

Report to:	Health and Wellbeing Board
Date:	29 July 2014
By:	Becky Shaw - Chief Executive, East Sussex County Council
Title of report:	East Sussex Health and Wellbeing Strategy annual progress report
Purpose of report:	To present a report on progress to date on delivering the East Sussex Health and Wellbeing Strategy 2013-2016

RECOMMENDATION

The Health and Wellbeing Board is recommended to:

- 1. consider and comment on the report; and**
- 2. agree the proposed changes to targets at paragraph 4.**

1. Introduction

1.1. The first Health and Wellbeing Strategy (HWS) for East Sussex 2013-2016 was agreed by the East Sussex Health and Wellbeing Board in December 2012. The Strategy Action Plan was agreed in April 2013. The Strategy focuses on seven priorities where the Health and Wellbeing Board believe a more integrated and joined up approach will help to improve outcomes, reduce inequalities and deliver efficiency savings that could be re-invested in service improvements.

2. Format of the report

2.1. This is the first annual report for the Health and Wellbeing Board on progress made over the period October 2013 to March 2014 and towards delivering the Health and Wellbeing Strategy and Action Plan targets. Appendix 1 sets out a summary of performance and year end outturns against the Action Plan targets for 2013/14. Appendix 2 summarises key achievements, challenges and risks and provides detailed commentary on activity against the Strategy's actions, outputs and objectives in each of the seven priority areas. Data is included where available, along with a comment on the direction of travel toward achieving the end of year targets set out in the Strategy Action Plan.

3. Health and Wellbeing Strategy progress overview

3.1. There are 16 HWS targets, 6 are on track or have been achieved, 4 are marked as carry over because year end data is not yet available and where possible these will be reported when the board next meets in September, 1 is rated amber (6.3, people with long term conditions admitted to hospital) and 5 targets have been missed or are off track. Notable progress includes:

2.2 Reduce the number of young people entering the criminal justice system – target over achieved

3.2 Increase offer and uptake of NHS health checks – both parts of target exceeded

7.1.1 More people identified as approaching end of life are cared for and die in their usual place of residence – all CCG areas met or exceeded the target

3.2. The 5 targets missed/off track are:

2.1 Fewer children needing a Child Protection Plan

4.2 Reduce the number of older people admitted to hospital due to falls

5.2 Report improved outcomes for people with mental health conditions arising from NHS mental healthcare

6.1 Improve measurable outcomes for children and young people with SEND (Special Educational Needs and Disability)

7.2 Improve the experience of care for people at the end of their lives

3.3. The HWS is delivered by partners in the public and third sector and integrated working across health and social care services continues to develop with increased prevention and early intervention

initiatives, and joint working across health, care and with wider partners. Healthwatch East Sussex (HWES) has been operational for over 12 months. This initial period has been spent establishing offices, building relationships with the public, stakeholders, general awareness raising and networking. It is anticipated that work in 2014/15 will focus more on activity, influence and delivery of Healthwatch functions. Details of Healthwatch activity can be found in the progress reports for the relevant priorities in Appendix 2.

4. Changes to action plan measures and targets

4.1. The governing body for the Health and Wellbeing Strategy, the Health and Wellbeing Board, will be asked to agree the following changes to strategy measures and targets when it meets 29 July 2014.

4.2. Priority 2 Parenting, Outcome 2.1 Fewer children who need a Child Protection Plan: Subsequent to an update to the baseline and targets in December 2013, a further change is proposed to measure the number of child protection plans rather than the rate per 10,000 population (0-17 year olds) in line with Council Plan targets. The outturn for 2013/14 was 613 and the proposed targets are 2014/15 = 502; 2015/16 = 500.

4.3. Priority 2 Parenting, Outcome 2.2 Reduce the number of young people entering the criminal justice system. Confirmed data for the 2011/12 outturn is 399 first time entrants (FTE) per 100,000 population 0-17 years old. This means that the 10% reduction target is properly represented as 360 FTE and the provisional outturn of 238-293 exceeds the target. The reduction in FTE has been so great over the past few years and a realistic target is now to maintain the current historic low. It is proposed that targets are amended to remaining below 300 FTE for 2014/15 and 2015/16.

4.4. Priority 3 Healthy lifestyles, Outcome 3.1 Reduce rates of mortality from causes considered preventable. The methodology for this measure has changed nationally, in particular how age standardisation is calculated, but our targets are unaffected.

4.5. Priority 7 End of life care, Outcome 7.2 Improve the experience of care for people at the end of their lives. A decision has been taken by the East Sussex End of Life Care Programme Board to utilise findings from the National Council for Palliative Care National Bereavement Survey (Voices) rather than commission a localised survey. The implications of the Voices findings will be considered during 2014/15.

5. Conclusions and Next Steps

5.1. Good progress has been made towards delivering the Strategy and Action Plan against many priorities although there are challenges in meeting some targets. Targets where outturns are not available will be reported to the board in September. The next biannual progress report covering the period April to September 2014 is scheduled for the Health and Wellbeing Board 15 January 2015.

5.2. Health and social care partners are well aware of the wider challenge of delivering a clinically and financially sustainable health and social care system. The challenge includes a significant reduction in local government funding, budget deficits and constraints in the health economy, and the need to shift health investment from acute to community and primary care. The Council and Clinical Commissioning Groups are undertaking a fundamental review focused on the needs of the whole population, evidence of best practice and the totality of resources available across health and social care. This work is managed through a formal programme called East Sussex Better Together.

5.3. The Health and Wellbeing Strategy is due to be refreshed during 2015/16. It will be informed by the work of Better Together and draw on the latest data and reports from the Joint Strategic Needs Assessment (JSNA).

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APPENDIX 1: At a glance performance against the Health and Wellbeing Strategy Action Plan targets

KEY	G Achieved/ on track	R Off track/missed	A Uncertain	AD or NA Target amendment or data not available	CO Outturn carried over to next report
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Priority	Ref.	Outcome indicator/measure	2013/14 Target	Q2 mid-year		Q4 year end	
				Position	RAG	Outturn	RAG
1. Best start	1.1	<u>Increase MMR vaccinations</u> : MMR vaccination coverage for one dose (2 year olds)	94%	92% at Quarter 1 (April - June 2013)	G	93.2% at Quarter 3 (Oct - Dec 2013) Outturn to be reported September 2014	CO
	1.2	<u>Improve skills development</u> : The percentage point gap between the lowest achieving 20% in the early years foundation stage profile and the rest	Academic Year 2012/13 establish baseline	Data for baseline will be available in Quarter 3	G	Academic year 2012/13 outturn: 37.2%	G
2. Parenting	2.1	<u>Fewer children needing a Child Protection Plan</u> : Number of children with a Child Protection Plan	49.7	52.4	G	2013/14 outturn: 58.6	R
	2.2	<u>Reduce the number of young people entering the criminal justice system</u> : Rate of first time entrants to the criminal justice system per 100,000 population 0-17yrs	360 FTE	122 by Quarter 2	G	2013/14 provisional outturn: 238 FTE	G
3. Healthy lifestyles	3.1	<u>Reduce rates of mortality from causes considered preventable</u> : Age-standardised rate of mortality from causes considered preventable per 100,000 population	Reduction of 2% against 2010-12 East Sussex average	Not known – data not available until end of year	NA	Outturn to be reported September 2014	CO
	3.2	<u>Increase offer and uptake of NHS health checks</u> : % of eligible population aged 40-74 offered NHS Health Check who received an NHS Health Check in the financial year	10% offered; 50% received	7.8% offered 57% received at September 2013	G	17.3% offered 57.2% received	G

