EAST SUSSEX HEALTH AND WELLBEING BOARD

TUESDAY, 7 JULY 2015

2.30 pm COUNCIL CHAMBER, COUNTY HALL, LEWES

MEMBERSHIP - Councillor K Glazier (Chair) (ESCC)
Councillors B Bentley (ESCC), K Field (ESCC) and T Webb (ESCC)
Councillor C Dowling – Wealden District Council, District Councils' representative
Councillor M Salsbury – Eastbourne Borough Council, Borough Councils' representative
Dr E Gill – High Weald Lewes Havens CCG (Deputy Chair)
Amanda Philpott – Hastings and Rother CCG
Dr M Writer – Eastbourne, Seaford and Hailsham CCG
Stuart Gallimore – Director of Children's Services, ESCC
Keith Hinkley – Director of Adult Social Care and Health, ESCC
Cynthia Lyons – Acting Director of Public Health, ESCC
Sarah MacDonald – NHS England South (South East)
Julie Fitzgerald – Healthwatch East Sussex Representative

Also invited - Councillor M Turner – Hastings Borough Council
Councillor T Nicholson – Lewes District Council
Councillor M Kenward – Rother District Council
Becky Shaw – Chief Executive, ESCC
Marie Casey – Voluntary and Community Sector Representative
Darren Grayson – Chief Executive, East Sussex Healthcare NHS Trust
Colm Doneghay – Chief Executive, Sussex Partnership NHS Foundation Trust
Katy Bourne – Sussex Police and Crime Commissioner

A G E N D A

1 Minutes of meeting of Health and Wellbeing Board held on 28 April 2015 *(Pages 3 - 8)*

2 Apologies for absence

3 Disclosure by all members present of personal interests in matters on the agenda

4 Urgent items

Notification of items which the Chair considers to be urgent and proposes to take at the end of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgently

5 Governance of the Health and Wellbeing Board - Report by Chief Executive, East Sussex County Council *(Pages 9 - 22)*

6 Health and Wellbeing Strategy Annual Report - Report by Director of Adult Social Care and Health *(Pages 23 - 52)*

7 Quality Premium Local Measures for 2015/16 - Report by the Associate Director of

Strategy and Governance for the CCGs *(Pages 53 - 58)*

8 MEETING TOPIC: Health Inequalities

All meeting attendees

9 Date of next meeting: Tuesday 6 October 2015 2.30pm

The next meeting topic will be the ageing population.

29 June 2015

Contact Harvey Winder, Democratic Services Officer, (01273 481796),
Email: harvey.winder@eastsussex.gov.uk

NOTE: This meeting will be broadcast live on the East Sussex County Council website and the record archived for future viewing. The broadcast/record is accessible at www.eastsussex.gov.uk/yourcouncil/webcasts

EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at Council Chamber, County Hall, Lewes on 28 April 2015

PRESENT - Councillor Keith Glazier (Chair) – East Sussex County Council (ESCC)
Councillors Bill Bentley, Pat Rodohan and Trevor Webb – ESCC
Julie Fitzgerald – Healthwatch East Sussex Representative
Pennie Ford – NHS England South (South East)
Stuart Gallimore – Director of Children's Services, ESCC
Dr Elizabeth Gill – High Weald Lewes Havens CCG (Deputy Chair)
Keith Hinkley – Director of Adult Social Care and Health, ESCC
Cynthia Lyons –Director of Public Health, ESCC
Amanda Philpott – Hastings and Rother and Eastbourne, Seaford and Hailsham CCGs
Trevor Scott – Wealden District Council
Dr Martin Writer – Eastbourne, Seaford and Hailsham CCG

ALSO PRESENT - Councillor Mike Turner – Hastings Borough Council
Councillor Martin Kenward – Rother District Council
Becky Shaw – Chief Executive, ESCC
Marie Casey – Community and Voluntary Sector Representative
Darren Grayson – Chief Executive, East Sussex Healthcare NHS Trust
Mark Streater, Chief Executive, Sussex Police and Crime Commissioner

WITNESSES - Andrew Walker, David Herbert, Stephen Salt, Ricky Cooper and Kittie Vicious – The Q Team (for item 5)
Richard Eyre – Healthwatch East Sussex (for Item 6)
Paula Gorvett – Better Together Programme Director (for Item 7)
Anita Counsell – Head of Specialist Health Improvement (for Item 9)
Duncan Kurr and Casey Dearing – Wave Leisure (for Item 9)
Richard Bagwell – Freedom Leisure (for Item 9)

30 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 15 JANUARY 2015

30.1 The Minutes of the last meeting held on 15 January 2015 were approved as a correct record.

31 APOLOGIES FOR ABSENCE

31.1 Apologies for absence were received from: Councillor Claire Dowling, Wealden District Council (substitute: Trevor Scott); Councillor Tony Nicholson, Lewes District Council; Councillor Troy Tester, Eastbourne Borough Council; Colm Donaghy, Chief Executive, Sussex Partnership NHS Foundation Trust (SPFT); and Katy Bourne, Sussex Police and Crime Commissioner (substitute: Mark Streater).

32 DISCLOSURE BY ALL MEMBERS PRESENT OF PERSONAL INTERESTS IN MATTERS ON THE AGENDA

32.1 There were none.

33 URGENT ITEMS

33.1 The Board agreed to receive a report at the 7 July 2015 Board meeting to consider what actions health organisations take when dangerous air quality levels threaten the health of vulnerable members of the community. The request was made by Marie Casey following an instance of high air pollution on 10 April 2015.

34 INVOLVING PEOPLE WITH LEARNING DISABILITIES IN CHECKING THE QUALITY OF THEIR SERVICES - PRESENTATION BY THE Q TEAM

34.1 The Board warmly welcomed a presentation by the Q-Team about the Q-Kit, which is a tool the Q-Team use to consult with people with learning disabilities about the quality of their services.

34.2 The following additional information was provided following questions from Members of the Board and observers:

- The Q-Team recommended that care home managers should have short conversations and one-to-one meetings with clients to help understand their needs. The Q-Team found that many clients had hobbies that they could not undertake because management had not asked them about their needs.

- The Q-Team recommended that CCGs use the Q-Kit when they are consulting people about new services to help ensure that they commission services that are better suited and more user friendly for clients.

- If a client reported a hate crime to a member of the Q-Team during an inspection, they would have helped the client report the crime to the appropriate officer, although no such event has yet occurred. It is also important that care home staff are trained to spot hate crimes and know how to report them to the appropriate authorities.

34.3 RESOLVED:

1) to note the presentation;

2) to thank the Q-Team for their presentation and hard work, and wish them well in their future endeavours.

35 HEALTHWATCH EAST SUSSEX PUBLIC FEEDBACK CENTRE - PRESENTATION BY HEALTHWATCH EAST SUSSEX

35.1 The Board considered a presentation by Healthwatch East Sussex about its new Public Feedback Centre.

35.2 The following additional information was provided following questions from Members of the Board and observers:

- Healthwatch East Sussex has set aside a budget to help raise awareness of its Public Feedback Centre. Its advertising campaign will include:

    - Informing local networks such as Action in Rural Sussex and patient participation groups; as well as local representatives who are in a position to spread the word, such as local hairdressers.

    - Utilising the Healthwatch Facebook page which, with 1,100 followers, is the most popular Healthwatch Facebook page in the country.

    - Carrying out a Red Bus Tour in September 2015 and a billboard campaign.

- The 'Trip Advisor' style reviews about local health services that Healthwatch will allow residents to put on its site will be pre-moderated. If any review raises a safeguarding issue, the relevant officer with safeguarding responsibilities will be alerted. The reviews will allow health providers to get a sense of how they are viewed by local residents, for example, GPs will be able to use a filter on the website so that they can see patient reviews of their surgery.

- Healthwatch recognises that a lot of chatter that would be picked up by a sentiment analysis will be misinformation, so a sentiment analysis would not directly influence Healthwatch' work programme. The main purpose of a sentiment analysis is to provide a snapshot of what is "out there" in the public sphere that can be used to keep Healthwatch informed of what people are saying.

35.3 RESOLVED:

1) to note the presentation;

2) to wish Healthwatch East Sussex well on the launch of their Public Feedback Centre.

36 EAST SUSSEX BETTER TOGETHER - PRESENTATION BY THE DIRECTOR OF ADULT SOCIAL CARE AND HEALTH

36.1 The Board considered a presentation by the Programme Director of East Sussex Better Together. The presentation provided an overview of the East Sussex Better Together (ESBT) programme.

36.2 The ESBT programme board is undertaking multiple engagement exercises to ensure that the community is more involved in the co-design and delivery of new integrated services, these include:

- Engaging through the Speak Up forum with the community and voluntary sector, which is recognised as a key stakeholder

- Setting up an advisory group working with 40 different organisations that represent hard to reach groups;

- Developing a generic blueprint of the new community services and taking it to local community forums and asking how it can be tailored for the local residents.

36.3 RESOLVED:

1) to note the presentation;

2) to agree to future update reports on the progress of ESBT as appropriate.

37 BETTER CARE FUND - REPORT BY THE DIRECTOR OF ADULT SOCIAL CARE AND HEALTH

37.1 The Board considered a report by the Director of Adult Social Care and Health that provided an update on the Better Care Fund and set out the plan for how Better Care Fund funding will be used.

37.2 RESOLVED:

1) to note that the approved Better Care Fund submission is consistent with the approach set out through the East Sussex Better Together Programme

2) to agree to receive future updates on health and social care transformation through reports on the East Sussex Better Together programme which will include, when appropriate, details about the Better Care Fund.

38 ESHT CQC REPORT - AT CLLR TURNER'S REQUEST

38.1 The Board, at Cllr Turner's request, discussed the publication of a report by the Care Quality Commission (CQC) Report on East Sussex Healthcare NHS Trust (ESHT).

38.2 The Chair said that the CQC Report was an important issue for the local health and social care economy and that HOSC, as the Committee with the remit to hold the health service to account, was holding a special meeting on 22 May 2015 to discuss it.

38.3 The Chair reminded the Board that the CQC will publish a further report in the next few weeks, having made a follow up inspection of ESHT in late-March, and that it was up to the CQC how they acted on the recommendations in the report.

38.4 Cllr Turner expressed his concern that ESHT had been rated 'inadequate' by the CQC. Cllr Turner said that he understood that there were funding issues facing ESHT but that responsibility for the shortcomings highlighted in the report ultimately fell on the management of the Trust and he believed that the time had come to look closely at the position of its leadership.

38.5 Darren Grayson, Chief Executive of ESHT, said that he was disappointed with the overall CQC rating, but he argued that the report was not all negative. Mr Grayson said that ESHT's care was rated "good" in all of the services that were inspected, and in some services, such as intensive care, the level of care that staff provided was rated very highly. Mr Grayson added that the report had noted that all patients interviewed by the CQC had been happy with the care that they had received. Mr Grayson acknowledged that some areas did need to improve and that, in the seven months since the first inspection, staff had made significant improvements and hoped that they would be included in the follow up report.

RESOLVED: To welcome the Health Overview and Scrutiny Committee's scrutiny of the CQC report.

39 MEETING TOPIC: OBESITY

39.1 The Board received presentations from the Director of Public Health and representatives of Freedom Leisure and Wave Leisure on the topic of obesity and efforts by Public Health to tackle obesity through improving proactive care.

39.2 The Board highlighted three main areas of concern regarding the issue of obesity:

- Levels of obesity continue to rise, despite the efforts to provide preventative healthcare, due to the prevailing attitudes of people towards diet and exercise.
- That wards with low breastfeeding rates appear to have a higher rate of childhood obesity.
- That providers of proactive care need to ensure that their message hits the target market, in particular, the deprived wards in East Sussex.

39.3 RESOLVED:

1) to thank Public Health, Freedom Leisure and Wave Leisure for their presentations;

2) to request a report for the October meeting of the Board on the work being done by the East Sussex Better Together programme to improve and integrate proactive care in East Sussex as part of the "proactive care" commissioning domain.

40 DATE OF NEXT MEETING: TUESDAY 7 JULY 2015, 2.30PM

40.1 The Board:

1) noted the date of the next meeting (7 July 2015); and

2) agreed to add a report to the next meeting on its terms of reference and forward plan to ensure that it is making the best possible use of its time.

The Chairman declared the meeting closed at 4.55 pm

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Report to:	**East Sussex Health and Wellbeing Board**
Date:	**7 July 2015**
By:	**Becky Shaw, Chief Executive, East Sussex County Council**
Title:	**Health and Wellbeing Board Governance Review**
Purpose:	**To present proposals on terms of reference and agenda management.**

RECOMMENDATION

The Board is recommended to:

1. Agree to amend the Terms of Reference to allow the two Members representing the five District and Borough Councils to be rotated at each meeting rather than annually.

