1. East Sussex health and care system: year-end financial position 2018/19

1.1. For 2018/19, the East Sussex System has ended the year with an over spend of £0.8m – subject to completion of year end audits. This includes: East Sussex Healthcare NHS Trust; Eastbourne, Hailsham and Seaford CCG; Hastings and Rother CCG; High Weald Lewes Havens CCG; and East Sussex Council.

1.2. This represents a significant improvement on previous years, building on partnership work across the system and has triggered payment of £42.7m Commissioning Sustainability Funding from NHS England, moving the overall system deficit to £45.7m.

Table 1: 2018/19 Position			
	Plan	Actual	Variance
	£000	£000	£000
East Sussex County Council	0	-1,167	-1,167
East Sussex Healthcare NHS Trust	-44,900	-44,800	100
East Sussex CCG's	-42,700	-42,394	306
System Position	-87,600	-88,361	-761
Memo:			
Commissioning Sustainability Funding (CSF)	42,700	42,700	0
System Position after CSF	-44,900	-45,661	-761

1.3. It should be noted that the local authority deficit against plan will be funded through Council reserves, but highlights the significant pressures faced across adult social care.

2. East Sussex health and care system financial plan and transformation programme approach: 2019/20

2.1. All organisations are working together as a Health and Care System to deliver sustainable financial recovery. The East Sussex Health and Care Transformation Programme builds on our significant work in partnership to date. This programme will enable the health and social care system to:

- Make best use of resources and restore financial balance
- Maintain high quality services for patients based on local need
- Ensure delivery of national operational standards, and access to care in the most appropriate setting.

2.2. To achieve this, the health system is working collaboratively, with joint ownership of system wide plans. There are three distinct shared work streams that are overseen by the East Sussex Health and Care Executive which are:

- Urgent Care – to reduce unnecessary unplanned admissions and A&E attendance, with ambulatory care pathways that meet the needs of the aging population and pathway redesign at the A&E front door.

- Community and Primary care – to develop community based pathways to care for people outside of the acute hospital and to enable supported discharge when people have been in hospital
- Planned Care – to reduce unnecessary outpatient appointments and planned hospital stays with alternative pathways and support to GPs.

2.3. In addition to our shared system-wide programmes, each partner's organisation has an internal financial recovery programme in place to make best use of resource with appropriate controls on all expenditure and all spend is reviewed to ensure that each year we are investing our resources in a way that has the greatest impact on access, quality and outcomes for local people.

3. Summary of the financial plan 2019/20 and governance arrangements

The 2019/20 plan agreed by Regulators is for a deficit of £65.5m as summarised in table 1. If this is achieved the system will receive £51.6m NHS Commissioner and Provider Sustainability funding reducing the deficit to £13.9m.

To achieve plan the system needs to deliver £58.8m of savings as summarised in table 2.

Table 1: 2019/20 Plan

	Planned deficit
	£000
East Sussex County Council	0
East Sussex Healthcare NHS Trust	-34,033
East Sussex CCG's	-31,500
System Position	-65,533
Memo:	
Commissioning and Provider Sustainability Funding (CSF/PSF)	51,608
System Position after CSF	-13,925

Table 2: 2019/20 Savings

	Savings
	£000
East Sussex County Council	-730
East Sussex Healthcare NHS Trust	-20,600
East Sussex CCGs - QIPP ESHT	-11,100
East Sussex CCG's QIPP Other	-26,361
System Position	-58,791

3.1. A robust process is in place with clear accountability for all plans and clinical leadership across all programmes of work. All plans are therefore guided clinically with a clear evidence base and a financial assessment made subject to quality and equality impact assessments.

Where service change is proposed detailed CCG commissioning project documentation is maintained and Equality and Quality impact assessments undertaken. Quality Impacts are undertaken by the Nursing Directorate at an early stage of the planning process as follows:

Quality Team review the proposal against set criteria encompassing the Duty of Quality, the NHS Outcomes framework and access. Process summarised as follows:

- Clarification of any points where required
- If the score is within set criteria then the plans are approved from a quality perspective
- If the score is negative then the QIA will be escalated to the relevant Quality Committee (JQGC) for further scrutiny with either a decision not to proceed or further action required
- Plans are then developed in partnership and dependant on the nature of the change wider stakeholder engagement is undertaken to fully develop plans and commence implementation.

3.2. The system plan is overseen by the East Sussex Health and Care Executive Group, and is supported by three key Programme Boards – Urgent Care, Planned Care, and Community and Primary Care. Delivery is supported by the East Sussex Chief Finance Officers Group and Programme Management Offices. This system governance reports into each constituent organisation as appropriate to local governance.

3.3. Annex 1 provides a schedule of schemes with a high level financial summary at annex 2. The schemes are split into the following broad categories:

- Trust Cost Improvement Programmes (CIP)
- Urgent care – managing growth in demand in A&E and unplanned admissions through service redesigns and alternative clinical pathways.
- Planned care – reducing unwarranted variation in referrals for planned care.
- Medicine Management – Implementing prescribing best practice and reducing unwarranted variation in prescribing practices.
- Corporate – clinical commissioning reform and effective partnering to reduce running costs

4. Conclusion

The East Sussex system has robust plans in place to deliver planned control totals for 2019/20, with a shared programme of work to support improvements and efficiencies. The emphasis remains on ensuring high quality, safe services, that focus on ill health prevention, promoting independence and supporting people to be cared for within their local communities.

