

**Report to:** ESBT Strategic Commissioning Board  
**Date of meeting:** 9 March 2018  
**By:** Director of Adult Social Care & Health  
**Title:** CQC Local Area Review  
**Purpose:** To provide ESBT Strategic Commissioning Board with the Health & Wellbeing Board report summarising the outcomes of the CQC Local Area Review

---

## **RECOMMENDATIONS:**

**To note the Health & Wellbeing Board report detailing the outcomes of the CQC Local Area Review report and corresponding action plan**

---

### **1 Background Information**

1.1 East Sussex was selected to participate in the first round of Care Quality Commission (CQC) local system reviews that took place in the latter half of 2017/18. The focus of the review was the interface between health and social care, and the outcomes for older people moving through the system. The final report was received by the system on 24 January<sup>1</sup>.

### **2 Supporting Information**

2.1 The report acknowledges the strength of our shared vision and purpose, maturity of relationships, and focus on prevention and support for people to maintain their wellbeing. Areas for further work include implementation of the High Impact Change Model, enhanced market capacity and improved discharge processes.

2.2 A Local Improvement Summit was convened on 30 January with system leaders from across health and social care, CQC, Local Government Association, NHS England, NHS Improvement, and the Department of Health. The Summit provided an opportunity for partners to collaborate on developing an action plan in response to the recommendations from the review.

2.3 Keith Hinkley, Director of Adult Social Care and Health, is the Senior Responsible Officer for the action plan, and delivery will be governed through the East Sussex Health and Wellbeing Board. Nationally, oversight is maintained by the Department for Health and the Social Care Institute for Excellence (SCIE).

2.4 The Health & Wellbeing Board report, along with the final action plan (which was virtually signed off by the Health & Wellbeing Board on 23 February) is attached.

### **3 Conclusion and Reasons for Recommendations**

3.1 ESBT Strategic Commissioning Board is asked to note the Health & Wellbeing Board report detailing outcomes of the CQC Local Area Review report and corresponding action plan.

KEITH HINKLEY  
Director of Adult Social Care & Health

Contact Officer: Bianca Byrne  
Tel. No. 01273 336656  
Email: [bianca.byrne@eastsussex.gov.uk](mailto:bianca.byrne@eastsussex.gov.uk)

---

<sup>1</sup> <http://www.cqc.org.uk/publications/themes-care/our-reviews-local-health-social-care-systems>

This page is intentionally left blank

**Report to:** East Sussex Health & Wellbeing Board

**Date of meeting:** 13 March 2018

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

**Title:** Care Quality Commission (CQC) Local Area Review

**Purpose:** To present the final report and system action plan, and seek agreement to receive quarterly reporting against the plan

---

## **RECOMMENDATIONS:**

The Board is recommended to:

- 1. Note the outcome of the CQC Local Area Review report and final system action plan;**
  - 2. Agree to receive quarterly reporting against agreed actions for the duration of the plan; and**
  - 3. Note the Board's virtual agreement to review the role, purpose and membership of the East Sussex Health & Wellbeing Board, express any initial views to inform the review and note that a draft proposal will be developed by ESCC's Chief Executive for discussion at a future meeting.**
- 

## **1. Background**

1.1 East Sussex participated in the first round of Care Quality Commission (CQC) local system reviews that took place during 2017/18. The focus of the review was the interface between health and social care and the outcomes for older people moving through the system. There was an assessment of the governance in place for the management of resources and of commissioning across the interface; specialist commissioning and mental health services were out of scope.

1.2 CQC reviewers visited East Sussex twice during the course of the review to meet with system leaders; hold workshops with people who use services, carers, and independent and voluntary sector providers; visit acute and community hospital sites, intermediate care sites, walk-in centres, a residential home and St Wilfrid's Hospice; and hold focus groups with staff from across the system. The draft report was received at the beginning of January, with an opportunity for the system to provide comments on factual accuracy.

1.3 The final report was subsequently received by the system on 24 January<sup>1</sup>. The report acknowledges the strength of our shared vision and purpose, maturity of relationships, and focus on prevention and support for people to maintain their wellbeing. Areas for further work

---

<sup>1</sup> <http://www.cqc.org.uk/publications/themes-care/our-reviews-local-health-social-care-systems>

include implementation of the High Impact Change Model, enhanced market capacity and improved discharge processes (further information on areas for improvement in 2.1 below).