2. Consider the proposal to change the title 'Observers with speaking rights' to 'Non-Board Representatives with speaking Rights'.

3. Agree the proposals for agenda management set out in paragraph 3 of the report.

1. Background

1.1. At its meeting in October 2013, the Health and Wellbeing Board agreed its membership and governance arrangements. The principles agreed at the meeting were that it should be as inclusive as possible, whilst keeping membership to a level where business could be conducted efficiently. As a non-executive Committee, the Board wanted to continue to work by consensus.

1.2. Following the April 2015 Board meeting it was thought a review of the terms of reference and governance arrangements for the Board would be useful as it had been nearly two years since they were last reviewed.

2. Terms of Reference 2015

2.1. The Terms of Reference as agreed in 2013 are at Appendix 1 setting out the constitution, Membership and list of observers with speaking rights. There are no proposed changes to the constitution or numbers of Members or Observers at this stage.

2.2. It was initially agreed that the two Members representing the five District and Borough Councils would be rotated annually. However, the Members have been rotating at every meeting and it is suggested that this is formalised to continue in this way. Councillor Turner has also suggested that the title 'Observers with speaking rights' be changed to Non-Board Representatives with speaking rights.

3. Agenda Management

3.1. The 'Guide to Roles and Relationships between the East Sussex Health and Wellbeing Board, Healthwatch East Sussex, County Council Scrutiny, Health Overview Scrutiny Committee and other Boards and Partnerships' (Appendix 2) sets out the independent but complementary roles and responsibilities of the various Partnerships, Boards or Committees.

3.2. An increasing number of requests are being made that the Board considers reports or presentations to either raise awareness of an issue, for lobbying purposes or to highlight various campaigns. It is important that the Board makes the best use of the time it has to transact its business and to discuss the topics it has chosen to have an in-depth examination of how the partnership can improve local outcomes. It is therefore suggested that items are only included on agenda where:

1. consideration or approval by the Board is required;
2. they relate to:

- The achievement of outcomes in the Health and Wellbeing Strategy
- Areas East Sussex performs poorly in the JSNA;
- The East Sussex Better Together Programme, including Adults and Children's Safeguarding.

3. They are agreed by the Chair as urgent.

Following the business section of the agenda there will be a previously agreed topic for discussion.

3.3. It is proposed that the HWB agree to have 'For Information' items listed on the agenda, but these are not discussed and are circulated separately to the main agenda. If there are more than four items that need to be discussed at any particular meeting the topic for discussion will be postponed the next meeting.

3.4. It has been agreed at previous meetings that those leading the discussion on topics are provided with the comments and suggestions made by Board Members and that they should feedback to the Board at a future date to inform them progress made. There is concern that this could easily fill the forward plan so it is suggested that, unless the Board asks for progress to be reported at a meeting, this will be circulated for information.

3.5 The Forward Plan will be agreed by the Chair and Vice Chair and circulated to the Board. It will include proposed topics for the next two board meetings.

Becky Shaw
Chief Executive
East Sussex County Council

Contact Officer: Sarah Feather 01273 335712

Current East Sussex Health and Wellbeing Board - Terms of Reference

Constitution

The East Sussex Health and Welling Board (the Board) includes representation from all bodies in East Sussex with major responsibilities for commissioning health services, public health and social care.

Membership:

- 4 Members* of the County Council
- 2 Members* representing the five District and Borough Councils (rotated annually)
- East Sussex County Council Director of Public Health
- East Sussex County Council Director of Adult Social Care
- East Sussex County Council Director of Children's Services
- One representative from each of the three Clinical Commissioning Groups (CCG)
- One representative of NHS England Surrey and Sussex Area Team
- One representative of Healthwatch East Sussex (to avoid conflict of interest Healthwatch East Sussex will not be members of the Health and Overview Scrutiny Committee Member or any Council Scrutiny Committee)

The Board will be chaired by an elected Member of East Sussex County Council to be determined by the four nominated County Councillors.

A Deputy Chairman will be chosen from among the CCG group representatives.

The quorum for a Board meeting shall be half of the membership including at least one elected Member of the County Council and one representative of the CCGs.

In the event of equal votes the Chair will have the casting vote. All members of the Board will be entitled to vote.

* To avoid conflict of interest Members must be different from the Health and Overview Scrutiny Committee Member.

Observers

In addition to the Members listed above, additional non-voting observers from relevant agencies will be invited attend to assist in achieving the Board's objectives. The invited observers with speaking rights are:

- One Member* from each of the three Borough and District Councils within East Sussex that are not voting representatives
- Chief Executive of East Sussex County Council
- Chief Executive of East Sussex Healthcare NHS Trust
- Chief Executive of Sussex Partnership NHS Foundation Trust
- A representative of the East Sussex Voluntary and Community Sector nominated by SpeakUp
- Sussex Police and Crime Commissioner

Role and Function

- To provide strategic influence over commissioning decisions across health, public health and social care.
- To strengthen democratic legitimacy by involving democratically elected representatives and patient representatives in commissioning decisions alongside commissioners across health and social care and provide a forum for challenge, discussion, and the involvement of local people.
- To bring together clinical commissioning groups and the council to develop a shared understanding of the health and wellbeing needs of the community.
- To drive local commissioning of health care, social care and public health and create a more effective and responsive local health and care system.

These functions will be delivered through the following activities:

Identify needs and priorities

1. Publish and refresh the East Sussex Joint Strategic Needs Assessment (JSNA), using a variety of tools, evidence and data including user experience, to ensure that the JSNA supports commissioning and policy decisions and identification of priorities.

Deliver and review the Health and Wellbeing Strategy

2. Review and update the Joint Health and Wellbeing Strategy regularly to ensure the identified priorities reflect the needs of East Sussex.
3. Ensure the CCGs and other commissioners contribute to the delivery of the Joint Health and Wellbeing Strategy and integrate its agreed objectives into their respective commissioning plans.

Ensure achievement of outcomes

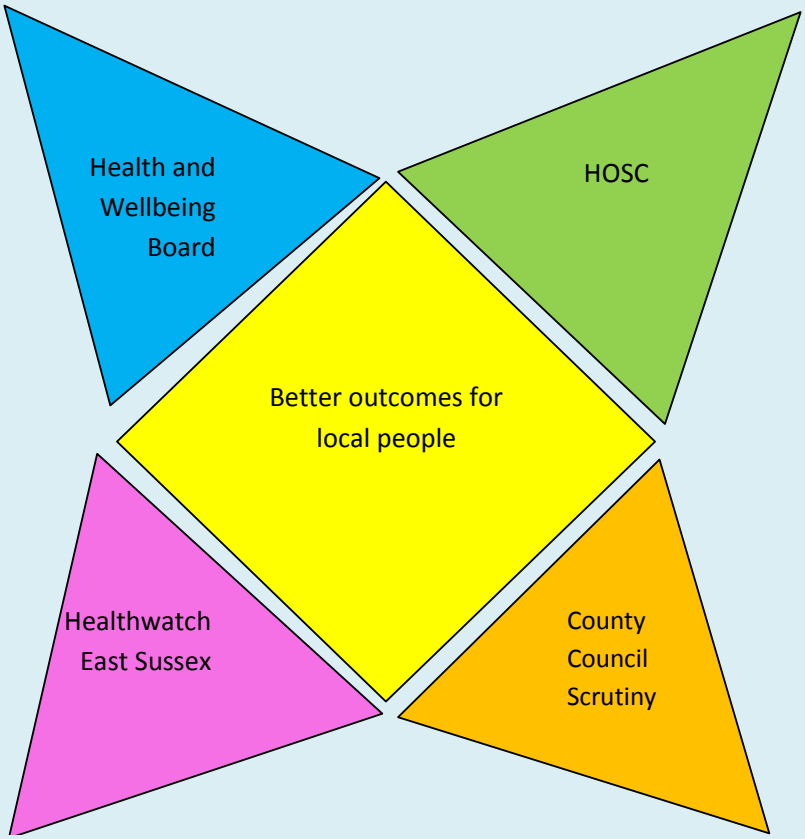
4. Communicate and engage with local people about how they can achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing.
5. Have oversight of the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus and integration across the outcomes spanning healthcare, social care and public health.
6. As part of the NHS Commissioning Board annual appraisal of CCGs within the County, the Board will to report its views on the CCGs contribution to the delivery of the Joint Health and Wellbeing Strategy.

Reporting

7. Propose recommendations regarding the work of the Health and Wellbeing Board to:
    - East Sussex County Council; and
    - East Sussex CCGs.
8. Direct issues to and receive reports from the appropriate ESCC Scrutiny Committees.
9. Provide an annual report to a meeting of the full ESCC on the work and achievements of the Board.

East Sussex Health and Wellbeing Board

A Guide to Roles and Relationships between the East Sussex Health and Wellbeing Board, Healthwatch East Sussex, County Council Scrutiny, Health Overview Scrutiny Committee and other Boards and Partnerships



INTRODUCTION

Local authorities, other public services providers, the NHS and the voluntary and community sector have been working together for many years in East Sussex to develop and deliver a more joined up and integrated approach to health and wellbeing and improve the experience of patients, service users - both adults and children - and their carers.

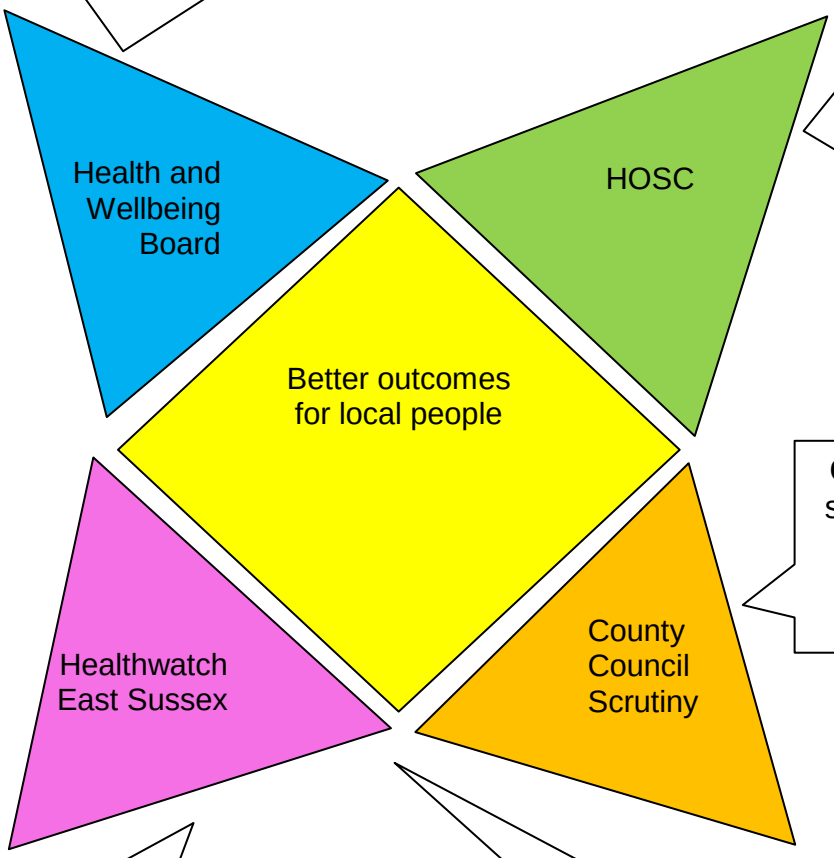
Recent health and care reforms have introduced new structures and processes. It is important that the Health and Wellbeing Board, its partners and the public understand the independent but complementary roles and responsibilities of the Health and Wellbeing Board, Healthwatch East Sussex, County Council Scrutiny and Health Overview Scrutiny Committee in particular, along with other partnerships and boards that may, from time to time, be involved or have an interest in the Health and Wellbeing Board's work (and vice versa).

This document does not aim to cover every eventuality or set out detailed arrangements as the system is still new and there needs to be flexibility to enable the different bodies to develop their working relationships and respond to issues in a way that is most likely to add value and deliver the outcomes we all want to achieve.

AN OVERVIEW OF KEY ROLES

The **East Sussex Health and Wellbeing Board** brings together Local Government, the NHS and the people of East Sussex to identify local needs through the Joint Strategic Needs Assessment, develop a joint Health and Wellbeing Strategy to improve health and wellbeing across East Sussex, and promote greater integration of health and social care.

The **Health Overview Scrutiny Committee** (HOSC) scrutinises services commissioned by the NHS and its local bodies, regardless of who provides them. HOSC is the Statutory Consultee on major changes to health services which can be referred to the Secretary of State, if they are not considered to be in the interests of local people.



