



ADULT SOCIAL CARE AND COMMUNITY SAFETY SCRUTINY COMMITTEE

THURSDAY, 9 MARCH 2017

10.00 am CC2, COUNTY HALL, LEWES

MEMBERSHIP - Councillor Angharad Davies (Chair)
Councillors Trevor Webb (Vice Chair), Colin Belsey, Charles Clark,
Jim Sheppard, John Ungar and Frank Carstairs

A G E N D A

- 1 Minutes of the meeting held on 10 November 2016 (*Pages 3 - 8*)
- 2 Apologies for absence
- 3 Disclosures of interests
Disclosures by all members present of personal interests in matters on the agenda, the nature of any interest and whether the member regards the interest as prejudicial under the terms of the Code of Conduct.
- 4 Urgent items
Notification of items which the Chair considers to be urgent and proposes to take at the appropriate part 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 urgent.
- 5 Forward Plan (*Pages 9 - 16*)
The latest edition of the Forward Plan. The Committee is asked to make comments or request further information.
- 6 Health and Social Care Connect (*Pages 17 - 46*)
- 7 Further update on the impact of the 2016/17 savings (*Pages 47 - 50*)
- 8 Reconciling Policy Performance and Resources (*Pages 51 - 56*)
- 9 Scrutiny committee future work programme (*Pages 57 - 60*)
- 10 Any other items previously notified under agenda item 4

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1 March 2017

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ADULT SOCIAL CARE AND COMMUNITY SAFETY SCRUTINY COMMITTEE

MINUTES of a meeting of the Adult Social Care and Community Safety Scrutiny Committee held at County Hall, Lewes on 10 November 2016.

PRESENT Councillors Angharad Davies (Chair) Councillors Trevor Webb (Vice Chair), Charles Clark, Jim Sheppard, John Ungar and Frank Carstairs

LEAD MEMBERS Councillors Bill Bentley

ALSO PRESENT Keith Hinkley, Director of Adult Social Care and Health
Samantha Williams, Assistant Director, Planning, Performance and Engagement
Kay Holden, Head of Service (Learning Disability DPS)
Claire Lee, Senior Democratic Services Adviser

17 MINUTES OF THE MEETING HELD ON 15 SEPTEMBER 2016

17. RESOLVED to agree the minutes as a correct record

18 APOLOGIES FOR ABSENCE

18. Apologies for absence were received from Cllr Belsey (Cllr Pragnell substituted).

19 DISCLOSURES OF INTERESTS

19. There were none.

20 URGENT ITEMS

20. There were no urgent items.

21 FORWARD PLAN

21. The Committee RESOLVED to note the forward plan.

22 DELAYED TRANSFER OF CARE

22.1 The Director of Adult Social Care and Health introduced the report highlighting the following:

- There has been a consistent pattern over time in that East Sussex performance is below the national average for all delayed transfers of care (DTOCs) but better than the

comparator group of authorities delays attributable to social care. In this East Sussex is consistently better than both the national average and the comparator group for DTOCs.

- There has been a significant deterioration in performance over the last year which reflects national and regional trends.
- Reasons for delays change week to week but there are some key areas which are the biggest contributors overall to social care delays:
 - capacity in the independent sector – home care: recruitment challenges particularly affect home care and areas with high levels of employment where there are other, less demanding, jobs available at similar wage.
 - capacity in the independent sector – nursing care: this shortage is partly due to fee constraints but also because the market has historically been based around residential care. Population needs have increased but the sector nationally has not yet adapted to providing higher level care. Local response is to develop the ‘care home plus’ model and in-reach from community health teams.
- As part of winter plans the local NHS has agreed additional investment in two initiatives:
 - block purchase of independent sector beds in the Eastbourne and Hastings/Bexhill areas to enable easy access to these beds.
 - recruitment of generic health and social care workers to be based in locality teams which will also help in pulling people out of hospital promptly.
- An Operational Executive Group oversees use of bed capacity on a weekly basis and provides integrated management, reflecting the direction of travel towards accountable care.

