

**Report to:** Cabinet

**Date of meeting:** 7 March 2017

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

**Title:** East Sussex Better Together – Strategic Commissioning Board

**Purpose:** To seek agreement to the establishment of a Strategic Commissioning Board jointly with Clinical Commissioning Groups as part of the transitional arrangements for the East Sussex Better Together Accountable Care Model.

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**Recommendations:** Cabinet is recommended to agree:

- 1. to establish a joint committee (known as the Strategic Commissioning Board) between the County Council and Eastbourne, Hailsham and Seaford and Hastings and Rother Clinical Commissioning Groups; and to authorise the joint committee to take decisions within the terms of reference as agreed from time to time.**
  - 2. to agree the terms of reference for the Strategic Commissioning Board set out in appendix 1, and delegate authority to the Chief Executive in consultation with the Leader to make amendments to them in light of the evolving nature of the partnership;**
  - 3. to delegate authority to the Leader to appoint four Cabinet Members as the County Council’s representatives to the Joint Committee and any associated committees; and**
  - 4. to note that ongoing scrutiny arrangements in relation to East Sussex Better Together will include oversight of the Strategic Commissioning Board’s work.**
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## **1 Background**

1.1 In November 2016 Cabinet agreed arrangements for the next phase of the East Sussex Better Together (ESBT) health and social care transformation programme as it moves towards a full Accountable Care Model (ACM). It was considered that the most effective way to develop the evidence base further in East Sussex is to have a transition year of Accountable Care through forming a commissioner provider alliance. This will be supported by an Alliance Agreement setting out the operating arrangements between the ESBT Programme partners: Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG); Hastings and Rother Clinical Commissioning Group (HR CCG); East Sussex Healthcare NHS Trust and Sussex Partnership NHS Foundation Trust. Cabinet delegated authority to the Chief Executive, in consultation with the Leader, to finalise the Alliance Agreement and other arrangements for the 2017/18 year.

1.2 During 2017/18 all organisational accountabilities remain unchanged with partners joining up funding and activity through the delivery of the integrated Strategic Investment Plan (agreed through ESCC Cabinet and Council through the Reconciling Policy, Performance and Resources process and through CCG Governing Bodies). This involves creating pooled and aligned budgets covering total health and social care spend of approximately £860m. As commissioners, the Council and CCGs will continue to set priorities for the local population and make investment decisions, as well as scrutinising the delivery of health and care services.

1.3 In the longer term, under a full ACM, the County Council and the CCGs will remain the accountable strategic commissioning bodies for health and social care services, continuing to set outcomes and oversee their delivery, as well as ensuring service user voice and choice are maintained. 2017/18 provides the opportunity to test and evaluate the options available for the full ACM, on both the commissioner and provider sides.

## **2 Strategic Commissioning Board role**

2.1 The strategic commissioning role set out above is critical both to 2017/18 and the longer term Accountable Care arrangements. The integrated Strategic Investment Plan sets out the intentions of the CCGs and County Council in terms of patterns of investment and expected outcomes for 2017/18. However, this will require ongoing review against actual delivery, expenditure and performance, with in-year adjustments made as required to mitigate risks and reflect changing circumstances. A unified outcomes framework and a single performance management process are being developed to support this monitoring.

2.2 As part of the ESBT Alliance governance structure being put in place for 2017/18, it is proposed to establish an ESBT Strategic Commissioning Board which will allow commissioner members of the ESBT Alliance to jointly undertake responsibilities for addressing population health need and for commissioning health and social care on a system-wide basis. A central role of the Board will be joint oversight of delivery of the 2017/18 Strategic Investment Plan. It also presents an opportunity to test and consider arrangements for undertaking the strategic commissioning role across the Council and CCGs in the longer term under a full ACM by enabling commissioners to shadow potential longer term arrangements for integrated strategic commissioning.

2.3 Where health and social care partners place funds into a pooled budget there is the power for a joint committee to be formed to provide combined management oversight and monitoring, and that certain commissioning decisions can be delegated to it. It is proposed to establish the Strategic Commissioning Board as a joint committee on this basis but to broaden the oversight role of the Board to encompass all services and funding streams covered by the Strategic Investment Plan (including both pooled and aligned budgets). Draft Terms of Reference are attached at appendix 1. Whilst it is not anticipated that these will change significantly, discussions with the ESBT CCGs and other Alliance Partners around establishing the partnership are ongoing, and as the partnership matures these may need to be amended. Consequently Cabinet is recommended to agree those set out in appendix 1 but delegate authority to the Chief Executive, in consultation with the Leader, to make amendments to them. The power to form a joint committee relates to the social care functions provided by the Council and some, but not all, health functions. As a broader range of health functions will be included it is necessary to broaden the scope of the committee by holding committees in common. This is a technical device which ensures that two committees (one a joint committee, and the other a committee of the CCG) ostensibly act as single committee, with a sufficient mandate to consider a range of issues without duplicating meetings. The membership of both committees is identical (with ESCC members co-opted onto the CCG Committee as invitees).

2.4 The proposed membership of the Strategic Commissioning Board is balanced across CCGs (four representatives – two clinical and two lay) and the County Council (four elected Member representatives). Senior officers of the County Council and CCGs will attend and support the Board. It is proposed to delegate authority to the Leader to appoint the Council representatives on the Strategic Commissioning Board. It is recommended that this should reflect the portfolios within which the commissioning roles for ESBT services fall and the significant resources to be invested through the Strategic Investment Plan. The Board's role is primarily one of strategic oversight, monitoring, and commissioning decisions; any significant changes to the Plan would be agreed through the Council's decision making processes and CCG Governing Bodies in line with existing organisational accountabilities, based on recommendations from the Board.

2.5 Ongoing scrutiny arrangements will sit alongside the ESBT Alliance governance structure, including oversight of the work of the Board. The ESBT Scrutiny Board has considered and supported the formation of a Member level joint committee to oversee delivery of the Strategic Investment Plan. The Strategic Commissioning Board will also report annually to the Health and

Wellbeing Board on the joint undertaking of strategic commissioning responsibilities and performance against the unified outcomes framework.

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

3.1 Cabinet has previously agreed that moving to a fully integrated model of Accountable Care offers the best opportunity to achieve the full benefits of an integrated health and social care system, and that a transition year of Accountable Care, under an alliance arrangement, would allow for the collaborative learning and evaluation to take place between the ESBT programme partners and other stakeholders.

3.2 Cabinet is recommended to establish a Strategic Commissioning Board, between the County Council, EHS CCG and HR CCG, to enable commissioner members of the ESBT Alliance to jointly undertake responsibilities for addressing population health need and for commissioning health and social care on a system-wide basis. Cabinet is also recommended to agree the Terms of Reference as set out in the Appendix, but to delegate authority to the Chief Executive, in consultation with the Leader, to make amendments in light of the evolving nature of the partnership; to delegate to the Leader to appoint four Cabinet Members to the Strategic Commissioning Board; and to note that ongoing ESBT Scrutiny arrangements will include oversight of the Board's work.

#### **KEITH HINKLEY**

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#### **LOCAL MEMBERS**

Councillors Barnes, Belsey, Bennett, Bentley, Blanch, Carstairs, Charlton, Charman, Clark, Daniel, Davies, Earl, Elkin, Ensor, Field, Forward, Glazier, Keeley, Lambert, Maynard, Phillips, Pragnell, Pursglove, Rodohan, Rogers, Scott, D Shing, S Shing, Shuttleworth, Taylor, Tutt, Ungar, Wallis, Webb and Wincott.

#### **BACKGROUND DOCUMENTS**

None