## **2. Supporting information**

2.1 Ten areas for improvement were identified in the report, as follows:

- Work is required to develop a wider system vision for the Sussex and East Surrey Strategic Commissioning Partnership (STP) footprint and develop a common framework for prioritising actions and for specifying accountabilities and shared governance arrangements across East Sussex Better Together (ESBT) and Connecting 4 You (C4Y).
- The Health and Wellbeing Board (HWB) would benefit from increased vigour in calling system leaders to account to ensure that the agreed plans and service improvements are delivered, and to ensure whole system integration
- Work is required to ensure that there is a Joint Strategic Needs Assessment (JSNA) for older people which is fit for purpose and can be used to inform strategic commissioning of services across East Sussex
- There needs to be a system-wide response to effectively managing and shaping an affordable nursing home market and increasing domiciliary care
- Work is required to improve access to step-down, reablement and intermediate care facilities across East Sussex through the review of admission criteria
- A review of IT interconnectivity should be completed to ensure appropriate information sharing and a more joined up approach to IT communication is established across health and social care services
- Work towards fully incorporating principles of the High Impact Change model, particularly discharge to assess and the trusted assessor model, needs to be prioritised across the system
- Seven-day working and referral pathways should be aligned across the system to make the systems and process consistent across the East Sussex footprint
- Work should be undertaken to share learning between staff across the system rather than at an organisational level
- Discharge processes need to be reviewed to ensure information is communicated with all involved partners across the system, including families and carers.

2.2 A Local Improvement Summit was convened on 30 January with system leaders from across health and social care, CQC, Local Government Association, NHS England, NHS Improvement, and the Department of Health (attendance list attached at Appendix 1 for information). The Summit provided an opportunity for partners to collaborate on developing the action plan in response to the recommendations from the review. The final plan was subsequently signed off by the Health & Wellbeing Board on 23 February, and is attached at Appendix 2.

2.3 Keith Hinkley, Director of Adult Social Care and Health, East Sussex County Council is the Senior Responsible Officer for the action plan, and delivery will be governed through the

East Sussex Health and Wellbeing Board. Nationally, oversight is maintained by the Department for Health and the Social Care Institute for Excellence (SCIE).

### **3. Conclusions and recommendations**

3.1 The East Sussex Health & Wellbeing Board is recommended to:

1. Note the outcome of the CQC Local Area Review report and final system action plan;
2. Agree to receive quarterly reporting against agreed actions for the duration of the plan; and
3. Note the Board's virtual agreement to review the role, purpose and membership of the East Sussex Health & Wellbeing Board, express any initial views to inform the review and note that a draft proposal will be developed by ESCC's Chief Executive for discussion at a future meeting.

**KEITH HINKLEY**  
**Director of Adult Social Care & Health**  
**East Sussex County Council**

Contact Officer: Samantha Williams  
Tel. No.: 01273 482115  
Email: [samantha.williams@eastsussex.gov.uk](mailto:samantha.williams@eastsussex.gov.uk)

Contact Officer: Bianca Byrne  
Tel. No.: 01273 336656  
Email: [bianca.byrne@eastsussex.gov.uk](mailto:bianca.byrne@eastsussex.gov.uk)

### **BACKGROUND DOCUMENTS**

None

This page is intentionally left blank

30<sup>th</sup> January

## East Sussex CQC Local Area Review Summit

Name	Organisation	Attending
Abigail Turner	East Sussex Healthcare NHS Trust	Apologies
Amanda Philpott	Hastings and Rother CCG Eastbourne, Hailsham and Seaford CCG	✓
Ashley Scarff	High Weald Lewes Havens CCG	✓
Becky Shaw	East Sussex County Council	✓
Bianca Byrne	East Sussex County Council	✓
Bob Alexander	Sussex and East Surrey STP	✓
Catherine Ashton	East Sussex Healthcare NHS Trust	✓
Councillor Keith Glazier	East Sussex County Council	✓
Cynthia Lyons	East Sussex County Council	✓
David Clayton-Smith	East Sussex Healthcare NHS Trust	Apologies
Debbie Lennard	East Sussex Healthcare NHS Trust	✓
Jane Purkiss	East Sussex Healthcare NHS Trust	✓
Dr Adrian Bull	East Sussex Healthcare NHS Trust	✓
Dr David Walker	East Sussex Healthcare NHS Trust	✓
Dr Martin Writer	Eastbourne, Hailsham and Seaford CCG Hastings and Rother CCG	✓
Dr Robert McNeilly	Hastings and Rother CCG	Apologies
Elizabeth Mackie	Healthwatch East Sussex	✓
Evelyn Barker	Brighton Sussex University Hospital	Apologies
Garry East	Hastings and Rother CCG Eastbourne, Hailsham and Seaford CCG	✓