Priority	Ref.	Outcome indicator/measure	2013/14 Target	Q2 mid-year		Q4 year end	
				Position	RAG	Outturn	RAG
4. Accidents and falls	4.1	<u>Reduce emergency hospital admissions amongst children and young people for accidents and injuries:</u> Crude rate of hospital emergency admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 years per 10,000 population	Reduction of 1.35% from 2011/12 baseline	This National Outcome Indicator has changed. Measure and target amended to 0-14yrs	AD	2012/13 outturns: 0-14yrs: 115.8 per 10,000 Outturn to be reported September 2014	CO
	4.2	<u>Reduce the number of older people admitted to hospital due to falls:</u> Age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65 and over per 100,000 population	Reduction of 1% per year from 2011/12 baseline.	19% increase on Apr-Sep 2012 position. Action plan in place	R	36% increase on 2012/13 position	R
5. Mental health	5.1	<u>Improve the experience of NHS mental healthcare for people with mental health conditions:</u> % of service users responding to survey questionnaires who report being 'satisfied' and/or 'very satisfied' with the mental healthcare services they received (return rates required being 33%)	<u>By 2016:</u> Satisfied 80%; Very satisfied 50%	Interim data indicates good performance	G	Satisfied 86% Very satisfied Postcard survey 68% Questionnaires 38%	G
	5.2	<u>Report improved outcomes for people with mental health conditions arising from NHS mental healthcare:</u> Measure to be confirmed during 2013/14	2016 targets to be determined during 2013/14	Good progress being made	G	Target not set	R
6. SEND and LTC	6.1	<u>Improve measurable outcomes for children and young people with SEND (Special Educational Needs and Disability):</u> Number of completed Education, Health and Care plans.	85 completed plans	Good progress being made	G	2013/14 outturn: 83	R

Priority	Ref.	Outcome indicator/measure	2013/14 Target	Q2 mid-year		Q4 year end	
				Position	RAG	Outturn	RAG
6. SEND and LTC	6.2	<u>Increase the take up of Health Checks for people with Learning Disabilities (LD):</u> % of patients on a Learning Disability register in East Sussex GP Practices who have received a Health Check within the financial year	<u>By 2016:</u> Meet the England average (65%) revised upwards if the average increases	Not known – data not available until end of year	NA	Number of completed Annual Health Checks: EHS CCG: 184 HWLH CCG: 47 H&R CCG: 491 % Outturn available October 2014	CO
	6.3	<u>Reduce number of people with long term conditions being admitted to hospital and to reduce the time they spend in hospital:</u> a) Proportion of people with ambulatory care sensitive conditions admitted to hospital as an emergency; and b) Number of days between admission and discharge	<u>By 2016:</u> a) 20% reduction b) 20% reduction	Not known – data not available until end of year	G	2013/14 (year 1): a) 1% increase in admissions b) 10% reduction in bed days	A
7. End of life care	7.1.1	<u>More people identified as approaching end of life are cared for and die in their usual place of residence:</u> Deaths at usual place of residence divided by all deaths	Increase by 1% each year from baseline	1% increase exceeded in all CCG areas	G	1% or more increase in all CCG areas	G
	7.1.2	<u>More people identified as approaching end of life are cared for and die in their usual place of residence:</u> Proportion of population served by GPs and Out Of Hours services that have access to information about people approaching end of life on an Electronic Palliative Care Coordination System or similar	Identify a system and host by Quarter 4	System identified, pilot planned	G	System and host identified	G
	7.2	<u>Improve the experience of care for people at the end of their lives:</u> Measure to be confirmed during 2013/14	Target to be confirmed during 2013/14	Progress being made to establish measure and target	G	Target not confirmed	R

Priority 1: ALL BABIES AND YOUNG CHILDREN HAVE THE BEST POSSIBLE START IN LIFE

Strategic outcome: Babies and young children develop well and are safe and healthy

ACTIONS, OUTPUTS AND OBJECTIVES

- Ensure sufficient capacity is identified within midwifery, health visiting and children’s centre services to provide high quality targeted support to all vulnerable parents who need it
- Roll out across the county an integrated partnership approach to identifying those who need extra support and coordinating support with regular meetings between all relevant services in local areas
- Increase breastfeeding support for women in the first five days after birth
- Ensure that all pregnant women who smoke are identified and offered support to give up
- Provide coordinated, personalised specialist support through a “single plan” for parents whose babies have special educational needs or disabilities

As a result of this activity we would expect to see:

- Fewer referrals to children’s social care
- More families with babies given targeted “early help” support
- Further improvement in the proportion of mothers choosing and able to breastfeed their babies
- Fewer women smoking in pregnancy
- Improved rates of infant immunisation and vaccination
- More babies and young children with special educational needs or disabilities have a single plan for health, care and education

PROGRESS REPORT October 2013 - March 2014

The number of young children receiving targeted early help support by either health visitors or Children’s Centre keyworkers has increased, with support allocated and coordinated through regular Team Around the Family (TAF) meetings in each of the nine coterminous Children’s Centre and Health Visitor cluster areas of the county. Referrals to children’s social care continue to fall, although the number of Child Protection Plans has recently increased (having declined during 2013). The factors behind this recent increase in CP plans are being investigated. There is pressure on targeted early help with waiting lists increasing for the Children’s Centre Keywork Service, particularly in the Havens area (which is also experiencing pressure for other early help services and for social care). Recruitment to new health visitor training places has been successful and the filling of these additional new posts should help to ease pressure for families with young children.

Over the last three years in East Sussex, the rate of mothers who initiated breastfeeding was significantly better than for England. However by 6-8 weeks, East Sussex is only marginally better than for England.