County Council Scrutiny scrutinises the decisions of the County Council's Cabinet in relation to the Council's functions.

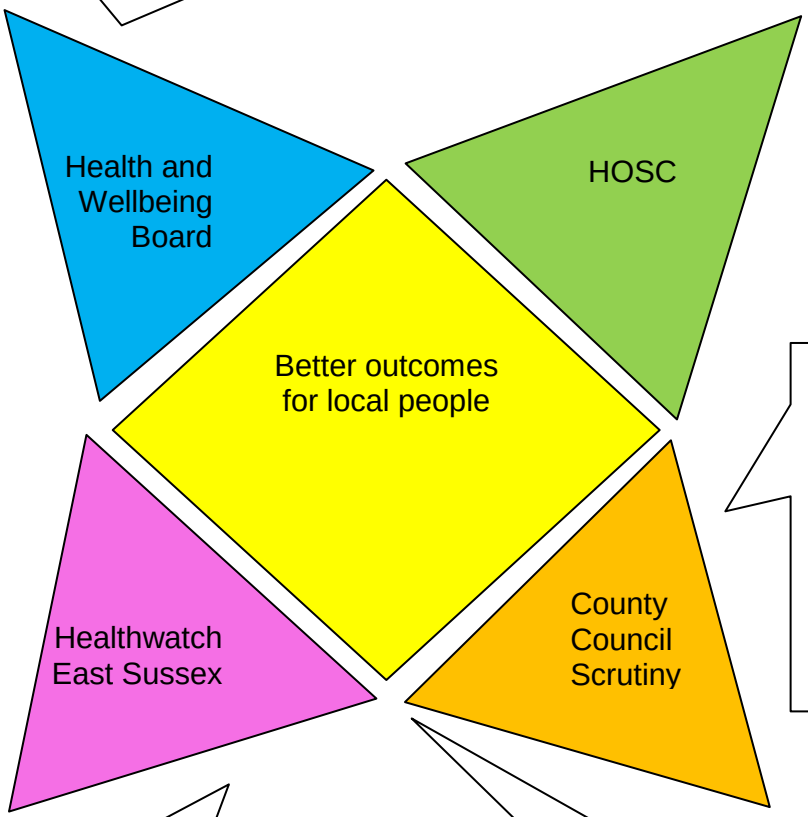
Healthwatch East Sussex is the local consumer champion for health and social care. It gathers and represents the views of people who use health and care services, their carers and the public. As a member of the Health and Wellbeing Board they ensure patients', service users', carers' and the public's views are at the heart of the process of strategic commissioning for health and wellbeing.

A number of other **boards and partnerships** oversee and engage in activity that complements the Health and Wellbeing Strategy and improves outcomes for local people. They include the Joint Commissioning Board, East Sussex Strategic Partnership, Children and Young People's Trust, numerous adult services partnership boards and the local safeguarding boards for children and adults.

AN OVERVIEW OF KEY RELATIONSHIPS

The **Health and Wellbeing Board** (HWB)is a non-executive Committee of the County Council. It can direct issues to and receive reports from County Council Scrutiny Committees, Health Overview Scrutiny Committee and other boards and partnerships relating to the HWB's work. As a member of the Board, Healthwatch East Sussex can feed the views of the public, patients, service users and carers into the Board's work.

The **Health Overview Scrutiny Committee (HOSC)** can receive and provide reports to the Health and Wellbeing Board on issues they are scrutinising. To avoid conflicts of interest, members of the Health and Wellbeing Board, including Healthwatch East Sussex, will not be members of HOSC.



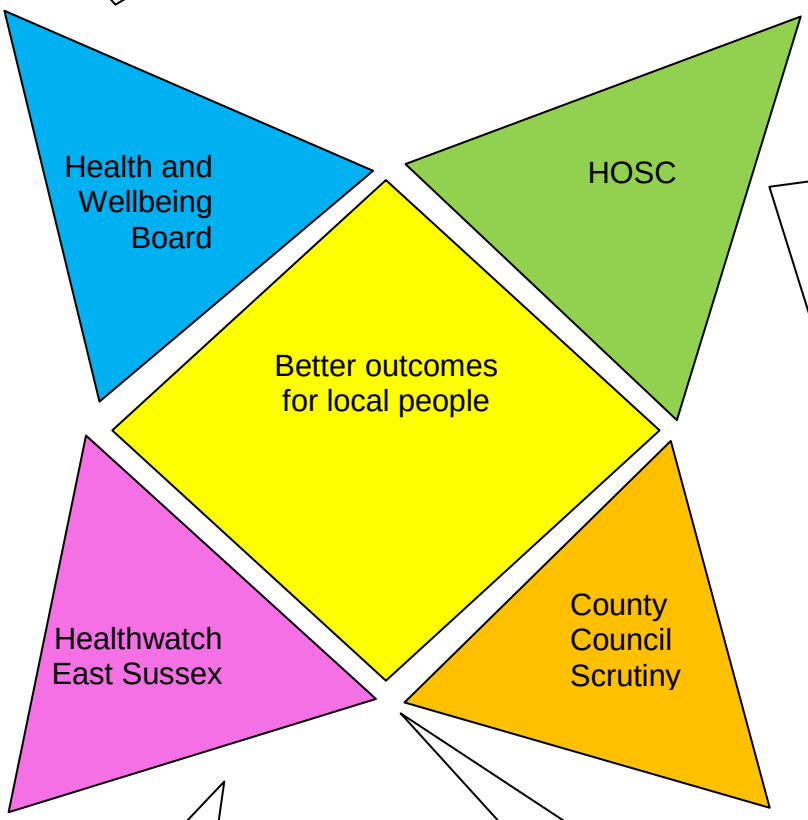
County Council Scrutiny can receive and provide reports to the Health and Wellbeing Board on issues they are scrutinising. To avoid conflicts of interest, Healthwatch East Sussex will not be members of any Scrutiny Committee.

As a Health and Wellbeing Board member **Healthwatch East Sussex** can feed the views of the public, patients, service users and carers into the work of the Health and Wellbeing Board. Healthwatch East Sussex will not be a member of HOSC or any County Council Scrutiny Committees but can provide evidence to them. It will also present information to Healthwatch England (the national umbrella organisation for local Healthwatch) to help form a national picture of health and social care.

Boards and partnerships can raise issues they consider of interest and importance to the Health and Wellbeing Board and members of the Health and Wellbeing Board can bring issues and take information back to them. These relationships and communications would be channelled through the Health and Wellbeing Board members who also sit on other boards and partnerships.

ROLES AND RELATIONSHIPS IN PRACTICE – A SCENARIO
The Clinical Commissioning Groups (CCGs) are developing new commissioning plans for maternity and paediatrics in East Sussex which may result in changes to services

The CCGs are developing new commissioning plans for maternity and paediatric services in order to improve outcomes and make better use of resources. The CCGs take their commissioning plans to the **Health and Wellbeing Board** (HWB) so that the Board can consider whether they fit with the priorities in the Health and Wellbeing Strategy.



The **Health Overview Scrutiny Committee (HOSC)** considers the CCGs' proposals for specific service changes arising from their commissioning plans. If HOSC agrees that they are a substantial variation to existing services HOSC will be formally consulted and ensure the CCGs undertake appropriate public consultation. HOSC will assess the proposals, taking evidence, making recommendations and ultimately coming to a conclusion about whether the changes agreed by the CCGs are in the interests of the local health service and local people.

Healthwatch East Sussex undertakes research and gathers information and views from the public, people who use services and their carers. They present this to the HWB to inform discussions about the Health and Wellbeing Strategy, and to HOSC to inform discussions at HOSC on the impacts that any proposed changes to maternity and paediatric services might have on local people and people who use those services.

In considering which other **boards and partnerships** may have a particular interest in the CCGs' commissioning plans, the Director of Children's Services, who is a member of the HWB; Local Safeguarding Children Board (LSCB); and Children and Young People's Trust (CYPT), ensures that the HWB is mindful of the safety and welfare of children when considering the CCGs' commissioning plans, and feeds back items of interest to both the LSCB and CYPT.

1. The East Sussex Health and Wellbeing Board (HWB)

1.1. The HWB is a non-executive committee of the County Council. It brings together Local Government, the NHS and the people of East Sussex to improve health and wellbeing across East Sussex. Members include local Clinical Commissioning Groups, NHS England, County and District and Borough Councillors, senior County Council officers overseeing Public Health, Adult Social Care and Children's Services and Healthwatch East Sussex.

1.2. The HWB took on its statutory role on 1 April 2013. It has a number of statutory powers and duties: it is not a decision making body, but a body of decision makers. Its main functions are to:

i. Assess the needs of the local population through the Joint Strategic Needs Assessment (JSNA);
ii. Produce a Joint Health and Wellbeing Strategy to inform the commissioning of health, care and public health services in East Sussex; and
iii. Promote greater integration across health and social care.

1.3. Health and Wellbeing Boards are also responsible for publishing and updating a statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA).

1.4. Members of the HWB are bound by the codes of conduct applicable to local authority committees and therefore need to declare any personal or pecuniary interests on appointment and whenever there is a relevant agenda item.

1.5. An Annual report on the HWB's work and achievements will be presented to a meeting of the County Council once a year and published.

2. Healthwatch East Sussex

2.1. Each local area in England has set up a local Healthwatch as the local consumer champion for health and social care representing the collective voice of people who use services, their carers and the public.

2.2. In East Sussex, East Sussex Community Voice (a Community Interest Company) has been commissioned by East Sussex County Council to deliver Healthwatch across the county. Healthwatch East Sussex services being developed include evidence and insight; community, research and engagement; information, signposting and non-clinical advice provision; and NHS complaints advocacy.

2.3. Healthwatch East Sussex will engage with local communities including networks of local voluntary organisations, people who use services and the public, to build up a local picture of community needs, aspirations and assets and the experiences of people who use services.

2.4. As a member of the Health and Wellbeing Board, Healthwatch East Sussex can ensure patients', service users', carers' and the public's views are embedded at the heart of the process of strategic commissioning for health and wellbeing. Through its seat on the HWB, it will be able to present information for the JSNA and discuss and agree the Health and Wellbeing Strategy with other Health and Wellbeing Board members. It will also present information to Healthwatch England (the national umbrella organisation for local Healthwatch) to help form a national picture of health and social care.

2.5. Healthwatch East Sussex will not be a member of the Health Overview Scrutiny Committee (HOSC) but can provide evidence to it regarding NHS services, providers and commissioners. They will also not be a member of County Council Scrutiny Committees but can provide evidence and report concerns on County Council services to them.

3. East Sussex County Council Scrutiny

3.1. The work of Scrutiny in the County Council is divided between four Scrutiny Committees which each meet four times a year in County Hall. The committees, made up of County Councillors, broadly mirror the County Council's Cabinet portfolio responsibilities and scrutinise the decisions of the Cabinet in relation to the Council's functions. All four committees will review different aspects of health, care and wellbeing in East Sussex:

i. Children's Services Scrutiny Committee looks at issues that affect children and young people including safeguarding, social care, education and children's health services provided or commissioned by the County Council.

ii. Adult Social Care and Community Safety Scrutiny Committee looks at issues affecting working age adults and older people including social care, social services, support for disabled people to live at home, services for people with mental health support needs, and community safety including the work of the Safer Communities Partnership.

iii. Audit, Best Value and Community Services Scrutiny Committee scrutinises community services including community planning, libraries and public health.

iv. Economy, Transport and Environment Scrutiny Committee looks at a range of issues including planning and development control, highways and transportation, waste management, the environment, economic development and trading standards.

4. Health Overview Scrutiny Committee (HOSC)

4.1. HOSC is made up of County, District and Borough Councillors and voluntary and community sector representatives. It meets four times a year in County Hall.

4.2. HOSC scrutinises local health issues and services which are commissioned through the NHS and its local bodies. HOSC differs from the other County Council Scrutiny Committees in that most of its reports go directly to NHS organisations rather than the County Council's Cabinet. HOSC is the Statutory Consultee on major changes to health services which can be referred to the Secretary of State if they are not considered to be in the interests of local people.

