

ESBT STRATEGIC COMMISSIONING BOARD

MINUTES of a meeting of the ESBT Strategic Commissioning Board held at County Hall, Lewes on 6 June 2018.

PRESENT Councillors David Elkin, Keith Glazier, Carl Maynard and Sylvia Tidy; Dr Martin Writer, Barbara Beaton (Chair) and Julia Rudrum

ALSO PRESENT Keith Hinkley, Director of Adult Social Care and Health
Jessica Britton, Chief Operating Officer
John O'Sullivan, Chief Finance Officer
Wendy Meredith, Interim Director of Public Health
Candice Miller, Policy Development Manager

1 MINUTES OF THE PREVIOUS MEETING

1.1 The minutes of the meeting held on 9 March 2018 were agreed.

2 APOLOGIES FOR ABSENCE

2.1 Apologies for absence were received from Dr Susan Rae. It was also noted that Amanda Philpott had given her apologies.

3 DISCLOSURE OF INTERESTS

3.1 There were no disclosures of interest.

4 URGENT ITEMS

4.1 There were no urgent items.

5 QUESTIONS FROM MEMBERS OF THE PUBLIC

5.1 There were no questions from members of the public.

6 STRATEGIC COMMISSIONING BOARD TERMS OF REFERENCE

6.1 The Board considered a report about the Strategic Commissioning Board's (SCB) terms of reference. The terms of reference were updated to reflect the transition to 2018/19, and the Board's governance role in relation to the Integrated Finance and Investment Plan and the Integrated Commissioning Fund and budget.

6.2 Board members reflected that during 2017/18 they had developed a greater understanding of the role and purpose of the SCB and expressed confidence that the development of the East Sussex Better Together (ESBT) programme was making a positive difference to residents and staff.

6.3 The Board said it was important that it continued to ensure it was not working in isolation and that the executive boards of other partner organisations and other ESBT Alliance bodies were informed of the Board's work, and vice versa, through clear reporting lines. This would avoid creating additional work for officers and ensure consistency of information considered by the different bodies and sovereign organisations.

6.4 The Board RESOLVED to:

- 1) note the report; and
- 2) request that a diagram of the ESBT reporting lines is circulated to the Board.

7 ESBT FINANCIAL POSITION

7.1 The Board considered a report providing an update on the ESBT financial position.

7.2 In response to questions from the Board the following key points were made:

- The forecast deficit control total for Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG), and Hastings and Rother Clinical Commissioning Group (HR CCG) is a combined £32m for 2018/19; this has been agreed with NHS England. As part of meeting this, the CCGs have a Quality, Innovation, Productivity and Prevention (QIPP) expenditure reduction target of £18m and this represents approximately 3% of total expenditure. If the CCGs achieve the control total of £32m deficit at the end of the year, this will attract £32m of national Commissioner Sustainability Funding (CSF) to support a break even position. A System Financial Recovery Board of all the ESBT organisations with an independent chair has been established to monitor the in-year financial position and achieve the expenditure reduction plans. This supports the individual organisations' governance arrangements. In addition to the Board, financial progress is monitored at weekly 'confirm and challenge' sessions chaired by the Chief Finance Officer of the CCGs; bi-monthly meetings between ESBT commissioners and ESHT; and informal fortnightly meetings of the System Financial Recovery Board. This combination of meetings will help to enable regular and timely reporting of financial performance, including from ESHT.
- Quality impact assessments are carried out on QIPP schemes in order to understand any potential impact on quality or access. Some of the QIPP schemes are aimed at improving quality and reducing costs because they will remove inappropriate referrals and reduce unwarranted clinical variation as well as supporting people in their communities. The impact will also be monitored on an ongoing basis.
- There is an expectation from the new Executive Chair of the Sussex and East Surrey Sustainability and Transformation Partnership (STP) that the STP's acute strategy needs to be reenergised as acute care is a major element of expenditure in the local healthcare system. There is a need for an STP-wide strategy to manage and sustain acute expenditure whilst individual place-based, such as East Sussex Better Together (ESBT), continue to integrate local community care.
- The STP-wide Clinically Effective Commissioning (CEC) programme is helping to reduce costs by reducing unwanted variation in the CCGs' policies around when patients are referred from primary care to acute care for medical procedures based on the best available clinical evidence. CEC will improve quality and reduce costs by spending money in the most effective way. Future reports on the progress of CEC will be made back to this Board.
- The forecast deficit across the whole of the ESBT Alliance for 2018/19 is £79m, including East Sussex Healthcare NHS Trust (ESHT) and ESCC. This means that the ESBT area is under extreme scrutiny from NHS England and will need to demonstrate it can deliver the financial plans for 2018/19 and work towards financial solvency over the next three

years. The aim, however, is still for ESBT to continue to deliver integrated services and improve services to people.

- 2017/18 was the first time in five years that the ESBT CCGs did not deliver a surplus. During the previous four years the CCGs delivered a financial surplus whilst investing in Healthy Hastings and other community programmes.

7.3 The Board RESOLVED to:

- 1) note the East Sussex Better Together system financial outturn for 2017/18;
- 2) note the Health and Social Care Commissioning 2018/19 financial position;
- 3) note the recovery actions being developed and implemented collaboratively through the ESBT structures; and
- 4) note that it expects to see the ESBT financial picture beginning to improve by the time of its next meeting.

8 ESBT ALLIANCE NEW MODEL OF CARE

8.1 The Board considered a report on the progress with implementing the closer integration and leadership of health and care commissioning and transformation in 2018/19, as well as progress and next steps with developing the ESBT integrated (accountable) care system provider model.

8.2 Officers clarified that whilst nationally focus was shifting from creating Accountable Care Organisations to creating Integrated Care Systems there would be no change to the key driver of ESBT: care being delivered in the community through integration of primary, community and social care organisations at a locality level. The main change since the initial development of ESBT has been the creation of the regional STPs that are likely to be the scale at which it will be required that certain services are developed, for example, some acute and mental health services, and whatever is developed locally within the ESBT footprint will need to be able to take this into consideration.

8.3 Officers agreed that the next ESBT progress update would be in plain English and be clear about what is meant by a local integrated care system.

8.4 The Board RESOLVED to:

- 1) Note progress made with implementing our agreed arrangements for strengthened leadership and integration of commissioning and transformation of our ESBT place in 2018/19; and
- 2) Note progress and next steps with developing our ESBT integrated (accountable) care system and plans for stakeholder engagement.

9 ESBT OUTCOMES FRAMEWORK

9.1 The Board considered a report providing an update on progress on monitoring system-wide performance against the outcomes in the quality care and support domain.

9.2 Officers clarified that a lot of information in the Children and Young People domain is Public Health data and is not available until November but information will be added to outcomes framework regularly as it becomes available.

9.3 The Board RESOLVED to:

- 1) Note the progress made with identifying and securing the data to understand our performance on a system-wide basis; and
- 2) Note the highlights shown as an example of how we can start to measure outcomes in the quality care and support domain on a system-wide basis, and the actions being taken with a view to improving outcomes.

10 DRAFT ANNUAL REPORT TO THE HEALTH AND WELLBEING BOARD

10.1 The Board considered the draft Annual Report to the Health and Wellbeing Board.

10.2 The Board RESOLVED to agree the draft annual report to the East Sussex Health and Wellbeing Board subject to the addition of diagrams making it clear where ESBT Alliance budget is spent and how the Alliance is organised.

The meeting ended at 11.20 am.

Barbara Beaton
Chair