Appendix 1 - High level description of schemes

These are specific schemes relating to ESHT, however positive progress and joint working on care pathways continues.	
Urgent Care Projects	**Description**
High Intensity Users	Care for patients who attend A&E to seek wider support than urgent direct health needs. Cohorts of patients are referred to dedicated case workers to prevent unnecessary attendance.
Frailty Front door	Revised 'frailty' ambulatory pathways at A&E front door to prevent longer stay Non Elective admissions.
Respiratory Locally Commissioned Service (LCS)	LCS is in place for respiratory care, to offer community based care as an alternative to A&E attendance and admission
5 pathways	SECAMB enable patients to access community based Crisis Response services as an alternative to A&E for 5 agreed pathways. Namely: Non injury falls, blocked catheter, UTI, pneumonia/influenza and cellulitis.
Extended Frailty model	Extending the out of hospital frailty model building the role of frailty practitioners and increasing workforce.
Care homes	Preventing unnecessary admission from care homes. This concept is being developed in collaboration between CCGs, ESCC and ESHT.
Ambulatory Care	Development and implementation of Ambulatory Care pathways based on best clinical practice to enable patients to return home the same day if clinically indicated.
Falls and fracture prevention	Drawing on STP wide work for falls prevention and frailty fractures with community based support.

Community & Primary Care Projects	Description
Home First Pathway 1	Patients assessed for care needs at home. to ensure that patients are assessed and offered a care package that meets their needs in a safe environment.
Home First Pathway 4	Patients assessed for care needs in intermediate care not acute hospital to ensure care meets their needs in a safe environment.
Locality based Integrated Care	Co-location of teams and Multi disciplinary Team approach community nursing, OT and social care practitioners to offer local fully integrated care.
Rapid Response	Multi disciplinary team to respond rapidly to care needs in the community to enable a smooth discharge and reduce unnecessary A&E attendances.
Planned Care Projects	**Description**
Diabetes service redesign	Improving care, reducing amputations by optimising diabetes pathways overseen by an integrated local team.
Muscular Skeletal	Reduce unwarranted variation in hip and knee surgery in line with clinical best practice to avoid unnecessary surgery if other options are clinically indicated. The MSK Programme Board has representation from a range of stakeholders and covers the whole of East Sussex.
Outpatient referrals	Reduce unnecessary out patient appointments with support at practice level to: utilise advice and guidance, peer review, embed pathway protocols, and shared decision making with patients. This is fully aligned with a wider out patient programme at ESHT to improve productivity across services. In addition reducing unnecessary pathology tests.
Radiology non obstetric ultrasound	Embed agreed protocols to prevent unnecessary ultrasound tests – this saves money and releases pressure on services
Evidence based interventions (EBI)	Ensure that national guidance for Evidence Based Interventions is reflected locally.
Cardiology	Implement national guidance in cardiology building on STP wide clinical pathways, and options for community based cardiology services.

CCG Only Projects	Description - The following CCG QiPP plans are not overseen the 3 shared work streams. They are monitored by the CCG PMO and the same planning principles applied. A similar approach is being taken across all SES CCGs.
Medicines management - Best practice prescribing	Working directly with practices to ensure all prescribing is evidence based and reviewed regularly at practice level. This includes direct ordering of prescriptions.
Medicines management - Diabetic redesign	Based on national best practice diabetes prescribing linked to wider diabetes pathway redesign
CHC - Case Reviews	Completion of the review of high cost packages in line with recognised good practice. Plans to strengthen CHC commissioning are also underway to reduce a reliance on spot purchasing.
Contractual – Review of all contracts	Review of all contracts to ensure accurate invoicing, financial control and standard contractual control.
Corporate – Running costs	Reduction in CCG running costs including property review.

Annex 2 - Summary financial table

Saving Schemes	£000	Details
East Sussex County Council	730	Agreed by the County Council through the Reconciling Policy Performance Resources process
East Sussex Healthcare NHS Trust (ESHT):		
Contract Income	5,488	
Other Income	506	
Pay	2,589	
Non Pay	3,871	
Pipeline schemes	8,149	
Hastings and Rother / Easbourne Hailsham and Seaford CCGs		
Urgent Care - ESHT	5,442	Respiratory - Primary care locally commissioned service to reduce non elective activity
		A&E frailty pathways at front door to prevent longer non elective activity
		Focus on high intensity users of A&E
		5 pathways
Planned Care - ESHT	4,000	Diabetes pathway redesign
		Reducing unwarranted variation in OP referrals
		Non obstetric ultrasound - implementation of referral protocols
		Reduction in direct access to pathology tests
		Reduce unwarranted variation for hip and knee surgery
Medicines Management - ESHT	1,650	Bio similars switching / high cost drugs
MSK	522	Contract efficiencies on MSK
Primary Care prescribing	3,244	Best Practice in prescribing
Diabetes redesign	507	National best practice in diabetes prescribing
Continuing Health Care high cost packages review	366	Strengthening of CHC commissioning
Running Costs	491	Reduction in running costs including estates
Budgetary savings	1,932	Non contract activity controls and technical accounting adjustments
Pipeline schemes	7,020	Currently underdevelopment
High Weald Lewes Havens CG		
Continuing Health Care high cost packages review	600	Strengthening of CHC commissioning
GP Prescribing	1,179	Best Practice in prescribing
Medicines Management - Prescription Ordering Direct	491	Minimizing waste in prescribed drugs
MSK	248	Contract efficiencies on MSK
Other budgetary savings	43	
Biosimilar (Humira)	600	Bio similars switching / high cost drugs
Pipeline schemes	9,200	Currently underdevelopment
Total	58,868	
Required	58,791	
Difference	77	