5. Other Boards and Countywide Partnerships

5.1. There are a number of boards and partnerships in the county which oversee and engage in activity that has a direct link to the Health and Wellbeing Strategy. The current purpose and membership of these bodies is summarised below:

i. Clinical Commissioning Groups (CCGs) are responsible for commissioning certain health services for their local populations. Each of the three local CCGs in East Sussex has a Governing Body which consists of elected GP members, practice managers, lay members, a registered nurse, a secondary care specialist doctor and members of their senior management team. The Governing Body is responsible for making the final decisions within the CCG and is accountable to their member practices and the NHS Commissioning Board (NHS England).

ii. Joint Commissioning Board (JCB) provides overall strategic direction for joint commissioning and develops joint commissioning strategies that reflect the priorities of the CCGs, County Council and the Health and Wellbeing Board. The JCB will provide progress reports and recommendations to the Health and Wellbeing Board where appropriate. Its members include senior representatives from County Council adults, children's and public health services, the CCGs and NHS England Area

Team. A Joint Commissioning Operational Group, reporting directly to the JCB, has been established to ensure JCB decisions and work programmes are implemented.

iii. East Sussex Strategic Partnership (ESSP) is a multi-agency, multi-sector partnership working to improve quality of life in East Sussex. The vision set out in the Health and Wellbeing Strategy is part of a broader partnership vision set out in ESSP's Community Strategy, Pride of Place, to create and sustain a vibrant, diverse and sustainable economy; great places to live in, visit and enjoy; and safe, healthy and fulfilling lives. Pride of Place, ESSP's membership and its Assembly, provide strong links with all the key countywide partnerships and plans tackling the wider determinants of health and wellbeing including the economy; transport; environment; housing; education and skills; community safety; health and wellbeing; community strength and leadership; and culture, sports and leisure, as well as those involved with children, young people and older people.

iv. Children and Young People's Trust (CYPT) brings local organisations together to work closely to improve the support available to children, young people and families in East Sussex. Its members include East Sussex Youth Cabinet and the National Youth Parliament, Schools and Colleges, CCGs, East Sussex Healthcare NHS Trust, Sussex Partnership NHS Foundation Trust, Sussex Police, East Sussex Fire and Rescue Service, Voluntary and Community Sector organisations, District and Borough Councils and East Sussex County Council.

v. Adults Services Partnership Boards cover a range of areas and each has a wide range of stakeholders represented on them linked to relevant user, carer and provider forums. These Boards provide a mechanism for commissioners to engage stakeholders in developing their commissioning priorities and to remain accountable to them for delivery. These Boards report directly to the Joint Commissioning Board. The Boards are:

   a. Autism Partnership Board
   b. Carers Partnership Board
   c. Drug and Alcohol Action Team Board
   d. End of Life Care Programme Board
   e. Improving Life Chances Partnership Board (for adults with physical impairments, sensory impairments or long term conditions)
   f. Learning Disability Partnership Board
   g. Mental Health Joint Commissioning Board
   h. Older People's Partnership Board
   i. Safer Communities Steering Group; and
   j. Strategic Housing Forum.

vi. Local Safeguarding Children Board (LSCB) has a statutory duty to ensure the coordination and effectiveness of all persons and bodies working to safeguard children in East Sussex. Its members comprise senior representatives from all local organisations involved in protecting or promoting the welfare of children. It oversees all early help offered to support parents experiencing difficulties, all children in need of statutory support and all children in need of a child protection plan. In addition, it has a role in ensuring that agencies work together to safeguard children who are vulnerable as a result of exposure to parental issues such as domestic abuse, mental illness, alcohol or substance misuse, or who may be at risk of being trafficked or sexually exploited. The LSCB also coordinates an extensive multi-agency training programme to support this work.

vii. Local Safeguarding Adults Board works to protect vulnerable adults in East Sussex who are at risk of harm. Its members comprise representatives from Adult Social Care, the NHS and Police. The East Sussex Safeguarding Adults Board (SAB) is responsible for promoting the safeguarding of adults within East Sussex. It also identifies strategic aims to safeguarding work, ensure the effectiveness of partner agencies' activity to safeguard adults at risk of abuse as well as ensuring that different services and professional groups cooperate and work in partnership**.**

6. Relationships between the Health and Wellbeing Board (HWB), Healthwatch East Sussex, County Council Scrutiny and Health Overview Scrutiny Committee

6.1. The distinctive roles of the HWB, Healthwatch East Sussex, County Council Scrutiny and Health Overview Scrutiny Committee (HOSC) are clearly defined. By working together, each can make a unique yet complementary contribution to the others' work and, ultimately, to improving the health and wellbeing of people in East Sussex.

6.2. The HWB Terms of Reference state that the HWB can direct issues to and receive reports from the appropriate County Council Scrutiny Committee and HOSC and is likely to do so where there is a clear link to the delivery of the Health and Wellbeing Strategy and related commissioning plans. To avoid any potential conflict of interests, HWB members and observers with speaking rights would not be members of HOSC.

6.3. Healthwatch East Sussex is a member of the HWB and as such represents the views of patients, service users, carers and the public in the work of the HWB and participates fully in the development of the Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy. As the independence of Healthwatch East Sussex could be challenged if it was involved in discussions at the HWB about a service whilst also involved in consulting the public about that service, they will declare any potential conflicts of interest to the HWB as and when appropriate.

6.4. Healthwatch East Sussex has an Advisory Group which includes the County Council's Scrutiny Lead Officer and HWB support officer. Through this, all parties will be able to liaise and collaborate to identify potential overlaps and duplication in their respective forward plans so that these can be discussed and resolved.

6.5. The four County Councillor members on the HWB, as elected representatives of East Sussex residents, bring democratic legitimacy to the work of the Health and Wellbeing Board i.e. ensure the work of the HWB is properly governed and reflects the needs and wishes of the local population.

7. Relationship between Healthwatch East Sussex, County Council Scrutiny and Health Overview Scrutiny Committee (HOSC)

7.1. Healthwatch East Sussex will not be a member of HOSC or any County Council Scrutiny Committee, but could potentially have a relationship with all County Council Scrutiny Committees and with HOSC. With HOSC, it could have a role in NHS commissioned services. With County Council Scrutiny Committees, it could have a role in Adult Social Care and Community Safety (adult social care commissioned and provided services, carers services); Children's Services (children's social care commissioned and provided services, children's health issues); Audit, Best Value and Community Services (public health); and Economy, Transport and Environment (wider healthy lifestyle issues e.g. cycling, environmental quality and road safety).

7.2. The types of relationships that Healthwatch East Sussex might have with County Council Scrutiny Committees and HOSC include:

i. Healthwatch East Sussex referring matters to County Council Scrutiny and HOSC, particularly if it thinks there has been an inadequate response; providing

information/evidence on public/patient/service user needs, experiences and preferences from its core work to support County Council Scrutiny and HOSC Committee agenda items and County Council Scrutiny and HOSC reviews (on request or proactively); and using scrutiny reports/reviews to identify issues of concern or information which will help in delivering its core functions.

ii. Intelligence from Healthwatch East Sussex's core work may prompt County Council Scrutiny and HOSC to identify topics for review. County Council Scrutiny and HOSC may also consider commissioning Healthwatch East Sussex to undertake additional, tailored work to inform Scrutiny activities. County Council Scrutiny and HOSC may also receive individual queries from members of the public which may be more appropriate to refer to Healthwatch East Sussex.

iii. Working together, Healthwatch East Sussex, County Council Scrutiny and HOSC will need to coordinate work programmes to avoid overlap and duplication and to make best use of resources. Healthwatch East Sussex, County Council Scrutiny and HOSC may also find it helpful to informally share information on current health and social care issues in East Sussex.

8. Relationships with Other Boards and Countywide Partnerships

8.1. Relationships and communications between the Health and Wellbeing Board (HWB) and these bodies would be directed through existing HWB members who are also members of these other boards and partnerships. This will enable boards and partnerships to raise issues they consider of interest and importance to the HWB and members of the HWB would be able to bring issues and take information back to them.

8.2. East Sussex Local Safeguarding Children Board (LSCB) has a number of statutory duties under the 2004 Children Act. These include ensuring the effectiveness of all Boards with a responsibility for safeguarding and promoting the welfare of children. Therefore in addition to requesting or providing reports, the LSCB would expect its representatives to ensure that safeguarding children is high on the HWB's agenda and that the HWB is mindful of the safety and welfare of children when considering all of its business.

8.3. The role of the East Sussex Safeguarding Adults Board (SAB) is to ensure all contact with adults at risk of abuse within East Sussex is based on the requirement to prevent, investigate and respond where a safeguarding concern exists. The SAB expects to work in partnership with other relevant bodies to ensure that adult safeguarding links with other related strategic agendas.

8.4. Currently the HWB members who sit on the key boards and partnerships listed in section 5 above, and who would therefore be the communication link between them, are:

i. Clinical Commissioning Groups (CCGs) – the CCG representatives on the Health and Wellbeing Board
ii. Joint Commissioning Board (JCB) – Director of Adult Social Care, Director of Children's Services, Director of Public Health (NB. The JCB also includes CCGs and NHS England Area Team representatives and from time to time these may be the same as the HWB members)
iii. East Sussex Strategic Partnership (ESSP) – Cllr Glazier (Vice Chairman of ESSP)
iv. Children and Young People's Trust (CYPT) – Director of Children's Services
v. Adult Social Care Partnership Boards (5 v above) – Director of Adult Social Care
vi. Local Safeguarding Children Board – Director of Children's Services
vii. Local Safeguarding Adults Board – Director of Adult Social Care

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Report to:	**East Sussex Health and Wellbeing Board**
Date of meeting:	**7 July 2015**
By:	**Chief Executive, East Sussex County Council**
Title:	**East Sussex Health and Wellbeing Strategy annual progress report**
Purpose:	**To present a report on progress to date on delivering the East Sussex Health and Wellbeing Strategy 2013-2016**

RECOMMENDATIONS

The Board is asked to:

1) consider and comment on the report; and

2) agree the proposed changes to the measure and targets at paragraph 4.2

1. Introduction

1.1 The Health and Wellbeing Strategy (HWS) for East Sussex focuses on seven priorities where the Health and Wellbeing Board believe a more integrated 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 annual report for the year 2014/15 details progress made from October 2014 to March 2015. Appendix 1 sets out a summary of performance against targets at the end of the year and updates for outturns at quarter 2. Where final and complete data is not yet available for the end of March, the latest or provisional outturns are given and the targets are carried over for reporting when data is available.

2.2 Appendix 2 provides commentary on progress for each of the seven priority areas and the direction of travel towards achieving the end of 2015 and final 2016 targets.

2.3 A glossary explaining acronyms and technical terms used in this report is included at Appendix 3.

3. Health and Wellbeing Strategy progress overview

3.1 The amendments to HWS measures and targets agreed by the Board in January are reflected in this report. The following outturns for quarter 2 2014/15 have been updated:

4.2 Age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65 and over per 100,000 population, 0.98% decrease amended to 1% increase

5.2 Report improved outcomes for people with mental health conditions arising from NHS mental healthcare, targets updated for 2015/16:
a) Target Amended to number entering treatment 7,500
b) Target Amended to 50% completing treatment
c) Target Amended to waiting times: 75% within 6 weeks, 95% within 18 weeks

6.3a Proportion of people with ambulatory care sensitive conditions admitted to hospital as an emergency, previously 4.5% reduction amended to 0.5% reduction

6.3b Number of days between admission and discharge, previously 15% reduction amended to 13% reduction

7.1.1 Deaths at usual place of residence divided by all deaths, previously unknown amended to 51%

3.2 For 2014/15, there are 22 targets reported at year end, of these 9 are scored Green, 2 are scored Amber, 4 are scored Red and 7 are carried forward.

3.3 There has been notable progress against the following measures:

- 1.2 Improve skills development, percentage point gap between the lowest achieving 20% in the early year's foundation stage profile and the rest
- 2.1 Fewer children needing a Child Protection Plan
- 2.2 Reduce the number of young people entering the criminal justice system
- 3.2a Percentage of the eligible population aged 40-74 offered an NHS Health Check
- 5.1 Improve the experience of NHS mental healthcare for people with mental health conditions
- 5.2 Report improved outcomes for people with mental health conditions arising from NHS mental healthcare
- 6.1 Improve measureable outcomes for children and young people with SEND (Special Educational Needs and Disability): Number of completed Education, Health and Care plans

3.4 Targets scored red are:

- 1.1a Increase MMR vaccinations – Percentage receiving vaccination
- 3.2b Percentage of eligible population aged 40-74 who were offered an NHS Health Check who received one (note that the number of people offered a health check was higher than targeted and therefore although the target of 50% of people offered going on to receive a health check was not met the actual number of people who received a health check was higher than expected)
- 7.1.2 More people identified as approaching end of life are cared for and die in their usual place of residence – Unable to calculate, measure proposed for amendment 2015/16
- 7.2 Improve the experience of care for people at the end of their lives – no measure developed

4. Changes to action plan measures and targets

4.1 The Board is asked to note the change to the measure and targets for 2015/16 in respect of:

Priority 5 - 5.1, people's experiences of NHS mental healthcare. The changes are in line with the mandatory questions in the NHS 'friends and families test'. Results will be submitted to, and published by, the NHS.