<b>Name</b>	<b>Organisation</b>	<b>Attending</b>
Hugo Luck	High Weald Lewes Havens CCG	✓
Kate Davies	East Sussex Seniors Association	✓
Jessica Britton	Hastings and Rother CCG Eastbourne, Hailsham and Seaford CCG	✓
Joe Chadwick-Bell	East Sussex Healthcare NHS Trust	✓
John Child	Sussex Partnership Foundation Trust	✓
John Routledge	Healthwatch East Sussex	✓
Kalvert Wells	South Central Ambulance Service	✓
Kate Pilcher	Sussex Community NHS Foundation Trust	✓
Kay Holden	East Sussex County Council	Apologies
Keith Hinkley	East Sussex County Council	✓
Mark Angus	East Sussex Better Together Alliance	Apologies
Mark Stainton	East Sussex County Council	✓
Martin Hayles	East Sussex County Council	✓
Pauline Butterworth	East Sussex Healthcare NHS Trust	✓
Sam Williams	East Sussex County Council	✓
Steve Hare	Age UK East Sussex	✓
Ann Ford	CQC	✓
David Sargent	LGA	✓
Kate Davies	ESSA	✓
Richard Jones	SCIE	✓
Sally Allum	NHS England	✓
Sarah Gravenstede	Department of Health	✓



Wendy Dixon	CQC	✓
James Pavey	SECAMB	✓
Gill Reid	CQC	✓
Alan Thorne	NHS-Improvement	Apologies
Cherise Gyimah	CQC	✓

This page is intentionally left blank

## East Sussex Local Area Review Action Plan:

February 2018

This action plan is the East Sussex Health and Social Care system response to the areas for improvement identified in the CQC Local Area Review undertaken in October/November 2017.

Keith Hinkley, Director of Adult Social Care and Health, East Sussex County Council is the Senior Responsible Officer for the Action Plan. The action plan has been developed by health and social care partners.

The system representatives listed below have been part of the East Sussex Local Area Review Board, Project Group and / or Summit and have played a core role in developing the action plan. They will retain oversight of Action Plan delivery to ensure whole system response. Ownership and delivery of specific actions will be managed through existing partnership arrangements as specified in the Plan below.

Delivery of the action plan will be governed through the East Sussex Health and Wellbeing Board.

The timescales for delivering specific actions within the plan have been set to ensure they are realistic and deliverable. There are many partner organisations across the East Sussex system and it will take time to co-ordinate and deliver actions across the system, ensuring all relevant partners are involved. In addition, delivery of the plan will require additional resource. For example, the organisation of workshops; project and service evaluations; process and practice reviews require organisation, facilitation and general administration which action owners do not have the capacity to deliver. Additional resource to support delivery of the plan and support progress reporting arrangements will be in place initially for six months to support implementation.

