

Adult Social Care, Public Health and Children's Services have been working with Eastbourne, Hailsham & Seaford Clinical Commissioning Group, Hastings and Rother Clinical Commissioning Group and East Sussex Healthcare Trust to develop an integrated Strategic Investment Plan (SIP) that will align, from 1 April 2017, total commissioning budgets of £864m (subject to ongoing due diligence).

The total 2017/18 East Sussex County Council investment within the SIP is planned at £134.996m, as set out on pages 17-18 of the budget summary at Appendix 2. The SIP planning assumptions have identified total resources of £864.6m compared to projected expenditure of £918.3m across health and social care within ESBT. There is therefore a total savings requirement of £53.7m, which includes required savings of £7.007m for Adult Social Care and £0.036m for Children's Services.

This schedule sets out the plans that are being developed, as part of the whole system health and social care redesign predicated within East Sussex Better Together, to mitigate the projected whole system financial deficit and deliver a balanced budget for 2017/18.

Due diligence continues to refine the SIP and by the 1 April 2017, there will be in place an Alliance Agreement and governance structure that will work to mitigate the financial risks of not achieving elements of the Strategic Investment Plan.

East Sussex Better Together			Gross budget	Overall Savings /Investment		Protected characteristics								
Scheme description	Description of investment proposal	Key outcomes	£'000	2017/18	2018/19	Age	Disability	Gender / Transgender	Ethnicity	Marriage / Civil Partnership	Pregnancy /Maternity	Religion / Belief	Sexual Orientation	No significant relevance
				£'000	£'000									
	<p>Urgent Care: Extensive public engagement was undertaken from August to November this year on what matters to people when they need same day health or social care advice, care or treatment. The focus was on:</p> <ul style="list-style-type: none"> o 111, the NHS telephone service o GP walk-in centres at Eastbourne and Hastings o Same day assessments and appointments, using technology (web chats and video calls) o Community pharmacists <p>Final Urgent Care service redesign plans will be agreed in January 2017 for implementation from April 2018 and beyond, ensuring we have a range of appropriate, high quality services available 24/7 to help people get the right advice/treatment/care in the right place, first time.</p>					+	+							
<p>Prescribing: Working with medicine prescribers, dispensers and patients to improve the quality of prescribing and reduce medicine wastage</p>	<p>Prescribing Support Scheme to incentivise prescribers to change behaviour; providing additional expertise to support Prescribers in Primary Care; Drug and Alcohol services; implementation of joint formulary; integration of Community Pharmacy Medicines Use reviews in GP process and implementation of shared decision making tools.</p> <p>Eastbourne, Hailsham and Seaford (EHS) and Hastings and Rother (HR) Medicines Optimisation Strategy 2015-2018 sets out how EHS and HR CCGs are going to optimise the use of medicines over the next three years and realise the potential efficiencies from the prescribing budget. The East Sussex Better Together (ESBT) programme affords us the opportunity to work much more collaboratively across health and social care boundaries to ensure that there is adequate support throughout the medicines pathway to secure the desired outcomes for patients as well as delivering value for money.</p> <p>Avoidable medicines waste in primary care is estimated to be £150m per year. This means that for our two ESBT CCGs over £1m worth of medicines waste could be avoided each year.</p> <p>This means that across both our CCGs over £30m investment in medicines may not be resulting in the desired outcome.</p> <p>5% of hospital admissions are due to the ineffective or inappropriate use of medicines; this increases to 17% of unplanned admissions in the frail elderly.4,5 In 2014 there were over 900 non-elective acute admissions from care homes in each of our CCGs.</p> <p>Care home use of medicines study finds that 70% of residents were exposed to one or more medication errors every day. We have 144 care homes across our two ESBT CCGs with over 5,000 residents.</p>	<p>Effective medicines management will reduce inappropriate variability in prescribing of medicines and improve safety and efficiency of repeat prescribing process. Significant savings can also be realised through reduced medicines waste.</p>		(5,314)	(7,167)	+	+							
<p>Mental health</p>	<p>Provision of third sector provided peer-led support; development of crisis response; streamlined rehabilitation pathways; expanding role of third sector and primary care; Dementia Crisis Team; Dementia Shared Care wards</p>	<p>Demand for acute Mental Health services will reduce and lengths of stay in specialist high cost placements will also reduce. Interventions to promote self-care and wellbeing and increases in community provision will support the prevention of deterioration; reduce hospital admissions and demand for social care services.</p>		(1,867)	(4,830)	+	+							