Amended measure: the percentages of service users responding to new 'friends and family test' survey questionnaires, who report their experience of Trust services was 'positive' and that they would be 'extremely likely' to recommend Trust services. Targets: 2015/16 'positive' 80%; 'extremely likely' to recommend 50%.

4.2 The Board is asked to agree the proposed amendment to the measure and targets for 2015/16 in respect of:

Priority 6 - 6.1, Number of completed Education, Health and Care Plans (EHCP). We are now concentrating on converting existing Statements to EHCP's rather than creating new ones.

Amended measure: proportion of Statements converted to Education, Health and Care Plans. Target: 2015/16 50%

Priority 7 - 7.1.2, the proportion of the 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. It was not possible to calculate the measure in its current form.

Amended measure: the proportion of population on the Palliative Care Register (PCR) whose data has been uploaded to the SCR/EPaCCS. Target: 2015/16 75%.

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 and dealing with some matters of process and data reporting, work to tackle these issues has progressed.

5.2 The Government has announced cuts of £200 million to the Department of Health's non NHS budget 2015/16. This is likely to mean cuts to the County Council's Public Health grant estimated at £1.7 - 2 million.

5.3 The next biannual progress report covering the period April to September 2015 is scheduled for the Health and Wellbeing Board in January 2016.

Becky Shaw

Chief Executive, East Sussex County Council

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

KEY	G	Achieved or on track	A	Target off track	R	Target will be missed	AD or NA	Target amendment or data not available	CO	Outturn carried over to next report

Priority	Ref.	Outcome indicator/measure	2014/15 Target	Q2 2014/15		Q4 2014/15	
				Outturn	RAG	Outturn	RAG
1. Best start	1.1	Increase MMR vaccinations: MMR vaccination coverage for one dose (2 year olds)	a) 94.5%	a) 91.3%	R	Q3 = 90.5% Q1 to Q3 year to date = 91.0 Q4 available July 2015	R
			b) Reduce gap at District / Borough level from 4.2% 2011/12	b) 2013/14 District/Borough Gap = 2.2% (Lewes = 91.4% and Hastings 93.6%)	G	2014/15 Gap not yet available Data available around August	CO
	1.2	Improve skills development: The percentage point gap between the lowest achieving 20% in the early years foundation stage profile and the rest	Ac Year 13/14 The same or narrower than the national average	29.3%	G	East Sussex - 29.5% National – 33.9%	G
2. Parenting	2.1	Fewer children needing a Child Protection Plan: Number of children with a Child Protection Plan	502	601	R	469	G
	2.2	Reduce the number of young people entering the criminal justice system: Rate of first time entrants to the criminal justice system per 100,000 population 0-17yrs	300 FTE	34 FTE per 100,000 (17 Actual)	G	Provisional outturn: 166 FTE per 100,000 Final data available early July 2015	G
3. Healthy lifestyles	3.1	Reduce rates of mortality from causes considered preventable: Age-standardised rate of mortality from causes considered preventable per 100,000 population	2015/16 10% reduction from 2010 to 2012 to 2015-2017 average	a) Data due autumn 2015. Reported one year in arrears	TBC	a) Data due autumn 2015. Reported one year in arrears	CO
			Reduced gap between Hastings and Wealden from 2003-2005 (74.0) deaths per 100,000)	b) Data due autumn 2015. Reported one year in arrears	TBC	b) Data due autumn 2015. Reported one year in arrears	CO

Priority	Ref.	Outcome indicator/measure	2014/15 Target	Q2 2014/15		Q4 2014/15	
				Outturn	RAG	Outturn	RAG
	3.2	Increase offer and uptake of NHS health checks: % of eligible population aged 40-74 offered NHS Health Check who received an NHS Health Check in the financial year	20% offered	a) 11.4% of eligible population offered a health check (target 10% at Quarter 2)	G	a) 26.2% of eligible population offered a health check	G
			50% received	b) 50.6% received a check (target 50%)	G	b) 47% of those offered receiving an NHS Health Check	R
4. Accidents and falls	4.1	Reduce emergency hospital admissions amongst children and young people for accidents and injuries: 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	4% reduction 2011/12 to 2015/16 (1.35% per year)	Data due autumn 2015	TBC	Data due autumn 2015	CO
	4.2	Reduce the number of older people admitted to hospital due to falls: 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 on 2013/14 baseline (2,242 per 100,000)	1% Increase **UPDATED**	R	Q1 = 2,224 Q2 = 2,258 Q3 = 2,328 Q1 to Q3 year to date = 2,270 which is a 1% increase on 2013/14 baseline Q4 data available late June at earliest	CO
5. Mental health	5.1	Improve the experience of NHS mental healthcare for people with mental health conditions: the percentages of service users responding to new 'friends and family test' survey questionnaires, who report their experience of Trust services was 'positive' and that they would be 'extremely likely' to recommend Trust services.	2015/16 'positive' 80%; 'extremely likely' to recommend 50%.	Satisfied 80% Very satisfied Postcard survey 88% Questionnaires 74%	G	89% of respondents 'positive' 56.1% 'extremely likely' to recommend	G
	5.2	Report improved outcomes for people with mental health conditions arising from NHS mental healthcare: Measure to be confirmed during 2013/14	2015/16 targets to be determined during 2014/15	a) Target Amended to number entering treatment, 7,500 for 2015/16 **UPDATED**	AD	a) Entering treatment = 7,422	G

Priority	Ref.	Outcome indicator/measure	2014/15 Target	Q2 2014/15		Q4 2014/15	
				Outturn	RAG	Outturn	RAG
			2015/16 targets to be determined during 2014/15	b) Target Amended to 50% completing treatment for 2015/16 **UPDATED**	**AD**	b) Achieving recovery = 50%	**G**
			2015/16 targets to be determined during 2014/15	c) Target Amended to waiting times: 75% within 6 weeks 95% within 18 weeks Both for 2015/16 **UPDATED**	**AD**	c) Access within 6 weeks = 61%; access within 18 weeks = 90%	**G**

Priority	Ref.	Outcome indicator/measure	2014/15 Target	Q2 2014/15		Q4 2014/15	
				Outturn	RAG	Outturn	RAG
6. SEND and LTC	6.1	Improve measurable outcomes for children and young people with SEND (Special Educational Needs and Disability): Number of completed Education, Health and Care Plans.	165	Q2: 71 YTD: 123	G	176	G
	6.2	Increase the take up of Health Checks for people with Learning Disabilities (LD): % of patients on a Learning Disability register in East Sussex GP Practices who have received a Health Check within the financial year	By 2016: Meet the England average (65%) revised upwards if the average increases	Pending data	CO	The uptake should be 65% by 2015/16, but progress information is not available Data previously available Oct/Nov	CO
	6.3	Reduce number of people with long term conditions being admitted to hospital and to reduce the time they spend in hospital: a) Proportion of people with ambulatory care sensitive conditions admitted to hospital as an emergency; and b) Number of days between admission and discharge	By 2016: a) 20% reduction b) 20% reduction	April to September 2014 compared to April to August 2012 (baseline year): a) 0.5% reduction in admissions **UPDATED**	A	April to March 2014/15 (Year 2) compared to April to March 2012/13 baseline: a) 3.3% reduction in admissions	A
				April to September 2014 compared to April to September 2012 b) 13% reduction in bed days **UPDATED**	G	April to March 2014/15 (Year 2) compared to April to March 2012/13 baseline: b) 13% reduction in bed days	A

Priority	Ref.	Outcome indicator/measure	2014/15 Target	Q2 2014/15		Q4 2014/15	
				Outturn	RAG	Outturn	RAG
7. End of life care	7.1.1	More people identified as approaching end of life are cared for and die in their usual place of residence: Deaths at usual place of residence divided by all deaths	Increase by 1% each year from baseline To 50.3% by 2015/16	51% **UPDATED**	G	End of Q3 51.1% Q4 data available end of June	CO
	7.1.2	More people identified as approaching end of life are cared for and die in their usual place of residence: 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 Proposed amendment: Proportion of population on the Palliative Care Register (PCR) whose data has been uploaded to the SCR/EPaCCS	40%	Roll out commenced in EHS and H&R CCGs with enhanced EOLC record attached to the Summary Care Record (SCR). Hold up due to EMIS GP practice system not compatible with the SCR enhanced EOLC record until later in 2015.	R	Measure and target proposed for amendment See 7.1.2 in Appendix 2 below	R
	7.2	Improve the experience of care for people at the end of their lives	To be confirmed 2014/15	Work is ongoing to develop a measure	A	The approach to this measure will be examined as part of the baseline assessment to be carried out in Q1 15/16	R

APPENDIX 2: BIANNUAL PROGRESS REPORT October 2014 to March 2015 and year end outturns

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 2014 – March 2015

The number of referrals to statutory social care has reduced to 3,935 in 2014/15 against a target of 5,590 and reflects the work to safely reduce the demand on social care. We will need to ensure thresholds remain safe for both referrals and progression to social care assessment during the coming year as we continue to have a lower rate of both referrals and assessments than our comparators.

Over the last six months we have sustained the higher number of families given targeted early help as a result of the Thrive programme. Recent changes to the joint working arrangements with health visitors have coincided with a reduction in the number of families identified as needing targeted support; this is an issue we are currently addressing with health visiting managers.

Levels of smoking in pregnancy remain an issue, particularly in certain geographical areas; a number of key actions are currently included within the Hastings and Rother (HR) CCG Health Inequalities action plan.

Data published by NHS England for the East Sussex CCGs fails the data quality threshold of more than 5% with a breastfeeding status unknown. This is the case nationally as well, where 13% are status unknown. Locally the position has improved over the three quarters of 2014/15 where data is published.

East Sussex combined CCGs

Q1 = 41% breastfed (20% status unknown)

Q2 = 36% breastfed (29% status unknown)

Q3 = 55% breastfed (8% status unknown)

Q1 - Q3 total = 44% breastfed (19% status unknown)

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%, 2014/15 94.5%, 2015/16 95% and to reduce the gap at District and Borough level from 4.2% in 2011/12 Q1 = 91.4% Q2 = 91.2% Q3 = 90.5% Q1 to Q3 year to date = 91.0% Q4 data will be available in July 2015. Gap position for Districts and Boroughs for 2014/15 will be available late summer. There has been a slight decrease in MMR dose 1 immunisation coverage during Q1 to Q3, Q4 data available 26/06/2015, to 91.0%, against an annual target of 94.5%. This issue was discussed at the most recent East Sussex immunisation co-ordination group. The CCG lead nurse will approach the Inequalities Fund to seek further funding for the St Leonard's project. This was a very successful initiative to address uptake, with an immunisation nurse working in the community and giving immunisations to those children who were behind schedule. The screening and immunisation team is currently going through a restructure. Once this is complete, and capacity has improved, our area team immunisation co-ordinators will work with individually underperforming practices. We will also be working closely with CCG primary care workforce tutors
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, 2014/15 to be the same or narrower than the national average. 2015/16: to be the same or narrower than the national average. In East Sussex, the achievement gap between the lowest attaining 20% of children and the median is 29.5%. This is 4.4 percentage points better than the England figure (33.9%) and 7th among our statistical neighbours. Future targets have been set to remain below the national average.

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 2014 - March 2015

The number of children and young people getting 1:1 targeted support from Early Help services increased in 2014/15 to 6,592, from 6,232 in the previous year. This reflects the embedding of whole family key working in Children's Services and partner agencies. We have sustained the number of families supported over the last six months, which increased through the Thrive programme (2012-2015).

PERFORMANCE MEASURES AND TARGETS

2.1 Fewer children who need a Child Protection plan (CP); measured by the number of children with a Child Protection Plan.

Targets: 2014/15 502 plans, 2015/6 500 plans.

At the end of Q4 the number of children with a Child Protection (CP) plan is 469 against a target of 502, this has been achieved by implementing the CP action plan. This included challenging the ongoing high levels of children with CP plans and agreeing ways to reduce the number of children with a CP plan safely, for example, working with Independent Reviewing Officers and Child Protection Advisers to reinforce other robust planning mechanisms to safeguard children. Many of these children remain Children in Need (CIN) and continue to be supported by social workers with robust CIN plans.

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 of 0-17 years old.

Targets: 2014/15 300 FTE, 2015/16 300 FTE

Provisional outturn for the year: 166 FTE per 100,000
Provisional Q4 outturn: 24 FTE per 100,000
Updated Q3 Data: 34 FTE per 100,000

First Time Entrants continue to be low as a result of the continued use of Community Resolution by the police for low level offences and the Targeted Youth Support pathway which sees young people being assessed by the Youth Offending Team and then receiving informal diversion work which prevents the young person from entering the criminal justice system.

