

CABINET

MINUTES of a meeting of the Cabinet held on 18 July 2017 at County Hall, Lewes

PRESENT Councillors Keith Glazier (Chair)
Councillors Nick Bennett, Bill Bentley, David Elkin (Vice Chair),
Carl Maynard, Rupert Simmons, Bob Standley and Sylvia Tidy

Members spoke on the items indicated

Councillor Charles Clark	– item 5 (minute 17)
Councillor Davies	– item 5 (minute 17)
Councillor Ensor	– item 5 (minute 17)
Councillor Shuttleworth	– item 5 (minute 17)
Councillor Stogdon	– item 5 (minute 17)
Councillor Tutt	– item 5 (minute 17)
Councillor Ungar	– item 5 (minute 17)
Councillor Webb	– item 5 (minute 17)

15 MINUTES OF THE MEETING HELD ON 27 JUNE 2017

15.1 The minutes of the Cabinet meeting held on 27 June 2017 were agreed as a correct record

16 REPORTS

16.1 Copies of the reports referred to below are included in the minute book

17 EAST SUSSEX BETTER TOGETHER ALLIANCE ACCOUNTABLE CARE MODEL: FUTURE ORGANISATIONAL ARRANGEMENTS

17.1 The Cabinet considered a report by the Director of Adult Social Care and Health together with comments from the East Sussex better Together Scrutiny Board

17.2 It was RESOLVED to:

1) agree a new health and care organisation (Option 4) as the preferred option for the East Sussex Better Together (ESBT) Accountable Care Model and agree the proposed map for implementation by 2020 (Appendix 5), noting that the key next steps and phasing for implementation will take place over the summer; and.

2) agree to strengthening the current ESBT Commissioner Provider Alliance arrangement by April 2018 by implementing the following elements:

- A single point of leadership for strategic commissioning;
- A single pooled budget for our ESBT health and care economy with Eastbourne Hailsham Seaford and Hastings and Rother Clinical Commissioning Groups (CCGs);
- A fully integrated governance structure to support a single pooled health and social care commissioning budget;

- A single point of leadership for delivery and how services are organised, and;
- Reinforcing performance and monitoring against an integrated Outcomes Framework.

Reason

17.3 The report focuses primarily on the ESBT health and social care system. The potential scale of the proposed changes will have a significant impact on ESCC as well as the other partners. The work will continue to be developed with clear consideration of both aspects. Strong progress has been made during the first 150-week phase to redesign care pathways and services, and much of our initial transformation work is now core business. As reports to Cabinet have previously highlighted however, it is clear that this is not enough in itself to ensure the required transformation and secure a sustainable health and care system and quality services for the population we serve. We have now arrived at a point where we need to decide what the embedded structure for our ESBT model needs to look like in the future, to deliver our objective of a fully integrated and sustainable health and social care system for our local population in the long term.

17.4 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. Discussion and engagement with our stakeholders about the evaluation criteria and the proposed weightings has helped to shape the options appraisal exercise. Undertaking an appraisal of the available options collectively as an ESBT Alliance with the involvement of key stakeholders has contributed to and strengthened our decision-making process. This has helped us to develop consensus locally to identify that overall a new health and care organisation (Option 4) is the preferred legal vehicle to deliver our ESBT objectives, in keeping with the expectations of our local stakeholders.

17.5 Taking practical action during 2017/18 to strengthen our current ESBT commissioner provider alliance arrangement, to incrementally change the way we are organised, will ensure that benefits can be realised both in year, as well as helping us to achieve the longer term objective of implementing a new health and care organisation by 2020. Such action, given the significant potential implications of the proposed changes, for the discharge of the Council's statutory and financial responsibilities will be fully considered in further reports to Cabinet. A map setting this out was included in Appendix 5.

18 INTERNAL AUDIT ANNUAL REPORT AND OPINION 2016/17

18.1 The Cabinet considered a report by the Chief Operating Officer.

18.2 It was RESOLVED – to note the internal audit service's opinion on the Council's control environment.

Reason

18.3 Reasonable assurance can be provided that East Sussex County Council had in place an adequate and effective framework of governance, risk management and internal control for the period 1 April 2016 to 31 March 2017.

19 ASHDOWN FOREST TRUST FUND

19.1 The Cabinet considered a report by the Chief Operating Officer.

19.2 It was RESOLVED - to note the report and the Ashdown Forest Trust's Income and Expenditure Account for 2016/17 and Balance sheet as at 31 March 2017.

Reason

19.3 To note the final accounts for the Ashdown Forest Trust for 2016/17.

20 ITEMS TO BE REPORTED TO THE COUNTY COUNCIL

20.1 The Cabinet agreed that item 7 should be reported to the County Council.

[Note: The item being reported to the County Council refers to minute number 19]