Breastfeeding initiation

Area	2010/11	2011/12	2012/13
England	73.7%	74.0%	73.9%
East Sussex	79.2%	79.2%	80.0%

Source: Indicator 2.02i, Public Health Outcomes Framework Tool, Public Health England, accessed 25/4/14

Breastfeeding prevalence at 6-8 weeks after birth

Area	2010/11	2011/12	2012/13
England	46.1%	47.2%	47.2%
East Sussex	48.0%	48.0%	48.9%

Source: Indicator 2.02ii, Public Health Outcomes Framework Tool, Public Health England, accessed 25/4/14

In terms of smoking at the time of delivery, East Sussex is significantly worse than for England over the last three years.

Smoking at the time of delivery

Area	2010/11	2011/12	2012/13
England	13.5%	13.2%	12.7%
East Sussex	16.6%	16.2%	15.2%

Source: Indicator 2.03, Public Health Outcomes Framework Tool, Public Health England, accessed 25/4/14

The number of babies and young children with SEND who have one of the new style single Education, Health and Care plans has increased but we are still at an early stage in the implementation of the new legislation which provides the framework for these plans.

PERFORMANCE MEASURES AND TARGETS

1.1 To increase the percentage of children who have been immunised for measles, mumps and rubella (MMR) by age two: measured by MMR vaccination coverage for one dose (2 year olds).

Targets: 2013/14 94.0%, 2015/16 95%.

Immunisation remains the most important way of protecting individuals and the community from vaccine preventable infectious diseases that can have a significant impact on the use of NHS services. By achieving high MMR coverage in East Sussex, herd immunity will become more of a realistic goal and outbreaks can be prevented.

Year end data will be available for the next board meeting in September so this is marked as a carry over, however the 2013/2014 target is on track to be achieved. Quarter 3 data (Oct-Dec 2013) shows a 93.2% uptake of MMR, i.e. of the current denominator, 93.2% children received their first MMR dose before their second birthday compared to the national average reported as 92.9% for this age group.

The 2015/16 and national target (95%) is very close to being met. Where data quality issues have been raised previously, a data reconciliation exercise between practices and the Child Health Department of East Sussex Healthcare NHS Trust (ESHT) is being undertaken. The implementation of System One should make a positive contribution on immunisation coverage; practices will be able to share their immunisation data in a quick and safe manner whilst migrating onto this new electronic system. This innovative use of IT will also enable a robust call and recall process, active follow up of defaulters and increase knowledge about the demography of the children most difficult to reach.

1.2 To improve the level of skills development of the lowest performing children at age 5: measured by the percentage point gap between lowest achieving 20% in early years foundation stage profile and the rest (pending changes to early years assessment criteria).

Targets: 2013/14 Academic Year 2012/13 establish baseline, 2015/16: reduce the percentage point gap.

The percentage point gap in achievement between the lowest achieving 20% in early years foundation stage profile and the rest, for academic year 2012/13, was 37.2% against a national figure of 36.9%. The target for academic year 2013/14 is to be equal or better than the national average.

In academic year 2013/14 training has been delivered to practitioners in pre-schools providing early learning places to the most vulnerable 2 year olds in partnership with Brighton University. The training will support the development of high level skills in working with children from our most disadvantaged communities, accelerating child development and partnership with parents.

Priority 2: SAFE, RESILIENT & SECURE PARENTING FOR ALL CHILDREN AND YOUNG PEOPLE

Strategic outcome: Parents are confident, able and supported to nurture their child's development

ACTIONS, OUTPUTS AND OBJECTIVES

- Enhance the capacity and leadership of targeted early help services for parents who are struggling
- Ensure quick decisions and actions are taken where it is clear that parents do not have and cannot develop the capacity to provide good enough care for their children
- Invest in high quality training for all those who work with vulnerable families and ensure that support is streamlined and coordinated

As a result of this activity we would expect to see:

- More families given targeted early help support
- Improved rates of immunisation and vaccination
- Reduced rate of inappropriate referrals to children's social care

PROGRESS REPORT October 2013 - March 2014

The number of children provided with targeted early help continued to increase in the second half of this year, with the total rising from 6,034 in quarter 2 to 6,232 in quarter 4. Referrals to social care services from members of the public have increased, but the rate of inappropriate referrals from other professionals/services has decreased, indicating that new advice and screening mechanisms are increasingly effective. The significant training programme for staff providing targeted early help has continued, focusing on core front line intervention skills and on the development of managers at all levels. Inspection of safeguarding and early help in East Sussex County Council by Ofsted in January this year found support for children in need of help and protection to be good, with appropriate decisions taken promptly in the minority of cases where parents cannot provide good enough care.

PERFORMANCE MEASURES AND TARGETS

2.1 Fewer children who need a Child Protection Plan (CPP): measured by the rate per 10,000 (of 0-17 population) of children with a Child Protection Plan.

Targets: 2013/14 49.7 rate (ESCC Council Plan target), 2014/5 502 plans, 2015/6 500 plans.

Following decline in 2013 there has been a continued rise in the number of CPPs in all three months of Q4 (with a significant spike in January 2014) and all three months had more new plans being opened than closed. The Q4 return is 93 above the target. Analysis of factors affecting this increase has begun, such as the recent scrutiny on repeat CPPs, an increase in the number of Initial CP conferences and decrease in the percentage of Initial CP conferences leading to a Plan. Alongside further data analysis there will be an audit of cases (especially from January 2014) looking at the whole system from Early Help services to CPP decision.

ESCC Council Plan targets are now expressed as the absolute number of plans rather than the rate per 10,000. The target and outturn as numbers for 2013 are: target 520, outturn 613. Future targets are: 2014/15 502, 2015/16 500.

2.2 To reduce the number of young people entering the criminal justice system: measured by the rate of first time entrants (FTE) to the criminal justice system per 100,000 population 0-17 years old.

Targets: 2013/14 360 FTE (ESCC Children's Services Portfolio Plan target), 2015/16 5% reduction on 2013/14.

Note the confirmed outturn for 2011/12 was 399 FTE per 100,000 not the 423 FTE used when calculating the original 10% reduction target of 381 FTE. A 10 % reduction is now 360 FTE for 2013/14.

At the end of 2013/14 there were 238 FTE to the criminal justice system per 100,000 population. There are 55 young people with unknown pre-court outcomes and so it is likely that the number of FTE will increase. However, even if all 55 were to become FTE to the criminal justice system, we would still meet the 2013/14 target of a 10% reduction on the baseline year (which equates to 360 FTE per 100,000).

The current target for 2015/16 is 5% reduction on the 2013/14 outturn, which will be in the range 226 - 278

FTE. The ESCC Youth Offending Team have reviewed the target and consider that the reduction in FTE has been so great over the past few years that continued reductions become unrealistic, therefore a more realistic target is to maintain the current historic low. It is proposed that targets are amended to remaining below 300 FTE for 2014/15 and 2015/16 in line with the ESCC Children's Services portfolio plan.