Please note that the numbers are initially low when reported as there is a delay in receiving outcome data from the police. However, the numbers are updated each quarter for the previous quarter, the final outturn for the year will therefore be reported in Q1 of 2015/16.

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 Alcohol Steering Group continues to lead and co-ordinate multi-agency work to address alcohol related harm in East Sussex as set out in the Alcohol Strategy 2014 – 19 Delivery Plan.

As Hastings is one of the national Local Alcohol Action Areas, work has commenced with the Home Office and Public Health England (PHE) to develop and implement a delivery plan. As part of this work, a common approach to delivering the Alcohol Strategy 2014 – 19 harm reduction communications plan has now been agreed. A report has been produced which collates the local data on alcohol related health harm to help guide targeted interventions more effectively. In addition, a proposal to develop community engagement on alcohol-related issues has been funded by PHE and will be taken forward in 2015/16.

A recently commissioned training programme, which trains frontline staff to raise alcohol issues and give brief advice to clients and contacts, is now being delivered across the county.

Tobacco:

The multi-agency Tobacco Control Partnership continues to meet to co-ordinate tobacco control work across East Sussex. The partnership has refreshed its priorities for 15/16 which continue to include maternal smoking, high quality stop smoking services, joint campaigns to raise awareness of the harms of smoking, work to reduce the impact of exposure to other people's tobacco smoke, and work to address smoking amongst children.

Quit 51, the specialist stop smoking service, has continued to develop and improve smoking cessation provision in the first year of its contract. The Council's smoking cessation target for 14/15 has been achieved, with 3287 people quitting smoking through ESCC commissioned services against a target of 3028. Around 34% more people quit smoking with ESCC services compared to 2013/14.

Services provided by GP's and pharmacies have been reviewed and new service agreements have been developed. Targeted work has been undertaken with community pharmacies to support them to develop the services provided in this setting and attract more smokers into their services.

Work has commenced through GP's in Hastings and Rother (HR) to support practices to raise smoking with their patients and encourage them to attend stop smoking services. This includes staff training, direct mail-outs to registered smokers and improved IT support.

Obesity/Physical Activity:

The Healthy Weight Partnership continues to meet and has identified local priorities and an outline action plan. A programme of work to address obesity and increase physical activity is underway:

- Weight management services for adults and children, have now both started supporting people to achieve and maintain a healthier weight.
- Work has commenced with CCGs to develop a whole system care pathway including plans to develop Tier 3 weight management services. Tier 3 services are for clients who have not responded to previous tier interventions, and comprise a multi-disciplinary team of specialists.
- A triage tool is in development to support effective referral and self-care/management for people seeking to access the right support for them.

A range of community support, to enable people to eat more healthily and increase their physical activity continues to be provided e.g. a countywide health walks scheme, Healthy Living Clubs for older people and community led initiatives such as community champions/village agent's schemes. In addition the lottery funded Chances4Change programme was extended across the county and has developed community opportunities for physical activity and healthy eating, for example through linking with the Environmental Health led Eat Out Eat Well scheme to encourage local catering venues to increase their healthy food offer.

A programme of work to support healthy eating and increase physical activity in children has commenced. This includes support for early year's settings such as nurseries and child minders to increase the amount of physical activity and healthy food provided in their services and support to schools to improve their Personal Social and Health Education (PSHE) provision to support healthy

lifestyles. Social marketing research has been commissioned which will gather insight into the issues for local children and families around adopting healthier lifestyles which will be used to inform future work around physical activity/obesity.

Brief advice and signposting to relevant services:

Physical activity brief advice has been commissioned from Action for Change and has been delivered to a range of front-line staff across the county.

Alcohol Information and Brief Advice training for front line staff working with people at risk of drinking at increasing and higher levels is being provided across the county.

Behaviour change for health (Making Every Contact Count) training and support has been delivered to voluntary sector organisations to enable staff and volunteers to proactively raise lifestyle issues with clients and to refer people onto services. The programme also helps organisations think about how they can develop the health improvement support their service offers directly to clients.

CCGs in East Sussex are developing programmes to tackle health inequalities. In Hastings and Rother work is underway to increase the skills and confidence of all practice staff to raise lifestyle issues with patients and to consider how the CCG provider's might embed this approach in their work. In High Weald Lewes and Havens (HWLH) work is in development to identify how staff such as receptionists might have an increased role in supporting patients to access community services to improve their health.

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.

Data for 2012 – 2014 due Autumn 2015

2011-2013 = 169.2 per 100,000 population which represents a 2.5% reduction on 2010-2012 (173.5)

2011-2013 gap = 83.8 (Hastings = 228.3, Wealden = 144.5). This is an increase in the gap for 2010-2012 (71.9) as Hastings increased from 217.8 to 228.3 and Wealden reduced slightly from 145.9 to 144.5.

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: 2014/15 20% offered, 50% received, 2015/16 20% offered, 70% received.

2014/15 results show 26.2% offered with 47% of those offered receiving an NHS Health Check

	Target	Actual	Diff (n)	Diff (%)
Eligible population	166,761	166,761		
Offered (%)	20.0%	26.2%		
Offered (n)	33,352	43,717	10,364	31%
Received (%)	50.0%	47.0%		
Received (n)	16,676	20,538	3,862	23%

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:

At present, multi-agency work to reduce unintentional injury to children and young people is co-ordinated through the Local Safeguarding Children's Board (LSCB) Child Safety sub group, the Safer Sussex Roads Partnership and the East Sussex Road Safety Group. As part of the LSCB Child Safety Subgroup Workplan 2015-2017, a number of broad actions have recently been agreed as part of Outcome 1 "Accidents to children and young people are reduced". These focus on strengthening the use and sharing of data on accidents, monitoring the performance and outcomes of accident prevention initiatives, embedding new ways of working with early years practitioners to reduce risk of accidental injury (and expanding to other professionals), and utilising national and local resources/campaigns to raise awareness amongst at-risk populations locally.

A programme of accident prevention training for the East Sussex Healthcare NHS Trust (ESHT) (Health Visitors and Family Nurse Partnership (FNP)) and ESCC Children Services (Children Centre Keyworkers and Community) staff has now been completed. The Child Accident Prevention Trust (CAPT) was commissioned by ESCC Public Health to deliver 12 training courses between November 2014 and April 2015; designed to support practitioners that work with families with children under 5 years to confidently raise accident prevention with clients, deliver consistent accident prevention messages, and implement home safety checks. Over 140 early years professionals/practitioners have participated in the training; with additional staff benefiting from cascade sessions following two "train the trainer" courses. A follow up evaluation with all staff who participated in the training is due to take place during May/June 2015.

From October 2014, ESHT (Health Visitors, Community Nursery Nurse and FNP) practitioners and ESCC Children Centre Keyworkers have been able to refer families with children aged 0-2 years to the East Sussex Child Home Safety Advice and Equipment Service. This service is targeted at vulnerable families who are either identified through the Team Around the Family meeting, are a FNP family or have a safeguarding plan. Between 1st October 2014 and 30th September 2015, up to 550 families will benefit from a home safety assessment, advice, and having equipment fitted in the home. The Public Health Service continues to work with the key referring organisations as part of the 0-5 Accident Prevention Working Group to review the service, enhance referrals and achieve maximum impact for eligible families.

Following quite a marked increase in 0-4 admissions between 2012/13 and 2013/14, a comprehensive analysis of the causes of 2013/14 A&E attendances and hospital admissions has now been undertaken by Public Health Services. This has been shared with partners from the LSCB Child Safety Subgroup as a means to help inform appropriate actions to address the causes

of accidental injury in children under five (e.g. key messages delivered as part of Child Safety Week in June 2015)

East Sussex Fire and Rescue service provide free fire safety checks and smoke-alarms to vulnerable families. A Winter Home Check service, run by ESCC, provides a home visit for vulnerable families (and older people) to identify and address cold home issues. It also identifies home safety issues such as dangerous heating appliances and broken doors, windows etc.

Older People:

Otago 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+), by delivering specially designed strength and balance enhancing exercises. By the end of the programme's first year in September 2014, 296 individuals had been referred to the service. Of these, 188 individuals had started a programme and 65 clients had completed a programme. Between October 2014 and February 2015 (March data available earliest late June) a further 212 clients were referred to the programme, 100 of these had started a programme by the end of February, and at least a further 47 clients had completed a programme. Quarter 4 data demonstrates a reduction in the volume of referrals to the programme with 41 referrals received in January and 26 in February. Work continues between the commissioner and service providers to improve data collection and communication pathways to minimise waiting times for clients and maximise client outcomes. Trials of new Postural Stability Instructor (PSI) classes for clients with more complex needs, and 'graduation' classes for clients who have completed a programme, in order to support ongoing maintenance of gains, are on hold until improvements in data collection and communication are achieved. A detailed programme protocols manual, and quality assurance programme are in development. The current contracts will be extended to March 2016 to allow time to trial and apply learning from the new classes, and to undertake a procurement exercise for delivery of a new contract and outcome based specification from April 2016 (subject to a further business case to be presented to the East Sussex Better Together Performance & Delivery Group in August).

Falls Management Service (FMS):

Since October 2013, the service had reported significant increases in throughput and reduced inappropriate referral volumes. An audit of the service in December 2014 suggested that reporting since this date had over-reported throughput and face to face assessments and interventions. A new data collection system was implemented in January to address this. Revised reporting received for January and February 2015 was in line with the findings of the audit (i.e. significantly fewer referrals were being accepted, a greater number of referrals being rejected, and fewer clients being discharged per month than previously reported). The revised reporting has provided much greater detail about volumes and activities within the service, and has been used to inform development of the falls prevention and management elements of the 2015/16 Joint Community Rehabilitation Service (JCR) specifications. The FMS was operationally integrated into the JCR at the start of April 2015 (with formal launch to referrers planned for June 2015), and work continues between the commissioner and service provider to finalise the specification and timescales for the launch of developments throughout the year. The changes will ensure that a greater number of clients are routinely offered multifactorial falls assessments and interventions in line with current NICE guidelines.

Fracture Liaison Service:

A decision was made not to award a contract for a Fracture Liaison Service following the tender process launched in September 2014. A new procurement exercise is being launched which will pursue the option of deployment through existing local fracture clinics. Service to be launched by April 2016.

Other:

The Falls and Secondary Fracture Prevention Project Group has been well attended by a broad range of stakeholders over the past year. The group has signed off the first draft of a whole systems pathway and draft screening tool (which will direct the user to appropriate services and support self-referral). Training in use of the tool and piloting with key services is to take place in coming months. The launch is planned by November 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 Health and Wellbeing Board 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.

Data still not published for 2013/14 in the Public Health Outcomes Framework http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/4/par/E12000008/are/E10000011/iid/90284/age/26/sex/4

Local data for 2014/15 will be available in the Autumn.

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: 2014/15 reduction of 1% per year from 2013/14 baseline, 2015/16 2% reduction from 2013/14.

Q1 = 2,224
Q2 = 2,258
Q3 = 2,328
Q1 to Q3 year to date = 2,270 which is a 1% increase on 2013/14 baseline
The earliest Q4 data will be available is June.

Outturn for 2013/14 still not published in the Public Health Outcomes Framework http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/4/are/E10000011/iid/22401/age/27/sex/4

The 1% increase is made up of a 5% decrease in Eastbourne Hastings & Seaford (EHS), a 5% increase in Hastings and Rother and a 6% increase in High Weald Lewes and Havens. This suggests progress is unlikely to be in line with the target of a 1% reduction on the 2013/14 baseline, though is dependent on the Q4 outturn. Contributing factors to the above may include:

- EHS had the highest number of clients completing the Otago programme (69% of all completers in year 1);
- the number of clients that started or finished Otago classes was lower than anticipated, partly due to waiting times; and
- the FMS did not assess and offer multifactorial interventions to as many clients as anticipated or previously reported

Key milestones for developments within the programme to increase the impact in 2015/16 are outlined below:

	Milestone	Target date
1	Operational integration of FMS with JCR, with upskilling of staff and move to 7 day working for all therapy staff	01.04.15
2	ESHT formal sign off of updated JCR specification	29.05.15
3	JCR formally launch integration of FMS into service (including multifactorial assessments offered in line with NICE guidelines)	30.06.15
4	Community falls exercise programme provider publishes 20 month evaluation	31.07.15
5	Business case for post-2016 falls exercise programme signed off	31.08.15
6	Trial Postural Stability and 'Graduation' classes within community falls exercise programme	30.09.15
7	Formal launch of JCR screening of community falls exercise programmes	01.11.15
8	Launch revised pathway with screening and self-referral tool	01.11.15

9	Award community falls exercise programme contract (dependent on outcome of 5)	29.02.16
10	FLS launched	31.03.16

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

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Children and Young People:

Action taken this year includes further training for family keyworkers in support for children and young people with mental health needs and closer joint working between The Child and Adolescent Mental Health Service (CAMHS) and the Emotional Well Being team within the Targeted Youth Support Service. We are also developing new arrangements for offering family key work where appropriate to the families of children and young people referred to CAMHS whose needs do not meet the threshold for specialist services.