Sam Allen, Chief Executive, Sussex Partnership Foundation Trust
Mark Angus, Urgent Care System Improvement Director, Hastings and Rother CCG and Eastbourne, Hailsham and Seaford CCG
Chris Ashcroft, Chief Operating Officer, Brighton Sussex University Hospital
Evelyn Barker, Managing Director, Brighton Sussex University Hospital
Jessica Britton, Chief Operating Officer, NHS Hastings and Rother CCG, NHS Eastbourne, Hailsham and Seaford CCG
Adrian Bull, Chief Executive, East Sussex Healthcare Trust
Pauline Butterworth, Deputy Chief Operating Officer, East Sussex Healthcare Trust
Allison Cannon, Chief Nurse of Eastbourne, Hailsham and Seaford CCG and Hastings and Rother CCG
Garry East, Director of Performance and Delivery, Hastings and Rother CCG and Eastbourne, Hailsham and Seaford CCG
Martin Hayles, Assistant Director Strategy, Commissioning and Supply Management, Adult Social Care and Health, East Sussex County Council
Hugo Luck, Associate Director of Operations, High Weald Lewes Havens CCG
Cynthia Lyons, Acting Director of Public Health
Liz Mackie, Volunteer & Community Liaison Manager, Healthwatch
Amanda Philpott, Chief Executive, NHS Hastings and Rother CCG, NHS Eastbourne, Hailsham and Seaford CCG
Kate Pilcher, Director of Operations, Sussex Community NHS Foundation Trust
John Routledge, Chief Executive, Healthwatch
Becky Shaw, Chief Executive, East Sussex County Council
Mark Stainton, Assistant Director Operations, Adult Social Care and Health, East Sussex County Council
Jan Thompson, Business Manager Sussex, South Central Ambulance Service
Samantha Williams, Assistant Director Planning, Performance and Engagement, Adult Social Care and Health, East Sussex County Council
Helen Wilshaw-Roberts, Customer Account Manager (Sussex), South East Coast Ambulance Service

**Area for improvement 1: Work is required to develop a wider system vision for the STP footprint and develop a common framework for prioritising actions and for specifying accountabilities and shared governance arrangements across ESBT and C4Y**

Action		Outcome	Action Owner	Timescale	Assurance
1.1	<p>Review of Health and Wellbeing Board (see Area for improvement 2) to provide a robust whole system approach to transformation, improved health and wellbeing outcomes for local people.</p> <p>Facilitated workshop to commence review. Scope to include system wide :</p> <ul style="list-style-type: none"> <li>• Planning, performance and commissioning arrangements</li> <li>• Review, confirm and strengthen relationship with the STP</li> </ul>	<ul style="list-style-type: none"> <li>• System vision which aligns the two East Sussex transformation programmes</li> <li>• Streamline and rationalise governance arrangements</li> <li>• Clearer system vision across STP footprint</li> </ul>	Becky Shaw, Chief Exec ESCC	July 2018	Arrangements agreed by all relevant Governing Bodies and Councils
1.2	Review system representation and associated accountabilities on STP Board and workstreams	<ul style="list-style-type: none"> <li>• STP and East Sussex system developments are aligned</li> </ul>	ESBT Alliance Executive and C4Y Board	July 2018	STP has effective oversight of all services within the East Sussex footprint

Page 13

**Area for Improvement 2: The Health and Wellbeing Board (HWB) would benefit from increased vigour in calling system leaders to account to ensure that the agreed plans and service improvements are delivered, and to ensure whole system integration**

Action		Outcome	Action Owner	Timescale	Assurance
2.1	<p>Review the role and purpose of the HWB to:</p> <ul style="list-style-type: none"> <li>• streamline and rationalise whole system governance arrangements</li> <li>• Establish the system leadership role of the Board</li> </ul>	<ul style="list-style-type: none"> <li>• Clarity of purpose and decision making function</li> <li>• Whole System leadership and accountability</li> </ul>	Becky Shaw, Chief Exec ESCC	July 2018	Arrangements agreed by all relevant Governing Bodies and Councils
2.2	Review the role and purpose of the HWB to provide a robust whole system view of planning, performance and Commissioning	<ul style="list-style-type: none"> <li>• Clarity of purpose and decision making function</li> <li>• Whole System accountability</li> </ul>	Becky Shaw, Chief Exec ESCC	July 2018	Reconstituted Board convened with revised terms of reference and membership
2.3	Review membership of the HWB and clarify roles of Board members	<ul style="list-style-type: none"> <li>• HWB becomes a more effective decision making Board</li> <li>• Clarity of whole-system accountability arrangements</li> </ul>	Becky Shaw, Chief Exec ESCC	July 2018	

**Area for Improvement 3: Work is required to ensure that there is a JSNA for older people which is fit for purpose and can be used to inform strategic commissioning of services across East Sussex**