Priority 3: ENABLE PEOPLE OF ALL AGES TO LIVE HEALTHY LIVES AND HAVE HEALTHY LIFESTYLES

Strategic outcome: More people will have healthy lifestyles to improve their prospect of a longer, healthier life

ACTIONS, OUTPUTS AND OBJECTIVES

- Enhance the alcohol care pathway from prevention through to recovery and involving a range of health, care and other partners
- Develop and implement a cross-sector multi-agency Tobacco Control Plan
- Develop and implement a cross-sector multi-agency Obesity Prevention Plan
- Enable frontline staff to offer residents brief advice and signposting to relevant services

As a result of this activity we would expect to see:

- Fewer young people and adults drinking at increasing and higher risk levels
- Reduction in alcohol related crime
- Lower rates of smoking amongst young people, pregnant women and others in the general population
- Increase in the proportion of the population achieving the minimum recommended rates of physical activity (all ages)
- More people of all ages eating 5 portions of fruit and vegetables a day

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Alcohol: The East Sussex Alcohol Strategy 2014-19 has been produced. This was informed by an alcohol needs assessment and the East Sussex Drink Debate. Alcohol Identification and Brief Advice training has been commissioned to support a range of practitioners to raise alcohol issues with their clients. The alcohol treatment service has been re-commissioned and the new provider commenced management of the service in April 2014. Resource to commission peer-led recovery services has been identified and these will be commissioned through the East Sussex Commissioning Grants Prospectus. Hastings Borough has been awarded Home Office Local Area Action status and has identified 'Reducing alcohol related crime and disorder' and 'Reducing alcohol related health harms' as priorities.

Tobacco: A multi-agency Tobacco Partnership has been established and has developed a Tobacco Control Plan for East Sussex. This will address reducing the number of people taking up smoking (including the reasons why people start) and supporting those who smoke to stop. The Partnership has agreed an illegal and illicit tobacco campaign to inform people of the consequences of purchasing illegal and illicit tobacco and encourage them to inform Crime-Stoppers of where products are being sold. Additional Trading Standards activity has been funded through the public health ring-fenced grant to decrease the availability of illegal and illicit tobacco in East Sussex. Specialist stop smoking services have been re-commissioned by the Council with the new provider offering services from April 2014. Public Health, Targeted Youth Support and schools colleagues are working together to implement a programme to identify and inform peer influencers in schools of the harms of tobacco and marketing approaches used by tobacco companies.

Obesity/Physical Activity: A health improvement specialist for physical activity, healthy eating and obesity has been recruited in the ESCC public health team. A Healthy Weight Partnership has been established. Partners have agreed to work together to address obesity using a systems approach – looking at all the causes of people becoming overweight or obese, what works in helping people to lose weight and joining forces to address these. Two new weight management services (adults and children) have been commissioned and commenced in April 14. The Health Trainer service which provides 1:1 behaviour change support for people to identify and make changes to lifestyle issues including increasing physical

activity, improving diet and physical activity has been re-commissioned. The new service provider took over managing the service on 1st April 2014. A review of evidence based interventions to improve the health of children and young people has been undertaken, and a commissioning plan is in development. Funding was secured from the National Lottery Chances for Change programme for two pilots in Eastbourne and Hastings to support local people to make best use of local facilities and the skills and contribution of local people to support healthy lifestyles. Funding has been identified to extend the pilot to the other Districts and Boroughs. Environmental Health Teams are working together on an Eat Out, Eat Well scheme to improve healthy eating options in restaurants and cafés in participating areas of East Sussex. They are also supporting targeted communities to increase their healthy lifestyle activity e.g. through volunteer walk schemes, peer led physical activity sessions and community champions approaches, commissioned through the East Sussex Commissioning Grants Prospectus.

Brief advice and signposting to relevant services: A targeted programme of training for voluntary sector staff to enable them to raise lifestyle issues, give brief advice and signpost to services has been commissioned through the Commissioning Grants Prospectus. Bespoke brief advice training for two VCS organisations working with priority groups – Gypsies and Travellers and people with learning disabilities has also been commissioned through this approach. Alcohol Information and Brief Advice training for front-line staff working with people at risk of drinking and increasing and higher risk levels has been commissioned. Funding has been secured through the Chances for Change programme to pilot training of front-line social care staff in brief advice. Healthwatch East Sussex (HWES) provided information on NHS Health Checks that is now available for future reference for any enquiries made to HWES regarding older people's health and will form part of the core information HWES provide to the public.

PERFORMANCE MEASURES AND TARGETS

3.1 To reduce rates of mortality from causes considered preventable: measured by age-standardised rate of mortality from causes considered preventable per 100,000 population

Targets: 2013/14 reduction of 2% against 2010 to 2012 East Sussex average, 2015/16 10% reduction for 2015-2017 East Sussex and reduce gap between Hastings and Wealden measured in 2003-2005 59.5 deaths per 100,000.

Latest published data relates to 2010 to 2012 (baseline position) available at www.phoutcomes.info . 2011 to 2013 data to be calculated locally once 2013 mortality data received from the Office for National Statistics and the outturn will be reported September 2014.

Please note that the methodology around the calculation of this indicator has changed nationally which supersedes that provided for the original indicator in the HWS. The changes relate mainly to the age standardisation methodology used in the calculation, which are weighted more heavily towards older ages, therefore, the effect is to increase rates in East Sussex because preventable causes are mainly related to lower age groups. Although the methodology has changed, there is no change in definition in causes considered preventable and no change to the reduction targets.

3.2 To increase both the percentage offered NHS Health Checks and the take up by those in the eligible population: measured by the percentage of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the financial year.

Target: 2013/14 10% offered; 50% received. (ESCC Council Plan target (offer only)), 2014/15 20% offered, 50% received, 2015/16 20% offered, 70% received.

17.3% of the total eligible population were offered a NHS health-check in 13/14. Of those offered an NHS Health Check 57.2% received one. Exceeding the annual target.