Adults and Older People:

New specifications have been agreed and incorporated in to the contract with Sussex Partnership Trust (as our principal provider of mental health services), based on 'care clusters' which more closely reflect distinct care pathways appropriate to individuals meeting their definitions. There are 21 such clusters defined (nationally) which take in different severities of presentation and broad diagnostic categories including psychotic/non-psychotic disorders and cognitive impairment/dementia. This enables a more personalised approach to be taken to care planning and delivery.

Baselines have been established against new waiting time standards being introduced in 2015/16, which will ensure earlier identification and access to services for people with a first episode of psychosis, as well as providing those with common mental health problems access to psychological therapies.

Services were incentivised in 2014/15 through CQUIN schemes (Commissioning for Quality and Innovation), to target those with long term mental health problems and ensure their risks for physical health problems such as cardiovascular disease are identified and addressed through programmes such as tailored smoking cessation courses. Other initiatives related to linking mental health interventions with long-term conditions included the Health in Mind services providing cognitive behavioural therapies for participants on pulmonary rehabilitation programmes

addressing Chronic Obstructive Pulmonary Disease.

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 new 'friends and family test' survey questionnaires, who report their experience of Trust services was 'positive' and that they would be 'extremely likely' to recommend Trust services.

Targets: Amended 2015/16 'positive' 80%; 'extremely likely' to recommend 50%.

Overall patient experience of Trust services (friends and family test), was 'positive' for 89% of respondents, with 56.1% saying they would be 'extremely likely to recommend' Trust services

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

Targets for 2015/16: a) numbers entering treatment – 7,500, b) numbers completing treatment who have recovered – 50% c) waiting times for treatment – 75% within 6 weeks; 95% within 18 weeks

The Health and Well-being Board considered and agreed a revision to this indicator at its meeting in January. This will focus on outcomes obtained from psychological therapies for the large numbers of people in East Sussex who experience common mental health problems such as anxiety and depression.

Baseline performance at end of quarter 4 against the new suite of targets for improving outcomes for more people who experience common mental health problems was: numbers entering treatment = 7,422; achieving recovery = 50%; access within 6 weeks = 61%; and access within 18 weeks = 90%

All measures are marked green as the targets for 2015/16 have been set and outturns at the end of quarter 4 will form a baseline for ongoing performance measurement.

Priority 6: SUPPORTING THOSE WITH SPECIAL EDUCATIONAL NEEDS (SEN), DISABILITIES (SEND) 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)

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Children and Young People:

We have seen further development of the SEND reforms which came into place in September 2014. The SEND Joint Commissioning Team has been established as part of the SEND restructure. A Local Offer Development Manager and SEND Joint Commissioning Support Officer have been appointed. The SEND Joint Commissioning Strategy was agreed by the SEND Joint Commissioning Group and published on the ESCC website. The streams of work set out in the strategy are progressing, and the Joint Commissioning Group receives bi-monthly progress reports.

Work to maintain and improve the East Sussex Local Offer is ongoing. A Local Offer Working Group is being established. Personalisation is a key focus and the Personal Budget Policy has received approval. Work continues to integrate personal budgets across education, health and social care.

Work continues on the transfer of Statements of Special Educational Needs to Education, Health and Care Plans. Work also continues on Special School Place Planning and the development of a new SEN Matrix to support resource allocation and service provision decisions.

Adults and Older People:

The implementation of integrated community Health and Social Care teams has been agreed as a primary work-stream within the East Sussex Better Together programme. This programme of work seeks to bring together core health and social care professionals to provide greater integration and coordination of care to meet the needs of local people within a community setting. While the development of localities is based on a whole population approach, it has been agreed that a phased approach is taken to the development of the delivery model, starting with key services for adults with LTC, older people and those who are frail or vulnerable. Focusing on adults with LTC and older people as the initial priority area reflects the significant opportunity to redesign key community services to wrap care around the individual and shift activity and resources from acute to community based care.

This service redesign focuses on delivering simple access to services which are based around primary care and localities with multidisciplinary teams providing the following functions:

- Proactive Care
- Crisis intervention and admission avoidance
- In-reach into bedded care and supporting discharge
- Maintaining independence – rehabilitation and reablement
- Maintaining independence – planned and routine care

In 2014/15, work continued to ensure the foundations for the future service model are fully established. GP practices now hold regular monthly multi-disciplinary meetings to discuss patients who are identified as most at risk of hospital admission.

Community pathways for key ambulatory care sensitive conditions (conditions for which effective management and treatment should limit emergency admission to hospital) have now been implemented across the entire county.

PERFORMANCE MEASURES AND TARGETS

6.1 To improve measurable outcomes for children and young people with SEND; measured by the number of completed Education, Health and Care Plans.

Targets: 2013/14 85 completed plans. 2014/15 165, 2015/16 to be set after 2014/15.

During the period January to March 2015, 28 final East Sussex Education, Health and Care Plans (EHCP) have been issued for the first time. Cumulatively, during the period April 2014 to March 2015, 176 final East Sussex EHCPs have been issued for the first time; the target of 165 has therefore been achieved.

Proposed amendment to measure and targets:

The measure has been proposed for amendment as we are now focused on converting existing SEND statements to EHCP's rather than creating new ones.

Amended measure: Proportion of Statements converted to Education, Health and Care Plans

Target: 2015/16 50%

6.2 To increase the take up of Health Checks for people with Learning Disabilities (LD); measured by the percentage of patients on an LD 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.

Training sessions supporting Primary Care to offer and encourage the take up of annual health checks for people with LD will be rolled out in the membership engagement events. The training will be provided by Sussex Partnership NHS Foundation Trust.

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 a) 20% reduction in number of admissions and b) 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.

Outturn position for 2014/15

Comparing 2014/15 data to the baseline year of 2012/13, ACS conditions admission rates have decreased by 3.3% in East Sussex. However, reductions were only achieved in two East Sussex CCGs: High Weald Lewes Havens (HWLH) and Hastings and Rother (HR) rates have decreased by 5.8% and 2.9% respectively; but Eastbourne, Hailsham and Seaford (EHS) rates increased by 4%.

The number of days between admission and discharge (bed days) has reduced by 13% in 2014/15 compared to the baseline year of 2012/13. The most significant reduction is at the Conquest Hospital
(-25%) and Eastbourne District General Hospital (-5.2%). However, for East Sussex patients going to the Princess Royal Hospital bed days have increased by 20% (1068 from 889) during the same period.

Q4 position for 2014/15

Comparing October 2014 to March 2015 data to October 2012 to March 2013 (the baseline year) data, ACS conditions admission rates have decreased by 1.3% in East Sussex. The picture varies across the three East Sussex CCGs: HR's admission rate has reduced by 7.9% and HWLH's by 7.5%; however EHS' rates have increased by 9.9%.

The number of days between admission and discharge (bed days) has reduced by 8.5% for October 2014 to March 2015 compared to the baseline year of October 2012 to March 2013. The most significant reductions are 31% at Conquest Hospital and 86% at Hurstwood Park (29 down to 4). However, for East Sussex patients going to the Princess Royal Hospital bed days have increased by 47% (435 up to 640) 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 current trajectory for bed day reductions has fluctuated, making it hard to predict whether East Sussex is on track to achieve the 20% target.

Although progress has been made to achieve the admissions reduction target, it is also not yet clear whether a 20% reduction will be met.

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

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All Primary Care practices in Eastbourne, Hailsham and Seaford (EHS) and Hastings and Rother (HR) CCGs are recording patient preference of care as part of their Locally Commissioned Service (LCS) for palliative care. The Local Commissioned Service audit will provide an understanding of how primary care delivers the preference of care in the EOLC pathway. The EOLC information held in primary care should become part of the Summary Care Record (SCR). The IT problems, which have been experienced nationally, in linking primary care held data with SCRs are scheduled to be resolved in 2015. Nationally there has been agreement in 2015 to have EOLC information automatically uploaded (with patient consent) to the SCR.

High Weald Lewes and Havens (HWLH) are using SCR as the mechanism for Electronic Palliative Care Coordination System (EPaCCS). HWLH practices undertaking the EOLC Locally Commissioned Service (LCS) also do after death analysis reviews.

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 EPaCCS is in place.

Targets: 2014/15 increase by 1% each year from baseline, to 2015/16 50.3%.

At Q2 2014/15 data for Deaths in Usual Place of Residence has shown an increase for the combined East Sussex CCGs to 51%.

At the end of Q3 2014/15 the figure was 51.1%. Q4 data should be available at around the end of Q1 2015/16.

This target could become an ambition for the CCGs to be in the upper quartile of people dying at home, or in a home of their choice (nursing home).

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 EPaCCS or other coordination system.

Targets: 2014/15 40% EOLC patient data uploaded to EPaCCS, 2015/16 75%.

Proposed amendment to measure and targets:

The measure has been proposed for amendment as we are unable to calculate it in the current form.

New measure: the proportion of population on the Palliative Care Register (PCR) whose data has

been uploaded to the SCR/EPaCCS.

Targets: 2015/16 75%

It is hoped that we can achieve the 75% target in 2015/16 but this is reliant on the new automatic PCR functionality being available.

The new target will be calculated by dividing the number of clients on the SCR by the number on the PCR and then multiplying this by 100 to produce a percentage.

The enhanced Summary Care Record (SCR) is used for EPaCCS. This will be used to add the End of Life dataset “manually” or “automatically” to the SCR and is the basis for the EPaCCS solution.

Roll out of EPaCCS has commenced with Vision practices going live with the “manual” version initially. Roll out for all practices with the "automatic" version using updated clinical systems will follow. EOLC templates are being developed for use with the enhanced SCR; these will be posted on the CCG intranet together with guidance.

7.2 To improve the experience of care for people at the end of their lives; measure and target to be confirmed during 2014/15.

Targets: 2015/16 to be confirmed during 2014/15.

The approach to this measure will be examined as part of the baseline assessment to be carried out in Q1 15/16.

June-July 2015 – A structured evaluation is to be undertaken of East Sussex EOLC strategic outcomes and service provision against the national EOLC framework – this will inform future commissioning priorities and will align the approach to EOLC to East Sussex Better Together outcomes.

GLOSSARY

ACS - Ambulatory care sensitive - refers to a range of health conditions where appropriate care may prevent or reduce the need for hospital admission or emergency admission

CAMHS - Child and Adolescent Mental Health Service - CAMHS are specialist NHS children and young people's mental health services

CAPT - Child Accident Prevention Trust - a UK leading charity working to reduce the number of children and young people killed, disabled or seriously injured in accidents

CCG - Clinical Commissioning Group - GP led bodies that plan and buy a wide range of health services for people in their area. There are three CCGs in East Sussex

CIN - Children in Need - a child is in need of local authority services to help support their health or development.

COPD - Chronic obstructive pulmonary disorder - an ambulatory care sensitive (ACS) condition. See above for definition of ACS

CP - Child Protection plan - a plan drawn up by the local authority. Children are made the subject of a Child Protection Plan when they are thought to be at risk of harm

CQUIN - Commissioning for Quality and Innovation - an NHS framework used to secure improvements in quality of services and better outcomes for patients, and strong financial management involving incentives, rewards and sanctions

EHCP - Education, Health and Care Plan - outcome focussed statutory plans specifying the educational, health and social needs of the child or young person, and the additional support and provision they require to meet those needs; for children and young people aged up to 25

EHS - Eastbourne Hastings and Seaford - refers to one of three Clinical Commissioning Groups in East Sussex

EOLC - End of life care - care that helps those with advanced, progressive, incurable illness to live as well as possible until they die

EPaCCS - Electronic Palliative Care Coordination Systems - enable the recording and sharing of people's care preferences at the end of life

ESCC - East Sussex County Council

ESHT - East Sussex Healthcare NHS Trust - provides NHS hospital and community services throughout East Sussex

FLS - Fracture Liaison Service - fracture risk assessment and treatment for patients with a fracture resulting from a fall.

