	<b>(7,697)</b>
<b>Net Deficit including Service Redesign</b>	<b>(3,342)</b>	<b>3,342</b>	<b>0</b>
<b>Health Investment in Social Care</b>			
Health Investment required to protect ASC Activity Levels	916	(916)	-
Health Investment in Social Care Service Redesigns	3,008	(3,008)	-
Direct Social Care Savings	(582)	582	-
<b>Net Health Investment in Social Care</b>	<b>3,342</b>	<b>(3,342)</b>	<b>0</b>

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## TERMS OF REFERENCE FOR THE EAST SUSSEX BETTER TOGETHER (ESBT) STRATEGIC COMMISSIONING BOARD

### 1 Governance

Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG), Hastings and Rother Clinical Commissioning Group (HR CCG), and East Sussex County Council (ESCC) have established committees in common known as the 'Strategic Commissioning Board'. The Strategic Commissioning Board is established pursuant to the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 and all other enabling powers.

The Strategic Commissioning Board has the powers specifically delegated in these terms of reference.

### 2 Purpose

The Strategic Commissioning Board will jointly undertake responsibilities for addressing population health need and for commissioning health and social care in the 2017/18 test bed year, through oversight of the 2017/18 Strategic Investment Plan (SIP), and any other responsibilities agreed by the sovereign statutory commissioning bodies to oversee the effective delivery of outcomes by the ESBT Alliance (to be determined).

### 3 Responsibilities

The Strategic Commissioning Board will:

- Ensure alignment in our understanding of the health and care needs of the population covered by the ESBT footprint
- Set the outcomes to be delivered by the ESBT Alliance to meet the needs of the population, reflecting national policy where this is appropriate
- Ensure that local people are engaged in discussions to understand local needs and the outcomes to be delivered, so that they are informed by local insight
- Set the direction of the investment patterns and oversee the implementation of the 2017/18 SIP

- Review recommendations from the ESBT Alliance Governing Board with regard to the ongoing development of the SIP and the investment profile in order to meet population health needs and deliver outcomes
- Monitor and evaluate the meeting of needs and the delivery of outcomes

#### **4 Authority**

The Strategic Commissioning Board is authorised by the sovereign bodies of EHS CCG, HR CCG and ESCC to jointly undertake activities, and recommend decisions to Governing Bodies and Cabinet, relating to oversight of the ESBT SIP.

It is recognised that EHS and HR CCGs and ESCC will continue to have their own regulatory and statutory responsibilities. The Strategic Commissioning Board enables the sovereign organisations to undertake and align strategic commissioning activities within the current legislative framework to set outcomes and direction for the Strategic Investment Plan jointly, and monitor delivery of outcomes by the ESBT Alliance jointly, whilst still operating as sovereign organisations as the regulatory framework requires.

#### **5 Membership**

Members of the Strategic Commissioning Board will be Elected Members of ESCC and GP and Lay Members of EHS and HR CCG Governing Bodies and this will be maintained at all times. Each member of the Strategic Commissioning Board will be entitled to vote. Following consultation with other Board members any organisation can remove or replace their respective Strategic Commissioning Board Members at any time by notice in writing to the other partners.

The Chair of the Strategic Commissioning Board will rotate between the CCGs and ESCC and will not have a casting vote. The proposed members of the Strategic Commissioning Board will be 4 members appointed by the CCGs and 4 members appointed by ESCC.

The CCGs' Chief Officer and Chief Finance Officer, and ESCC Director of Adult Social Care and Health, Director of Children's Services, Director of Public Health and Head of Finance (Adult Social Care and Health)/Chief Finance Officer or their substitutes will attend in an advisory capacity.

#### **6 Meeting proceedings and quorum**

Wherever possible decision-making will be discussion driven to arrive at a 'best for the whole system' consensus in accordance with principles set out in the ESBT Alliance Agreement. In the event that a vote is needed, each individual Strategic Commissioning Board member is entitled to one vote

A quorum shall be 3 members appointed by the CCG and 3 members appointed by ESCC.

## **7 Attendance**

Where a Member cannot attend a meeting of the Strategic Commissioning Board then they may send a substitute who will have full voting rights. All matters will be decided by a majority of those members present and voting.

## **8 Reporting**

The Strategic Commissioning Board will report to each of the sovereign organisations as required by that organisation.

An annual report will be provided to the East Sussex Health and Wellbeing Board on the SIP commissioning strategy and outcomes delivered, with updates provided as required.

## **9 Administration**

ESCC Member Services will provide secretarial support to the Strategic Commissioning Board.

## **10 Frequency**

Meetings will be held every three months. Meetings will be held in public in accordance with the rules adopted by the Board.

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