Priority 4: PREVENTING AND REDUCING FALLS, ACCIDENTS AND INJURIES

Strategic outcome: Fewer children, young people and older people have preventable falls, accidents or suffer deliberate harm by others or themselves

ACTIONS, OUTPUTS AND OBJECTIVES

- Further research and analysis to better understand the causes of falls, accidents and injuries amongst children and young people so that interventions can be targeted at those at greatest risk of harm
- Develop a more integrated, evidence based approach to preventing and reducing falls, accidents and injuries such as coordinated accident prevention activity and campaigns, home safety checks and equipment schemes, and parenting support
- Enhance the falls and bone care pathway for older people with stronger links between community based, primary and secondary care settings and health, care and wider services

As a result of this activity we would expect to see:

- Fewer children and young people admitted to hospital for unintentional and deliberate injuries
- Fewer over 65's use emergency ambulance services due to a fall
- Fewer over 65's with first or preventable second fractures

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Children and Young People: The public health team and East Sussex Healthcare NHS Trust (ESHT) have been working together to better understand the specific causes of accidents and injuries in children and young people. Following a 2 week clinical audit of child accident attendance at A&E, a data collection tool was designed and attendance data has been systematically collected and shared with Public Health for the last 6 months. This was subsequently extended to include data from Minor Injury Units. The opportunity to scrutinise such detailed data is likely to improve knowledge about the specific causes of unintended injuries to children (including trends) and will inform targeted prevention interventions in future.

Multi agency work to support injury prevention is co-ordinated through the Children and Young People's Trust Executive Group, the Safer Sussex Roads Partnership, the East Sussex Road Safety Group and the Local Safeguarding Children's Board (LSCB) Child Safety sub group. NICE guidance and evidence of effective interventions is incorporated within the LSCB's Child Safety sub group's multi-agency accident prevention action plan (2013-15) to support a co-ordinated approach to accident prevention. A local accident prevention survey of staff groups working with children (the GoodStart team) identified workforce development as a priority issue, together with access to health promotion resources, improved knowledge of the child-safety equipment scheme, and need for improved knowledge and confidence in practitioners to undertake evaluation of accident prevention work. To address these needs the following activities have been developed by the public health team: health promotion resources have been reviewed and additional resources have been purchased and their use is being piloted by children centre clusters; an accident prevention training event has been held, delivered in Partnership with the Child Accident Prevention Trust with a focus on developing, delivering and evaluating accident prevention in early years settings; a wider programme of accident prevention training is being developed to enable practitioners to confidently raise accident prevention with families with young children, deliver consistent accident prevention messages, and implement home safety checks. In addition a co-ordinated approach to national child safety week is currently being developed between Public Health, Children Centres and Health Visiting.

Home safety equipment is currently provided and fitted for targeted families across East Sussex through a partnership between District and Borough Councils, ESCC and the Health Visiting Service (and is currently being reviewed in partnership with relevant stakeholders). Home safety and accident prevention advice is provided to all families of young children by the Health Visiting Service through accident prevention sessions in community settings, and targeted advice is provided in the homes of vulnerable families. East Sussex Fire and Rescue provide free fire safety check and smoke-alarms to vulnerable families and agencies. The winter home check service provides a home visit for

vulnerable families and older people to identify and address cold home issues, this will also identify home safety issues such as dangerous heating appliances and broken doors, windows etc.

Older People:

Work continues jointly between the three local Clinical Commissioning Groups and the County Council to implement a redesigned falls and secondary fracture prevention pathway across East Sussex. The Q4 end-year turn out is reporting a significant increase in the number of hospital admissions related to a fall. Further analysis of this is being undertaken alongside the actions outlined below to address this increase. Delivery of the action plan will be overseen by the Joint Commissioning Operational Group.

Action 1 Increased take up of the OTAGO Falls Prevention exercise programme

The Otago Programme is an evidence based approach for reducing the likelihood of falls in individuals who have fallen or are at risk of falling. (in particular for those aged 80+) through delivering a programme of specially designed strength and balance enhancing exercises.

The programme has been launched at 11 locations across the county. Initial referral rates have been low, but now increasing following wider promotion. The programmes are run on a rolling basis to allow clients to join at any time (subject to capacity). To date; approximately 120 people have been referred to the programmes. A further round of instructor training has been held to allow for any increased referral rates.

Actions planned and completion dates

- Service commissioner to promote programme at CCG Locality Meetings – July 2014
- Otago coordinator(s) in place to support referral process – July 2014
- New promotional materials developed and issued - August 2014
- Additional programmes launched – tbc
- First round of Postural Stability Instructor (PSI) training to be complete – November 2014
- Community PSI classes launched, commencement of PSI/Otago sessions in care homes – February 2015.

Action 2 Further enhance the Falls Management programme

Over 8 months a greater number of clients are accessing the service and the number of inappropriate referrals received is decreasing. The Service Commissioner is continuing to work with the service provider to negotiate further enhancements to the service ensuring those at highest risk of falls are able to access the service.

Actions planned and completion dates

- 2014/15 Specification enhancements signed off (subject to provider agreement) – June 2014
- 2014/15 Specification changes implemented – July 2014
- Patient journey audit for sample of 2013/14 clients – November 2014
- Falls Management Service embedded in Joint Community Rehabilitation Service/Neighbourhood Support Teams to include new comprehensive support and education service for health and social care professionals working with individuals at high risk of falls. – April 2015

Action 3 Procurement of a Fracture Liaison Service

Procurement of service delayed for the service specification revision to take into account learning from an award winning Fracture Liaison Service and to allow time for market engagement. Proposed changes to the service specification currently being reviewed through local clinical forums.

Actions planned and completion dates

- Pre-procurement market engagement exercise held – July 2014
- Contract advertised – August 2014
- Contract awarded – November 2014
- Service launched – January 2015

In addition to the above, the Joint Commissioning Operational Group (JCOG) have recently agreed a number of programme developments planned for 14/15 and 15/16 to support further development of a holistic and standardised prevention and management pathway across all settings and services in order to further reduce falls and secondary fracture risk.. These include:

Actions planned and completion dates

- Implementation of a whole systems pathway and screening tool(s) - to be issued and uploaded to DXS – October 2014
- Implementation of self assessment referral pathway – March 2015
- Implementation of a system which highlights the increased falls risk associated with some medications/combinations of medication prior to prescribing in primary and secondary care and which prompts review in cases where such medications/combinations are prescribed – May 2015

PERFORMANCE MEASURES AND TARGETS

4.1 To reduce emergency hospital admissions amongst children and young people for accidents and injuries: NB. In light of changes to the National Public Health Outcomes Framework (PHOF) measure, the HWB agreed to focus on reducing hospital admissions amongst the 0-14 year old age group, and update the indicator and target for future monitoring and reporting. **(ESCC Children's Services Portfolio Plan target)**

Targets: 2015/16 4% from 2011/12, based on 1.35% reduction per year.

The latest published data for 2012/13 shows that in East Sussex the rate of emergency hospital admissions for 0-14s was 115.8 per 10,000, the rate for England was 103.8 per 10,000. The difference is statistically significant. Outturn data is not yet available and will to be reported in September 2014. Target will be reviewed once the outturn is known.

4.2 To reduce the number of older people admitted to hospital due to falls: measured by age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65 and over per 100,000 population.

Targets: 2013/14 reduction of 1% per year from 2011/12 baseline, 2015/16 3% reduction from 2011/12.