FMS - Falls Management Service - a service commissioned by East Sussex CCG's to help reduce the risk falls and accidents

FNP - Family Nurse Partnership - a voluntary home visiting programme for first time young mums, aged 19 or under (and dads). A specially trained family nurse visits the young mum regularly, from early in pregnancy until the child is two

FTE - First Time Entrants - first-time entrants to the youth justice system aged 10-17

HR - Hastings and Rother - refers to one of three Clinical Commissioning Groups in East Sussex

HWLH - High Weald Lewes and Havens - refers to one of three Clinical Commissioning Groups in East Sussex

HWS - Health and Wellbeing Strategy

JCR - Joint Community Rehabilitation Service - a rehabilitation and reablement service provided by East Sussex County Council Adult Social Care and the local NHS trust. It provides short term support to people in their own homes to avoid hospital admission or to help after discharge from hospital. The service is time limited with reablement services typically lasting one to three weeks and rehabilitation services usually no more than six weeks.

LCS - Locally Commissioned Service

LD - Learning Disabilities

LSCB - Local Safeguarding Children's Board - a statutory body where organisations come together to agree how they will safeguard and promote the welfare of children in their area

LTC - Long term conditions

MMR - Measles, mumps and rubella (German measles), usually used in reference to the combined vaccine that protects against the three separate illnesses in a single injection

NICE - National Institute for Health and Care Excellence - provides national guidance and advice to improve health and social care

Otago - 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 specially designed strength and balance enhancing exercises

PCR - Palliative Care Register - a complete register of all patients in need of palliative care or support

PHE - Public Health England - national body responsible for protecting and improving the nation's health and wellbeing, and reducing health inequalities

PHOF - Public Health Outcomes Framework - sets out a vision for public health, desired outcomes and the indicators that help people understand how well public health is being improved and protected

PSHE - Personal Social and Health Education - programme of learning through which children and young people acquire the knowledge, understanding and skills they need to manage their lives

PSI - Postural Stability Instructor - professionals who work with frailer older people with a history of falls in the community

QUIT 51 - Specialist stop smoking service - a free national stop smoking service

SCR - Summary Care Record - is a copy of key information from your GP record, providing NHS staff with faster, secure access to patient information

SEND - Special Educational Needs and Disabilities - the needs of a child who has a difficulty or disability which makes learning harder for them than for other children their age

SSRP - Safer Sussex Roads Partnership - local agencies working together to help improve road safety for all road users

THRIVE - Three year, multi-agency programme set up in 2012 to ensure East Sussex County Council has a financially sustainable children's safeguarding system which acts in a proportionate, timely and effective way to reduce children and young people's needs

Eastbourne, Hailsham and Seaford CCG
Hastings and Rother CCG
High Weald Lewes Havens CCG

Report to:	**East Sussex Health and Wellbeing Board**
Date:	**7 July 2015**
By:	**Angela Simons - Strategic Planning Manager; Eastbourne Hailsham and Seaford CCG and Hastings and Rother CCG** **Peter Finn - Head of Contracts and Performance; High Weald Lewes Havens CCG**
Title:	**Quality Premium Local Measures 2015/16**
Purpose:	**To seek East Sussex Health and Wellbeing Board (HWB) support for the CCG's local measures which relate directly to the Health and Wellbeing Strategy and CCG plans.**

RECOMMENDATION:

The East Sussex Health and Wellbeing Board is asked to consider, agree and support the Quality Premium measures which Eastbourne Hailsham & Seaford CCG (EHS CCG), Hastings and Rother CCG (HR CCG) and High Weald Lewes Havens CCG (HWLH CCG) have identified within their plans for 2015/16.

1. Background

1.1 The Quality Premium (QP) is intended to reward Clinical Commissioning Groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reductions in inequalities.

1.2 The maximum quality premium payment for a CCG will be expressed as £5 per head of population, and this equated to approx. £900,000 for each CCG and is calculated using the same methodology as for CCG running costs. The quality premium payment will be made in 2016/17, to reflect the quality of the health services commissioned by them in 2015/16.

1.3 A CCG will not receive a quality premium payment if it:

- Is not considered to have operated in a manner that is consistent with Managing Public Money during 2015/16; or
- Ends the 2015/16 financial year with an adverse variance against the planned surplus, breakeven or deficit financial position, or requires unplanned financial support to avoid being in this position; or
- Incurs a qualified audit report in respect of 2015/16.

1.4 NHS England reserves the right withhold or reduce payment where:

- There is a serious quality failure during 2015/16; or
- If the CCGs providers do not meet the NHS Constitution rights or pledges for patients in relation to

  a) Maximum 18-week waits from referral to treatment,

  b) Maximum four-hour waits in A&E departments,

  c) Maximum 14-day wait from a urgent GP referral for suspected cancer, and

  d) Maximum 8-minute responses for Category A red 1 ambulance calls.

2. Introduction

2.1 In April 2015, NHS England published its Quality Premium 2015/16 guidance for CCGs the measures for 2015/16 cover a combination of national and local priorities as follows:

1. **Reducing potential years of lives lost through causes considered amenable to healthcare**;
2. **Urgent and emergency care** - a menu of measures for CCGs to choose from locally in conjunction with their relevant health and wellbeing board(s) and local NHS England team;
3. **Mental health** - a menu of measures for CCGs to choose from locally in conjunction with their relevant health and wellbeing board(s) and local NHS England team.
4. **Improving antibiotic prescribing in primary and secondary care**;
5. **Two local measures** - which should be based on local priorities such as those identified in joint health and wellbeing strategies.

2.2 It should be noted that due to the delayed publication of the QP guidance 2015/16, the CCGs were required to identify their local measures within national planning submissions made in May 2015; this unfortunately did not align with the HWB meetings timetabled earlier this year and therefore we were unable to formally agree the measures prior to submission of our plans.

3. Actions required of CCGs to meet National and Local Measures

3.1 **National Measure 1:** requires the CCG to agree with Health and Wellbeing Board partners and NHSE the average trend percentage reduction in the potential years of life lost (PYLL), (standardised for sex and age) from amenable mortality for the CCG population to be achieved over the period between the 2012 and 2015 calendar years.

3.2 **National measures 2 and 3:** (listed in 1.2) require CCGs to:

- Identify which measures they will achieve, (from a menu of options) and
- Agree the percentage of QP attributable to each measure.
- Agree the identified measures with Health and Wellbeing Board partners and NHS England Area Team.

3.3 **National measure 4:** is a composite measure requiring CCGs to:

- Reduce the number of antibiotics prescribed in primary care;
- Reduce the proportion of broad spectrum antibiotics prescribed in primary care;
- Ensure secondary care providers validate their total antibiotic prescription data.

3.4 **Two local measures:** are required to be based on local priorities, such as those identified in joint health and wellbeing strategies or indicators from the CCG Outcomes Indicator Set.

- The levels of improvement needed to trigger the reward should be agreed between the CCG, the Health and Wellbeing Board and the local NHS England team.
- The local measures should not duplicate the national measures, nor should they duplicate the NHS Constitution measures.

4. Local configuration to meet National Measures 1, 2, 3 and 4:

4.1 **National Measure 1- Reduction in PYLL:** The CCGs propose a **1.2% reduction** in the potential years of life lost (standardised for sex and age) from amenable mortality for the CCG population to be achieved over the period between the 2012 and 2015.

4.2 From the menu available the CCGs identified and submitted, in line with national planning timescales, the following configuration for national measures 2 and 3. This measure makes up 30% of the overall quality premium. The areas align to the Five Year Forward View and our local strategic transformation programme; East Sussex Better Together as well as our 2015/16 Business plans:

National Measure 2 - Urgent and Emergency Care:

- **Delayed transfers of care which are an NHS responsibility:** The total number of delayed days caused by delayed transfers of care in 2015/16 should be less than the number in 2014/15. (EHS and H&R 20% QP attributable, HWLH 10% QP attributable)
- **Increase in the number of patients admitted for non-elective reasons, who are discharged at weekends or bank holidays.** The proportion of patients discharged on a Saturday, Sunday or English Public Holiday should be at least 0.5% points higher in 2015/16 than in 2014/15. (EHS and H&R 10% QP attributable, HWLH 20% QP attributable)

4.3 From the menu available the CCGs identified and submitted, in line with national planning timescales, the following configuration for national measures 2 and 3. These areas align to the Five Year Forward View and our local strategic transformation programme; East Sussex Better Together as well as our 2015/16 Business plans:

National Measure 3 - Mental Health:

- Reduction in the number of patients attending an A&E department for a mental health-related need who wait more than four hours to be treated and discharged, or admitted, together with a defined improvement in the coding of patients attending A&E. (30% QP attributable)

a) The proportion of primary diagnosis codes at A&E with a valid 2 character A&E diagnosis or 3 digit ICD-10 code will be at least 90%; and,

b) The proportion of patients with a primary diagnosis of mental health-related needs or poisoning that spend more than 4 hours in A&E is no greater than the average for all patients, or is over 95%.

4.4 **National Measure 4 - Improving antibiotic prescribing in primary and secondary care:**

Part A is to reduce overall prescribing of antibiotics - this is included within the CCGs Medicines Optimisation Strategy, and is part of the 2015-16 Prescribing Support Scheme.

Part B is to reduce the prescribing of antibiotics most commonly associated with C diff (i.e. cephalosporins, quinolones, co-amoxiclav) (<11.3%) our action over the past 6 years has resulted in a significant decrease; we will continue to monitor and ensure these low levels are maintained. Current figures (March 2014 - Feb 2015) are 7.8%

Part C is for secondary care providers to validate their antibiotic usage data - ESHT undertook this data validation work in 2014/15 as part of the pilot and therefore this work is already complete. BSUH and MTW have confirmed they will complete this work in 2015/16. In 2016/17 NHSE are expected to set secondary care targets for antibiotic usage reductions, this will be taken forward once received.

5. Identification of the CCGs two local measures

5.1 A task and finish group was set up in the CCGs to agree their local measures, the group consisted of; clinical leads, commissioning leads, quality leads, finance and public health colleagues.

5.2 **Eastbourne, Hailsham and Seaford CCG Local Measures:**

The two local measures identified by the CCG in line with the health and wellbeing strategy and local priorities are:

- **C3.5 People who have had a stroke who are admitted to an acute stroke unit within four hours of arrival to hospital** - following the relocation of stoke services to a single site we expect to see further improvements in performance, therefore our aim is to achieve an increase of 10% on the average (YTD) number of people admitted to the stroke unit within 4 hours of arrival to hospital over 2015/16 compared to 2014/15**.**
- **C1.14 Maternal smoking at delivery** - the number of maternal smokers has been gradually increasing, we therefore aim to reduce smoking in pregnant women by 4%.

5.3 **Hastings and Rother CCG Local Measures:**

The two local measures identified by the CCG in line with the health and wellbeing strategy and local priorities are:

- **C1.15 Breast feeding prevalence at 6-8 weeks -** this has reduced dramatically over the last 2 years, therefore in line with our health inequalities programme the aim is to increase the number of women breast feeding at 6-8 weeks by 20% over 2015/16.

  C1.14 Maternal smoking at delivery - the number of maternal smokers although fluctuating has seen an overall increase over recent years therefore in line with our health inequalities programme we aim to reduce smoking in pregnant women by 4% over 2015/16

5.4 **High Weald Lewes Havens CCG Local Measures:**

The two local measures identified by the CCG in line with the health and wellbeing strategy and local priorities are:

- **C2.15 Enhancing quality of life for carers –** to improve the average health status scores for individuals aged 18 and over reporting that they are carers. This objective links to the Better Care Fund investment to support the agreed multiagency joint carers strategy.
- **C3.10 Improving recovery from fragility hip fractures -** increasing the proportion of patients recovering to their previous level of mobility / walking ability. This target links both to the falls programme and to the new MSK service.

6. Links to local priorities:

6.1 The local CCG measures link to the following local priorities:

- Health and Wellbeing Strategy priorities:
  - Support the best possible start for all babies and young children so that they develop well and are safe and healthy.
  - Support safe, resilient and secure parenting for all children and young people so that parents are confident, able and supported to nurture their child's development.
  - Enable people of all ages to live healthy lives and have healthy lifestyles so that more people can improve their prospect of a longer, healthier life.

- Prevent and reduce falls, accidents and injuries amongst children, young people and older people.
- Enable people to manage and maintain their mental health and wellbeing so that they and their carers are able to manage their condition better and maintain their physical health
- …Support those with long term conditions to be diagnosed earlier…

- The East Sussex Better Together programme as part of healthy living, proactive care and self-care workstreams;
- For HR CCG their local priorities also link to their Health Inequalities Programme.

7. Conclusion and recommendations

7.1 The CCGs delivery against these local measures will support delivery against the strategic outcomes of the Health and Wellbeing Strategy, East Sussex Better Together and the CCGs business plans 2015/16.

7.2 CCGs are required to agree with the Health and Wellbeing Board and the NHS England, their local measures linked to National Quality Premium requirements.

7.3 The HWB is therefore recommended to agree and support the local measures for each CCG identified within this paper.

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