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Planned Care: Mainly concerned with the non-urgent care elements of healthcare. Care primarily begins in primary care with GPs either referring patients to hospital for specialist help or managing someone with a long term condition (diabetes, high blood pressure etc)	To undertake pathway redesign across a number of specialties and conditions with the aim of changing them from being reactive, crisis driven (i.e. responding only when someone gets unwell and needs urgent help) towards being a proactive system with increased emphasis on prevention, self-help self-management and providing interventions sooner and closer to an individual's home. Pathways currently being looked at are: Cardiology; Diabetes; Respiratory; Orthopaedics; Frailty; Cancer; Maternity and paediatrics	Outcomes from the Planned Care programme include: Public Health: developing programmes to help support improved lifestyles; Primary Care: Ensuring the most appropriate person makes the diagnosis in the most appropriate setting; Primary Care: Keeping people well for longer and enabling them to manage their own condition; Communication: For elective cases (e.g. referring someone for a knee replacement), ensuring effective communication between different parts of the system to ensure swift and effective treatment: Standardisation – how we ensure that whether you live in Eastbourne or Rye you consistently get the same high standard of service		(9,862)	(19,995)		+	+																				
	Shared decision making (GP referrals): is a process in which patients, when they reach a decision crossroads in their health care, can review all the treatment options available to them and participate actively with their healthcare professional in making that decision.	National evidence shows that twenty percent of the patients who participate in shared decision making choose less invasive surgical options and more conservative treatment.																										
	Out patient follow-up services: Many people who have received non-emergency treatment (elective care) at hospital will often be asked to return to hospital for follow up tests and care. Some routine tests and care could be offered in the community at locations which are more convenient to travel to for our patients. Some follow-up appointments could potentially be done by telephone or using computers, so some people may not even have to leave home in the future.	Reductions in demand for hospital and GP appointments.																										
Learning Disability	Increase in people supported to live in local community settings; reduction in numbers of people in inpatient settings; consolidation of approach to market and fee levels	Strengthening the support pathway and provision to adults with a Learning Disability and challenging behaviour; improving hospital and primary care liaison; developing a crisis response service to maintain individuals in the community. This work will be undertaken as part of the national NHS Transforming Care programme which is focusing on addressing long-standing issues to ensure sustainable change that will see: more choice for people and their families, and more say in their care; providing more care in the community, with personalised support provided by multi-disciplinary health and care teams; more innovative services to give people a range of care options, with personal budgets, so that care meets individuals' needs; but for those that do need in-patient care, ensuring it is only for as long as they need it.		(160)	(790)	+/-	-																					
Children's Services	Integrated delivery of Early Help services; improving offer for children with disabilities and special educational needs; improving mental health and wellbeing through the Child and Adolescent Mental Health Services (CAMHS) transformation plan	Reduction in number of children requiring services; Reduction in number of Looked After Children; Increase in children able to remain in their local communities with their families; Improved health and wellbeing															(36)	(69)	+	+			+	+				

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Enablers: Information technology; back office services; Estates; accountable care transaction costs	A systematic review of back office services and estates to ensure they are fit for purpose as we transition to an Accountable Care Organisation	Improve efficiency and cost effectiveness. Ensure the right support functions are in place to deliver accountable care.		(1,000)	(3,000)									y
			864,554	(53,673)	(66,644)									

East Sussex share of the pooled budget areas of search:

Adult Social Care	11,114	16,000
Use of Adult Social Care Support Grant and Improved Better Care Fund to offset savings	(2,220)	(3,797)
Funding from additional Adult Social Care Precept	(1,887)	(2,039)
Children's Services	36	69
Funding transfer from Health as part of a balanced Strategic Investment Plan (SIP)	7,043	10,233

The gross budget of £864m represents the pooled in-scope budgets of the Council and the two partner CCGs. The total savings figures represent the amounts required for the partners to achieve pooled financial balance in 2017/18 and 2018/19 respectively. The County Council's share of the required savings is as shown above.