The 2013/14 target has not been achieved. The outturn shows a 36%% increase in age standardised emergency falls admissions when compared to 2012/13. The figures for 2013/14 for East Sussex are 1,753 admissions per 100,000 population aged 65+ an increase on 2012/13 (1,285 per 100,000).

The Programme Commissioner is working with relevant teams to explore the reasons for this increase (i.e. if higher volume of fallers and/or changes in hospital recording/coding).

It has come to light that in 2011, ESHT stopped recording emergency admissions to observation units at the Conquest Hospital and did not start this again until April 2013. This has resulted in inaccurate reporting of the increase in 2013/14 using 2011/12 as the baseline. Targets for 2014/15 and 2015/16 will be reviewed against the 2013/14 baseline once data is available.

As the aforementioned services and pathways are still in the process of being implemented, it is not anticipated that a reduction in emergency falls admissions will begin to be seen until later in 2014/15.

Priority 5: ENABLING PEOPLE TO MANAGE AND MAINTAIN THEIR MENTAL HEALTH AND WELLBEING

Strategic outcome: People of all ages experience good mental health and wellbeing and those with mental health conditions and their carers are able to manage their condition better and maintain their physical health

ACTIONS, OUTPUTS AND OBJECTIVES

- Develop the support pathway for children and young people with emerging mental health needs
- Enhance the mental health care pathway for adults, older people and their carers from prevention through to care planning and recovery with a more personalised approach within all care settings
- Align the mental health care pathway with care pathways for long term conditions and strengthen links

with wider services

As a result of this activity we would expect to see:

- Earlier identification, diagnosis, support and treatment
- More people using community based support
- More people with more severe mental health needs having a comprehensive care plan
- Fewer incidences of self harm and suicide
- Improved physical health for people with mental health support needs
- Better mental health outcomes and quality of life for carers

PROGRESS REPORT October 2013 - March 2014

Children and Young People: The Public Health team has recently completed a full comprehensive needs assessment for children and young people's mental health. This is being evaluated by commissioners. More work needs to be done on effective early intervention and clear pathways to the specialist service.

Adults and Older People: Good progress has continued to be made by Commissioners working with the local NHS Trust in developing outcome measures for mental health services. This work has focused on the parallel development of Patient Reported Outcome Measures (PROMS) and Clinician Reported Outcome Measures (CROMS), which are based on nationally recognised approaches.

It should be noted that this work is being taken forwards across Sussex and in the specific context of introducing arrangements for 'Payment by Results' or 'tariff' mechanisms to this area of NHS activity. Clearly outcome measures should form an integral part of measuring completed patient / client episodes, to ensure discharge is timely and reflective of recovery.

However, insofar as the introduction of Payments by Results both nationally and locally has again been delayed, the focus has again been and continues to be, on developing robust mechanisms for these arrangements. This has resulted in no specific targets for 2016 yet being set (as had been hoped could be achieved in 2013/14), although this remains the intention at the earliest opportunity.

Update on Progress: the following update in relation to PROMS and CROMS is based on the latest report obtained from the Trust as at the end (Q4) of 2013/14.

PROMS: Training has been rolled out to all Recovery and Wellbeing Teams across Sussex on how to complete the 'Short Warwick and Edinburgh Mental Wellbeing – Patient Recorded Outcome Measure'. An administrative process has been developed to distribute and collate completed PROMs for patients in receipt of the Care Programme Approach. The first PROM has completed by mid-December 2013, and the Second PROM in February 2014 which enabled review, comparison and analysis.

A final report was completed in May and made a series of recommendations:

- To adopt a single PROM measure
- To incorporate the chosen PROM measure in to the new (recently procured) Trust clinical information
- Training to be rolled out across all Assessment and Treatment team staff focusing on the benefits of outcome measures including clinical relevance and usefulness to patients

CROMS: Clinical engagement workshops have been held to review the results from/changes in Health of the National Outcome Scores (HoNoS), which over 90% of patients now have recorded at the beginning and end of episodes of care.

Data is already therefore available on 'reliable' change achieved during these episodes against HoNoS, and these are analysed further to incorporate standard deviations to measure variance in average (mean) outcomes / changes. This potentially forms a strong basis for establishing baselines for clinical status and improvement within each of the PBR classification categories ('clusters').

However, considerable further work was identified as required if valid outcome measures are to be incorporated within PBR tariff frameworks, including reviewing more cluster/condition-specific clinical measures, and accounting for and quantifying 'acceptable' variance in outcomes within and across

different categories of care.

Healthwatch commissioned 5 Mental Health listening events between January and February 2014 to engage with users of mental health services in East Sussex. Attended by a total of 30 people. The outcomes and recommendations have been shared with staff from both East Sussex Healthcare Trust and Sussex Partnership Foundation Trust, Adult Social Care, Sussex Oakleaf and carers and service users

PERFORMANCE MEASURES AND TARGETS

5.1 To improve the experience of NHS mental healthcare for people with mental health

conditions: measured by the percentages of service users responding to survey questionnaires who report being 'satisfied' and / or 'very satisfied' with the mental healthcare services they received, (return rates required being 33%).

Targets: 2015/16 Satisfied 80%; Very Satisfied 50%.

Good Performance achieved against targets. The methodologies used in practice did not collect satisfied or very satisfied, but used an appropriate method to collect equivalent data.

For satisfied the data is for service users reporting an overall 'positive response' = 86%.

To judge very satisfied Two surveys were conducted asking service users if they strongly agreed to 10 questions about their experience e.g. know who to contact, care plan up to date, overall excellent care. The results are: 1 postcard survey = 68% strongly agreed; questionnaires = 38% strongly agreed.

We are hoping to report an overall figure in the next report and anticipate that this will exceed 50%.

5.2 To report improved outcomes for people with mental health conditions arising from NHS mental healthcare:

measure and 2013/14 target to be confirmed during 2013/14.

Targets: 2015/16 to be determined during 2013/14.

Target not determined work progressing locally and nationally as part of the 'payment by results' work.