Action		Outcome	Action owner	Timescale	Assurance
3.1	Produce an on-line Older People's briefing to signpost people to all the relevant JSNA products	<ul style="list-style-type: none"> <li>Facilitate ease of access to Older People's JSNA products</li> </ul>	Director of Public Health	June 2018	Older Peoples JSNA products are used to inform strategic commissioning of services across East Sussex  Older People's Briefing signposts to all the relevant products to facilitate ease of access
3.2	Review the structure of the East Sussex JSNA website to ensure Older Peoples products are clearly referenced within the Needs Assessment section of the website Ensure the Older Peoples needs assessment information links to Mental Health and Dementia JSNA	<ul style="list-style-type: none"> <li>Facilitate ease of access to Older People's JSNA products</li> </ul>	Director of Public Health	June 2018	
3.3	Identify and respond to commissioning requirements for additional / different older peoples JSNA products to inform strategic commissioning	<ul style="list-style-type: none"> <li>Ensure JSNA products are designed to meet strategic commissioning needs for older peoples services across East Sussex</li> </ul>	Director of Public Health	June 2018	

Page 14

**Area for Improvement 4: There needs to be a system-wide response to effectively managing and shaping an affordable nursing home market and increasing domiciliary care**

Action		Outcome	Action owner	Timescale	Assurance
4.1	<p>System review of market provision of beds to ensure bed profile and capacity better reflects demand</p> <p>Scope of review to include access; waiting times; assessments; need (including ABI, Mental Health, stroke) and costs</p> <p>Provider forums and planning and partnerships stakeholder group to be directly involved in the review</p>	<ul style="list-style-type: none"> <li>Improved bed capacity to meet complex needs</li> <li>Improved bed capacity to meet short term / complex needs</li> <li>Improved commissioning arrangements to meet changing demand and complexity</li> </ul>	Martin Hayles, Assistant Director Strategy, Commissioning and Supply Management	Sept 2018	Support to improve CQC ratings of Adult Social Care Services provided by the Market Support Team  Maintain the rate of A&E attendances from care homes per 100,000 population (65+) below the national average
4.2	Improve patient / family / staff information relating to choice (Ref actions 7.4 and 10.4)	<ul style="list-style-type: none"> <li>Improved understanding of the system for patients, carers and families.</li> </ul>	ESBT and C4Y communications and	July 2018	

		<ul style="list-style-type: none"> <li>Staff are better equipped to manage patient / family / carer expectations</li> </ul>	engagement leads		Delivery of bedded care strategy to maximise capacity across the system
4.3	Evaluate the IC24 roving GP model and assess whether this approach can be rolled out more broadly across the system	<ul style="list-style-type: none"> <li>Maintain lower rates / further reduce A&amp;E attendances from care homes</li> <li>Reduction in emergency admissions</li> </ul>	Garry East, Paula Gorvett, Sally Smith	July 2018	
4.4	Continue to develop the new Adult Social Care Market Support Team to support independent sector residential and community services to improve their CQC rating	<ul style="list-style-type: none"> <li>Higher quality care provision</li> <li>Improved market sustainability</li> </ul>	Head of Supply Management, ASC&H, ESCC	Ongoing	
4.5	<p>Develop the Commissioning Intentions and Market Position Statement to include the whole East Sussex Health and Social Care system</p> <p>Develop the Commissioning Intentions and Market Position Statement to reflect Strategic Transformation Partnership commissioning intentions</p> <p>Mental Health and dementia wo being within scope of the position statement</p>	<ul style="list-style-type: none"> <li>Service providers are clear about the system commissioning intentions,</li> <li>Market is better placed to contribute and respond to emerging need, required service developments and pathway reconfiguration.</li> <li>System-wide approach to developing a sustainable service offer and continue to deliver quality outcomes for the local population.</li> </ul>	Head of Policy & Strategic Development, ASC&H, ESCC	June 2018	

Page 15

**Area for Improvement 5: Work is required to improve access to step-down, reablement and intermediate care facilities across East Sussex through the review of admission criteria**

	Action	Outcome	Action owner	Timescale	Assurance
5.1	Review admission criteria across the system to ensure clarity regarding entry requirements and access across the county	<ul style="list-style-type: none"> <li>Improved access to services</li> <li>Greater clarity on appropriate pathways for staff across the system</li> </ul>	Sally Reed, ASC&H, ESCC	Review complete by June 2018	Achieve local target of 90% of people 65+ who are still at home three months after a period of rehabilitation / intermediate care (Jan 18 91.3%)

**Area for Improvement 6: A review of IT interconnectivity should be completed to ensure appropriate information sharing and a more joined up approach to IT communication is established across health and social care services**

