



Report to: East Sussex Better Together (ESBT) Strategic Commissioning Board

Date of meeting: 2 October 2017

By: Director of Adult Social Care and Health, East Sussex County Council; and Chief Officer, Eastbourne Hailsham & Seaford and Hastings & Rother Clinical Commissioning Groups

Title: East Sussex Better Together Financial Position and Progress with the Strategic Investment Plan

Purpose: To provide the ESBT Strategic Commissioning Board with an update on the ESBT financial position and progress with the Strategic Investment Plan

RECOMMENDATIONS

The Board is recommended to note the update on the East Sussex Better Together financial position and progress with the Strategic Investment Plan.

1. Background Information

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 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 and CCGs have agreed to align the respective budgets for Adult Social Care, Public Health, relevant parts of Children's Services with those for Clinical Commissioning, 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 was presented in summary form for 2017/18 at the last meeting of the Strategic Commissioning Board. 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 Below is the summary of partners' investment in the SIP:

East Sussex Better Together Strategic Investment Plan	2017/18
	£'000
Adult Social Care Base Budget	127,604
Council Tax Additional 1% Precept	1,887
Adult Social Care Base Budget	129,491
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
Total Adult Social Care	140,202
Public Health	19,313
Children's Services	5,505
Total ESCC Investment in the ESBT SIP	165,020
Eastbourne Hailsham & Seaford CCG	341,638
Hastings & Rother CCG	355,753
Total ESBT SIP Investment	862,411

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 and CCGs to set balanced budgets for 2017/18 by identifying £39.9m of delivery challenge in 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 Detailed monitoring of each scheme shows that the SIP programme is currently behind plan in terms of delivery and impact. Specifically the demand mitigation and diversion from acute settings that the SIP seeks to achieve have yet to be achieved at the scale required. This is reflected in the position of the ESBT contract and the year to date financial position.

2.3 An integrated financial monitoring process has been put in place which includes ESHT as well as ESCC and the CCGs. Significant budget variations apparent in the financial monitoring at Month 4 are as follows:

Budget Heading	Variation, £M	Adverse or Favourable
CCG spending on Acute	+12.8	ADV
CCG spending on Primary	-1.3	FAV
Adult Social Care	+0.5	ADV
Other CCG	-0.6	FAV
CCG use of reserves	-10.8	FAV
Net	+0.6	ADV

2.4 At Month 4 position there is a year to date adverse position (overspend) of £0.6m. The year to date position shows the pressure on the system, with a reliance on use of reserves as the major balancing item in the current position. All the CCG reserves have been applied in the M4 position and cannot therefore be relied upon for further mitigation. Spending at current levels is not sustainable and, if no corrective action is taken, the health and care system will be significantly out of financial balance.

2.5 A detailed plan is being developed to set out the action needed to achieve financial balance across the system. This includes a full review of the existing SIP schemes to ensure that the system maximises the benefit of existing schemes and investment needed to achieve this.

2.6 Currently there are nine projects RAG rated as being either red or amber on delivery. The factors contributing to the current overall position in performance are:

- Project slippage – falling behind predicted implementation milestones either through supplier issues or difficulties recruiting sufficient staff.
- Uptake – some project require further engagement with clinicians to ensure the appropriate changes in the pattern of service use. This has led to adjustments being made to the service model

2.7 In relation to the nine red or amber rated projects, a number of actions have been agreed via the Alliance Executive to improve performance and reduce current risks identified. These include:

- **Technology Enabled Care Services (TECs)** – the rollout of this project has been significantly hampered by contractual issues with the provider. A decision has been made to postpone any further expansion of the existing scheme until the contract dispute has been resolved. This means both the savings and investments for the scheme will need to be removed from the SIP. Any net loss of this is believed will be more than offset by a natural expansion in patients numbers already be realised within the baseline scheme.
- **Falls and Fracture Liaison** – initial recruitment issues have delayed implementation. An adjustment to the service model has helped overcome the issue. Locum staff have now been employed to increase capacity in the service offset some of the slippage and improve levels of planned savings.

- **Care Home Plus** – the rollout of this programme remains difficult as a result of available care home beds. This has been further hindered by the loss of 6 beds following CQC inspections, however 20 further beds have been identified by ESCC and they are rapidly exploring how these are to be utilised.
- **Integrated Support Workers** – the initial plan to recruit 100 staff by April 2017 was revised following initial difficulties recruiting staff. There is now slippage on the revised recruitment trajectory, although constant efforts to recruit new staff are being made. A further plan to expand and build community capacity is being developed aimed at reducing the pressure on current recruitment and diversifying the workforce.
- **Proactive Care** – a comprehensive programme to increase awareness amongst patients and clinicians has been undertaken as well as a change to the service model to include referrals for newly diagnosed type 2 diabetic patients to support self-management. Whilst these changes are relatively recent early indications are that referrals in Month 4 have significantly increased.
- **Crisis Response** – the anticipated impact of the service has been reduced by initially low referral rates and a shortage in home care providers to hand patients over to. An extensive programme of promoting the service within primary care and with the ambulance service has been undertaken and integrated home care capacity has been increased. These have helped increase referrals to the service but their impact has been use of the service for the Discharge to Assess Programme which was not envisaged within original planning.
- **Frailty Practitioners** – like Crisis Response the impact of Frailty Practitioners has been reduced by their increased focus on the discharge to assess programme, which has supported early discharge and improvements in A&E performance but reduced capacity for admission avoidance.
- **Back Office Services** - A significant risk to this scheme has been identified and mitigating action is being coordinated by ESBT Finance Group.
- **Locality Planning** - £9m of savings have been attributed to the impact of establishing Locality forums and plans to enhance service delivery at a local level. Plans are on-track for these to be established and working by October 2017.

3 Conclusion and reasons for recommendations

3.1 The ESBT Strategic Commissioning Board is recommended to note the update on the East Sussex Better Together financial position and progress with the Strategic Investment Plan.

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Background documents:

None