Priority 6: SUPPORTING THOSE WITH SPECIAL EDUCATIONAL NEEDS (SEN), DISABILITIES AND LONG TERM CONDITIONS (LTC)

Strategic outcome: Those with SEN, disabilities and long term conditions have a better quality of life and longer life expectancy manage their condition better and maintain their physical health

ACTIONS, OUTPUTS AND OBJECTIVES

- Develop a more person centred, coordinated approach to supporting the health and wellbeing of those with SEN, physical and learning disabilities, their parents and carers
- More children have a coordinated support plan for health, social care and education and personal budgets
- Develop an integrated 'whole system' approach to LTC with earlier diagnosis, care planning and joined up support for patients and carers
- Integrate mental health support into primary care and chronic disease management care pathways
- Roll out multi-disciplinary Neighbourhood Support Teams across the county

As a result of this activity we would expect to see:

- Earlier diagnosis and provision of personalised care in the community or at home
- More people feel supported to manage their condition better
- Better health outcomes for those with SEN, disabilities and long term conditions (all ages)
- Better quality of life for those with SEN, disabilities and long term conditions (all ages)
- Better physical health outcomes and quality of life for carers (all ages)

PROGRESS REPORT October 2013 - March 2014

Children and Young People: While the target for Education, Health and Care Plans (EHCPs) was not quite met (83 plans completed against a target of 85), progress continues to be made in implementing the reform required by the Children's and Families Act. New commissioning arrangements are being established and assessment and provider services in ESCC have been restructured. Personalisation is a key focus.

Adults and Older People: Community pathways for key ambulatory care sensitive conditions (conditions for which effective management and treatment should limit emergency admission to hospital) have been agreed and implemented across most of the county. This will continue throughout 2014/15 to support the avoidance of preventable hospital admissions.

Joint community based working across primary care, social care, community health including mental health and the third sector has progressed with many GP practices now holding monthly multi-disciplinary team meetings to co-ordinate the care of people with complex needs and those most at risk of hospital admission.

The Better Care Fund plans for 2014/15 outline further development of a county-wide Single Point of Access to all health and social care community services and locality based Neighbourhood Support Teams. The plans will ensure a consistent 24/7 community offer to support admission avoidance and discharge from hospital for people with long-term conditions.

Healthwatch is working alongside Southdown Housing Association (SHA) to review the quality of residential services for Learning Disability. SHA has in place a 'Quality Toolkit' which has been developed to monitor the quality of services delivered by the Association. It is the intention to utilise this toolkit in the wider community and provide Healthwatch with an opportunity to engage and provide information and advice to users of LD services.

PERFORMANCE MEASURES AND TARGETS

6.1 To improve measurable outcomes for children and young people with SEND (Special Educational Needs and Disability): measured by the number of completed Education, Health and Care plans.

Targets: 2013/14 85 completed plans. (ESCC Council Plan target), 2014/15 165, 2015/16 to be set after 2014/15.

83 EHC plans were completed in 2013/14 against a DfE target of 85. There were 45 completed plans from the original Pathfinder cohort at the end of September 2013, however, this dropped to 39 as some parents have requested a Statement instead of an EHC plan. We were anticipating that some parents, despite encouragement, would still opt for the 'old' system of Statements as they are entitled to do until the law changes. As we get closer to September, we will be offering more encouragement to parents to choose an EHC plan, otherwise their child will have to go through a further process of conversion to an EHC plan at a later date. 44 new EHC plans have been developed between the end of September 2013 and the end of March 2014. Although we have performed above target for the period since September the reduction in the Pathfinder cohort has meant that we have narrowly missed the 2013/14 target.

6.2 To increase the take up of Health Checks for people with Learning Disabilities (LD): measured by the percentage of patients on a Learning Disability register in East Sussex GP Practices who have received a health check within the financial year.

Targets: 2015/16 Target: To meet the England average (65% at the time the action plan was agreed) revised upwards if the England average increases.

The Health Checks for people with Learning Disabilities are undertaken by registered surgeries as part of a Directly Enhanced Service, for which training has been and will continue to be available. The Health Checks are undertaken for people with complex Learning Disability known on the GP practice Quality and Outcomes Framework (QOF) register and/or known to the Local Authority, and registered with the surgeries.

The percentage uptake of the Health Checks for people with Learning Disability should be reported on the

Public Health England – Improving Health and Lives website, and is historically reported in October. The LAT has provided the CCGs with the list of surgeries that are currently registered to undertake the Annual Health Checks as well as the number of Annual Health Checks that were completed in 13/14. The assessed proportion of completed health checks in relation to the people with Learning Disability who are on the QOF register and/or known to the Local Authority and registered with GPs is normally published by Public Health England, Improving Health and Lives.

The average uptake of Annual Health Checks in East Sussex on 31st March 2013 for 12/13 was reported at 45%.

In order to help support GP surgeries to increase the uptake of annual Health Checks, the commissioners have negotiated this to become a specifically commissioned activity described in the Service Specification of the Community Learning Disability Service, provided by Sussex Partnership NHS Foundation Trust (SPFT). The commissioners are working with East Sussex County Council to effect a seamless data flow from the Local Authority to Primary Care so that in addition to the GP practices QOF register, people can be identified with the offer of a health check. The commissioners are also in discussion with SPFT to agree the required capacity in the service to support primary care. The monitoring of this service activity will be agreed as part of the KPI process.

6.3 To reduce the number of people with long term conditions being admitted to hospital and to reduce the time they spend in hospital: measured by a) the proportion of people with ambulatory care sensitive conditions admitted to hospital as an emergency and b) the number of days between admission and discharge.

Targets: 2015/16 20% reduction in number of admissions and 20% reduction in number of days between admission and discharge.

This target (which is for 2016) measures people with ambulatory care sensitive (ACS) conditions - chronic conditions such as asthma, diabetes, angina, epilepsy, dementia, chronic obstructive pulmonary disorder (COPD), anaemia, hypertensive heart disease, acute and chronic bronchitis, atrial fibrillation and chronic viral hepatitis B. Active management such as vaccination, better self-management, disease management, case management or lifestyle interventions, can help prevent a sudden worsening of these conditions and reduce the need for hospital admission.

Comparing 2013/14 data to the previous year, ACS conditions admission rates have increased by 1% in East Sussex. In contrast, the overall Sussex ACS conditions admission rate has increased by 2%. However, the picture varies considerably across the three East Sussex CCGs: Eastbourne, Hailsham and Seaford, and High Weald Lewes Havens CCGs admission rates have reduced by 1% and 5% respectively, but Hastings and Rother CCG admission rate has increased by 6%.

The number of days between admission and discharge (bed days) has reduced by 10% in 2013/14 compared to the previous year. The most significant reduction is at the Conquest Hospital (-21%) and Tunbridge Wells Hospital (-11%). However, for East Sussex patients going to the Princess Royal Hospital, Haywards Heath, bed days have increased by 46% during the same period.

The RAG Rating is amber because the target is for 2016, so it is not possible at this stage to determine to what extent it will be achieved. The year 1 trajectory suggests East Sussex is on track to achieve the 20% bed day reduction target, but the admissions reduction target is more challenging.