Action		Outcome	Action owner	Timescale	Assurance
6.1	Review East Sussex Better Together Digital Strategy 'Tactical Work' workstream to ensure opportunities to support operational staff through improved IT interconnectivity are prioritised: <i>(Tactical Work - Exploiting Existing Technologies – exploiting what we already have to deliver benefit and capability to operational services until strategic systems are in place)</i>	<ul style="list-style-type: none"> <li>Improved efficiency for staff</li> <li>Improved multi-agency working</li> </ul>	Simon Jones, ESBT Informatics Programme Lead	July 2018	Integrated teams experiencing improved interconnectivity and associated efficiencies  The ESBT Digital Governance model aligns with that of the STP. There are strong working relationships between Digital leads across the STP.
6.2	Review IT requirements to address barriers to interconnectivity across integrated teams, e.g. HSCC and JCR	<ul style="list-style-type: none"> <li>Improved efficiency for staff</li> <li>Improved multi-agency working</li> </ul>	Simon Jones, ESBT Informatics Programme Lead	July 2018	
6.3	Reduce manual inputting of multi-agency assessments by HSCC	<ul style="list-style-type: none"> <li>Improved efficiency for staff</li> <li>Improved multi-agency working</li> </ul>	Simon Jones, ESBT Informatics Programme Lead	July 2018	
6.4	Primary Care access to E-Searcher and ESHT access to EMIS to share patient medical records (To support delivery of Area for Improvement 10)	<ul style="list-style-type: none"> <li>Improved information sharing to inform discharge</li> </ul>	Simon Jones, ESBT Informatics Programme Lead	Sept 2018	

**Area for Improvement 7: Work towards fully incorporating principles of the High Impact Change model, particularly discharge to assess and the trusted assessor model, needs to be prioritised across the system**

Action		Outcome	Action owner	Timescale	Assurance
7.1	<b>Continuing Health Care (community and</b>	<ul style="list-style-type: none"> <li>Improved patient experience from</li> </ul>	Garry East,	Sept 2018	Maintain improved performance



	<p><b>acute)</b></p> <ul style="list-style-type: none"> <li>• <b>Process improvement:</b> develop system wide local agreement to reduce waiting times for assessment</li> <li>• Short term intensive project to reduce assessment backlog</li> <li>• <b>Culture:</b> Work with CHC team and referring teams to develop a whole system approach to CHC provision</li> <li>• <b>Performance and outcomes:</b> develop CHC measures for inclusion on Health and Social Care Outcomes Framework</li> <li>• <b>Sustainable Transformation Partnership:</b> Link local CHC development with STP review to maximise opportunities for improved service provision</li> </ul>	<p>reduced waiting times; whole system approach</p> <ul style="list-style-type: none"> <li>• Improved outcome and performance management arrangements</li> <li>• Improved multi-agency working through development of whole system approach to CHC provision</li> </ul>	<p>Hastings and Rother CCG, Eastbourne, Hailsham and Seaford CCG</p> <p>A&amp;E Delivery Board</p>		<p>in delays due to awaiting nursing home and domiciliary care packages: (Locally collected data through weekly SITREP's (snapshot count on a Thursday))</p> <p>An average 3.8 people delayed per week awaiting nursing home (this has improved from 10.5 per week in July)</p> <p>An average 5.5 people delayed per week awaiting domiciliary care packages (this has improved from 18.8 per week in July).</p>
7.2 Page 17	<p>Full Implementation of <b>Discharge to Assess</b> community pathway (community home first principle) to support long stay admission avoidance and to reduce unnecessary assessment in hospital and address stranded patients across all wards.</p>	<ul style="list-style-type: none"> <li>• Enables patients who could receive therapy input in their own home environment to be discharged earlier in the pathway</li> </ul>	<p>A&amp;E Delivery Board</p>	<p>Sept 2018</p>	<p>365 Day access to <b>Service Placement Team</b> to reduce delays in sourcing and brokerage for discharges.</p>
7.3	<p>Evaluate Enhanced Discharge Control arrangements currently in place within ESHT: Twice weekly multi agency meetings including ward staff; focus on patients approaching being medically fit for discharge. Information links directly into daily system-wide operational discharge calls</p>	<ul style="list-style-type: none"> <li>• Improved system-wide understanding of patients approaching discharge, enabling early discharge planning</li> <li>• Reduction in Stranded patient numbers</li> </ul>	<p>A&amp;E Delivery Board</p>	<p>Sept 2018</p>	<p>Full implementation of <b>Stranded Patient Review</b> (over 7 days) Process</p> <p>System wide implementation of a significantly strengthened choice (no choice in acute) policy.</p>
7.4	<p><b>Patient Choice</b> Embed System wide Choice Policy – ‘Let’s Get You Home’</p> <ul style="list-style-type: none"> <li>• Ongoing involvement of key clinicians to support potentially difficult conversations with patients and</li> </ul>	<ul style="list-style-type: none"> <li>• Improved patient experience</li> <li>• More consistent approach to patient choice across the system</li> </ul>	<p>A&amp;E Delivery Board</p>	<p>August 2018</p>	