Priority 7: HIGH QUALITY AND CHOICE OF END OF LIFE CARE (EOLC)

Strategic outcome: More people who are approaching the end of life being cared for and dying in their preferred place of care and death and to receive the highest standards of EOLC in any setting

ACTIONS, OUTPUTS AND OBJECTIVES

- Roll out delivery of the EOLC pathway (advanced care planning to bereavement support) throughout all public, private and voluntary and community sector health and care providers
- Continue EOLC training and workforce development for health and care staff and volunteers working in community, health and care settings

As a result of this activity we would expect to see:

- More people identified as approaching end of life have an advanced care plan
- Fewer people identified as approaching end of life die in hospital
- Staff providing EOLC in community, health and care settings meet the national end of life care core competencies and occupational standards

PROGRESS REPORT October 2013 - March 2014

CCGs Commissioned East Sussex Health Care Trust hospital and community services to provide EOLC training for their staff to meet national core competencies and awareness in EOLC to support patients and their carers along the EOLC care pathway. CCGs have invested in their practice development, GP locally commissioned services, education and IT support to progress towards implementation of electronic sharing of EOLC patient preferences and priorities of care with in and out of hours services (with patient consent).

CCGs have commissioned local hospices to work with care homes to provide advance care planning training and education in use of the national preferences and priorities of care documentation support.

Healthwatch has identified end of life care as an ongoing priority for 2014/15. In 2013/14 Healthwatch collected patient experience stories and has been in dialogue with local hospices and bereavement support services regarding the improvement, experience and quality of care for patients, carers and families involved in the end of life care process. This information has informed the priorities for future work. In 2014/15, Healthwatch will undertake a study into the discharge process for hospital patients, this will include those who have requested to be discharged home and are requiring end of life care and support.

PERFORMANCE MEASURES AND TARGET

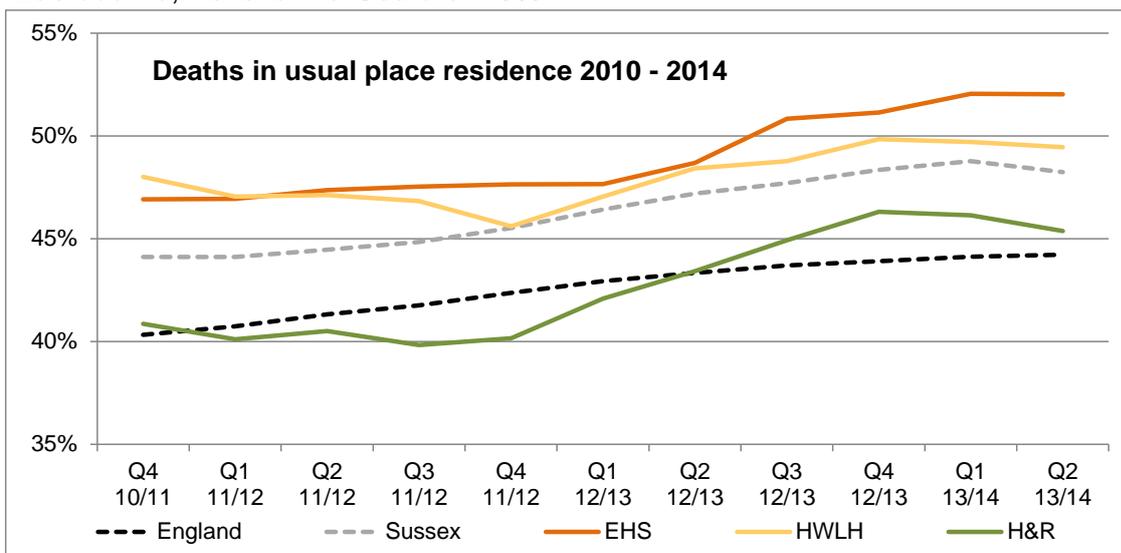
7.1.1 More people identified as approaching end of life are cared for and die in their usual place of residence: measured by deaths at usual place of residence divided by all deaths (usual residence includes home, care homes (Local Authority and non-Local Authority) and religious establishments).

Note: This is an interim indicator until an Electronic Palliative Care Coordination System (EPaCCS) (7.1.2 below) is in place.

Targets: 2013/14 increase by 1% each year from baseline, 2015/16 50.3%.

The overall target has been achieved with all CCGs achieving a 1% or more increase at Q2 2013/14 compared to Q2 2012/13. The outturns for each CCG area are:

- High Weald Lewes Havens: +1%
- Hastings & Rother: +2%
- Eastbourne, Hailsham & Seaford: +3%



7.1.2 More people identified as approaching end of life are cared for and die in their usual place of residence: measured by the proportion of population served by GPs and Out Of Hours services that have access to information about people approaching end of life on an Electronic Palliative Care Coordination System (EPaCCS) or other coordination system.

Targets: 2013/14 identify a system and host for EPaCCS by Quarter 4 (Jan-Mar 2014), 40% EOLC patient data uploaded to EPaCCS, 2015/16 75%.

The Summary Care Record (SCR) identified as the system and host for an enhanced EOLC patient record and the target has been achieved. EHS and H&R CCGs will have 95-100% of GP practices using the Summary Care Record by end of June 2014. Progress has already been made towards having an enhanced end of life care record through an EPaCCS for EHS and H&R CCGs and this is being rolled out as part of 2014/15 Locally Commissioned Service (LCS) for palliative care.

The CCGs patient and public involvement team have an open communication channel with Care for the Carers to raise any specific issues or concerns and take part in the Carers forums on behalf of the CCGs.

Progress on SCR has been a little slower in HWLH due to the higher proportion of SystemOne (a GP clinical system) practices which require greater preparation for the smart cards required to use SystemOne. HWLH has 40% of our practices set up with SCR, and aim to have full roll out by September.

The HWLH Locally Enhanced Services have been reviewed (LES are extra services GP practices provide over and above contracted services), but does not yet incorporate SCR and EPaCCS; the CCG wished to ensure maximum sign up and all 22 practices are now signed up to the LES (compared with 15 last year), and the CCG aims to incorporate SCR and EPaCCS in next year's LES with the support of Information Management and Technology.

7.2 To improve the experience of care for people at the end of their lives: measure and target to be confirmed during 2013/14.

Targets: 2015/16 to be confirmed during 2013/14.

East Sussex CCGs CQUIN (Commission for Quality and Innovation) arrangement with East Sussex Healthcare NHS Trust (ESHT) included a survey to be carried out by the Bereavement Officer. A decision has been taken by the East Sussex End of Life Care Programme Board to utilise findings from the National Council for Palliative Care National Bereavement Survey (Voices) rather than commission the local survey. The implications of the Voices findings will be considered during 14/15. The target for 2013/14 was, therefore missed.

EHS and H&R GPs as part of the Locally Commissioned Service (LCS) for palliative care carry out after death reviews of the care provided, what went well and what could be done better in future taking into consideration carers' experience.