	<p>families.</p> <ul style="list-style-type: none"> <li>Focus on embedding at front door to help manage patient, carer and family expectations</li> <li>Develop communications and engagement plan to support front line staff (and communications and engagement teams) with core messages and other content to promote the Lets Get You Home objectives in getting patients home quickly and safely.</li> </ul>				
7.5	<p><b>Trusted Assessor</b></p> <ul style="list-style-type: none"> <li>Professional 'trusted assessor' arrangements in place in key services such as crisis response. Continued implementation of trusted social care + equipment assessor training for NHS staff.</li> <li>Trusted Assessor for Care Homes to be trialled with a number of Care Homes. 11 care homes are currently involved in shaping the pilot.</li> <li>Scope options for introducing Trusted Assessor model for CHC</li> </ul>	<ul style="list-style-type: none"> <li>Improved patient, family, carer experience resulting from a consistent system wide approach and more timely assessments</li> </ul>	A&E Delivery Board	Sept 2018	
7.6	Seven day working – please see Area for Improvement 8: 8.3 and 8.5	N/A	N/A	N/A	

**Area for Improvement 8: Seven-day working and referral pathways should be aligned across the system to make the systems and process consistent across the East Sussex footprint**

	Action	Outcome	Action owner	Timescale	Assurance
8.1	<p>Creation of 24 hour crisis response service (ESBT):</p> <ul style="list-style-type: none"> <li>Optimise crisis response capacity</li> <li>Merger of Integrated Night Service</li> </ul>	<ul style="list-style-type: none"> <li>Improved access to services</li> <li>Improved outcomes for patient, family, carers</li> </ul>	Integrated Community Operations Management	June 2018	Maintain rate of emergency admissions per 100,000 population (65+) (DH measure), below the national average.

	(INS) and Crisis Response to ensure 24/7 access for admission avoidance <ul style="list-style-type: none"> <li>Mental Health to be in scope of the work</li> </ul>		Meeting		<p>Maintain % of emergency admissions within 30 days of discharge (65+) below the national average</p> <p>Well established voluntary sector services including Home from Hospital. Community sector embedded in discharge planning.</p> <p>Extended access and bookable appointments included in the planning of primary care streaming services</p>
8.2	Implementation of Rapid Response service (HWLH)	<ul style="list-style-type: none"> <li>Improved access to services</li> <li>Improved outcomes for patient, family, carers</li> </ul>	Hugo Luck, High Weald Lewes Havens CCG	July 2018	
8.3	Review medical model based commissioning arrangements for weekend Intermediate Care admissions (ref also Area for Improvement 5)	<ul style="list-style-type: none"> <li>Increased capacity for weekend discharges from acute to community / intermediate care beds</li> <li>Improved discharge planning and patient experience</li> </ul>	Hugo Luck, High Weald Lewes Havens CCG	Sept 2018	
8.4	Engagement with the market to explore sustainable service models to enhance OOH capacity (in addition to Trusted Assessor pilot)	<ul style="list-style-type: none"> <li>Improved access to services</li> <li>Improved outcomes for patient, family, carers</li> </ul>	Head of Policy & Strategic Development, ASC&H, ESCC	July 2018	
8.5	Produce a staff and public narrative to explain out of hour's service availability.	<ul style="list-style-type: none"> <li>Clarity about what is available and when</li> </ul>	ESBT and C4Y communications and engagement leads	Sept 2018	

<b>Area for Improvement 9: Work should be undertaken to share learning between staff across the system rather than at an organisational level</b>					
	<b>Action</b>	<b>Outcome</b>	<b>Action owner</b>	<b>Timescale</b>	<b>Assurance</b>
9.1	Develop and implement system-wide mechanisms for evaluating pilot schemes / joint initiatives  Develop communications plans aligned to activity	<ul style="list-style-type: none"> <li>Shared learning outcomes</li> <li>System-wide perspectives inform evaluations and future commissioning / service developments</li> </ul>	PMO and ESBT Strategic Workforce Group; HWLH workforce lead	July 2018	Staff feedback mechanisms  Training and development activity is evaluated across organisations
9.2	Continue to embed our approach to joint training and development opportunities	<ul style="list-style-type: none"> <li>multi-agency training supports the workforce to deal with the complexity</li> </ul>	ESBT Strategic Workforce	July 2018	System wide communications in place

	including: <ul style="list-style-type: none"> <li>• Safeguarding and domestic abuse, Self -neglect</li> <li>• softer skills such as coaching to improve performance</li> </ul>	of cases they manage <ul style="list-style-type: none"> <li>• improved service delivery and integrated working</li> <li>• Improved outcomes for patient, family, carers</li> </ul>	Group; HWLH workforce lead		
9.3	Continue to develop reflective practice approaches in integrated locality teams	<ul style="list-style-type: none"> <li>• Multi-disciplinary approach to learning and development</li> <li>• Improved service delivery resulting from practice developments</li> </ul>	ESBT Strategic Workforce Group; HWLH workforce lead	July 2018	

**Area for Improvement 10: Discharge processes need to be reviewed to ensure information is communicated with all involved partners across the system, including families and carers**

	Action	Outcome	Action owner	Timescale	Assurance
Page 20	10.1 Ward focused Discharge Pathway workshop to include Professionals; Patients (and Healthwatch); Providers (including patient transport)	<ul style="list-style-type: none"> <li>• Improved patient / family / staff information and communications</li> <li>• One version of the truth for professionals</li> <li>• Lead professional for each complex discharge</li> <li>• Discharge checklist</li> </ul>	Jo Chadwick-Bell, Chief Operating Officer ESHT  Chris Ashcroft , Chief Operating Officer BSUH	July 2018	Patient / user / carer feedback mechanisms  Maintain performance of 'the proportion of people who use Adult Social Care services who find it easy to find information about support' above the national average (East Sussex: 79.8%; England 75.4%)
	10.2 Mental Health inpatient workshop to mirror workshop in 10.1 above	<ul style="list-style-type: none"> <li>• Improved patient / family / staff information and communications</li> <li>• One version of the truth for professionals</li> <li>• Lead professional for each complex discharge</li> <li>• Discharge checklist</li> </ul>	John Childs, SPFT	July 2018	Maintain performance of 'the proportion of carers who report that they have been included or consulted in discussion about the person they care for' above the national average (East Sussex: 71.3%; England 68.6)
	10.3 ESHT Community Services workshop	<ul style="list-style-type: none"> <li>• Improved patient / family / carer / staff information and communications</li> <li>• One version of the truth for professionals</li> <li>• Lead professional for each complex discharge</li> <li>• Discharge checklist</li> </ul>	Abi Turner, ESHT  Chris Ashcroft , Chief Operating Officer BSUH	July 2018	Reduce length of hospital stay (aged 65+) for emergency admissions to meet or exceed the England average
	10.4 Develop patient / family / staff communications to support outcomes of workshops	<ul style="list-style-type: none"> <li>• Improved patient / family / carer / staff information and communications</li> </ul>	ESBT and C4Y Comms and Engagement	July 2018	

	(10.1,10.2,10.3) to include: <ul style="list-style-type: none"> <li>• Pathway information</li> <li>• Lets Get you Home / Choice</li> <li>• SAFER</li> </ul>		Leads		
10.5	Review Hospital Transport booking process to reduce the number of bookings made with less than 24 hours' notice  Review access for Mental health patients	<ul style="list-style-type: none"> <li>• Improved service delivery resulting in better patient experience</li> </ul>	Pauline Butterworth, ESHT; Kalvert Wells; South Central Ambulance Service	July 2018	

This page is intentionally left blank