22.2 The following additional points were made in response to the Committee’s questions:

Independent sector capacity

- There are issues with services pulling out of providing placements at local authority prices – the department is negotiating fee increases in the context that providers are requesting a significantly higher increase than the budget allocated in the Council’s medium term financial plan. Providers are impacted by increases to the National Living Wage. Ultimately, the level of fee increase impacts on the number of placements the department can provide, as the budget is fixed.
- The department is working to support small providers via Support with Confidence and the purchasing unit, and working with the Councils for Voluntary Service to change their offer to include support for very small businesses via community resilience work.
- The main challenges with home care relate to complex packages of care required for people leaving hospital with higher needs and it tends to be larger agencies which can provide these packages. The department is looking at ways to pay for care differently which would simplify the process for providers.
- There have been care home closures in the county for both finance and quality reasons, or because they no longer provide the services needed. There have also been new entrants to the market but these tend to be outweighed by those leaving. The department does work to stimulate the market and has to take innovative approaches. For example, the development of a new home in Ringmer which will provide ASC with a set number of

beds providing the higher level care needed at ASC prices, achieved by providing land incentives.

Hospital and intermediate care capacity

- Issues with hospital capacity are largely because there aren't appropriate services to support people in the community, leading to the acute hospital becoming the default option. If prevention and community care were improved it is likely that there would be enough hospital beds. Local plans are focused on avoiding the expansion of beds rather than reducing their number.
- If the cost of home care goes above a certain level a process is triggered to work with the client and family to move to a more cost effective way of delivering care which may be residential or nursing home care.
- Community bed capacity and the use of independent sector bed capacity will be reviewed as part of East Sussex Better Together (ESBT). This review will enable the right levels of capacity to be provided in different settings in the future.
- There is an issue with uneven geographical spread of NHS community beds across the county. Investments will be from a shared budget under ESBT in the future. In High Weald Lewes Havens area the potential for joint funding is being discussed.
- The pooling of resources with health across the ESBT area and joint Strategic Investment Plan enables a shift of resource from acute to community services which would not be achievable if the local authority was working alone.

Service developments

- Reablement hours have increased over time and the Joint Community Rehabilitation (JCR) service is linked into locality teams.
- The intention has consistently been to work with people from the point of admission to plan discharge but additional capacity is needed to do this fully. This is the driver behind expansion of the Hospital Intervention Team (HIT), alongside working with families, carers and communities.

22.3 The Committee noted the dual challenges of managing performance now across a stretched system alongside achieving transformation so that care is provided very differently in three to four years time. The Lead Member for Adult Social Care commented on the close daily management of DTOCs by the ASC management team working with health partners. He advised the committee that ASC management has permission to innovate and find solutions in the interests of clients and this results in the positive comparative performance.

22.4 The Committee RESOLVED to note the report.

23 RECONCILING POLICY, PERFORMANCE AND RESOURCES (RPPR)

23.1 The Director of Adult Social Care and Health highlighted the separation of budgets and areas of search for savings between the East Sussex Better Together (ESBT) area and the rest of the county and the difference this makes to the proposals. In the ESBT area the Council and Clinical Commissioning Groups have agreed a joint Strategic Investment Plan (SIP) and pooled budget from 2017/18 which enables savings to be considered across the entirety of the health and care budget. In the High Weald Lewes Havens area work is underway to align budgets but they remain separate, meaning that balance must be achieved within the ASC budget only.

23.2 In response to a question, the Director clarified that for universal services the budgets have been divided up on a population basis. Other service budgets have been divided based on need.

23.3 The committee considered each set of proposals in turn:

Savings outside ESBT

- It was noted that the Connecting for You integration programme is at a much earlier stage of development than ESBT and, because there is not yet agreement with regard to pooling resources there is not the same ability to manage demand differently and avoid cost. This results in a focus on shorter term savings similar to what was seen across all parts of the county pre-ESBT.
- Concern was expressed that cuts to assessment and care management could lead to further costs and therefore further savings being required in future.
- It was confirmed that the ASC levy had already been taken into account in the medium term financial plan for next year.
- It was suggested that the committee's focus could be on the level and nature of impact of proposed savings.
- Concern was expressed about the potential loss of staff in a context of rising demand.

ESBT savings

- It was noted that the focus in ESBT on investment in community services results in a different outcome in terms of savings proposals, but the service changes remain very challenging to implement.
- Additional description of how savings will be achieved in practice was requested in order for the committee to gain assurance around delivery. The Director confirmed that proposals would be developed further in some areas to demonstrate how savings will be achieved.
- It was noted that some investments will save money elsewhere reflecting the ESBT aim to divert the flow of activity and 'invest to save'.
- The Director confirmed that a more detailed breakdown of savings across the schemes, particularly in terms of the savings attributed to ASC, could be provided.
- The Director confirmed that reviews of care packages are built in but that it may be possible to look further at the role of locality teams in reviewing ongoing support across all agencies.

23.4 The Committee RESOLVED to:

- 1) note that the RPPR Board had been arranged for 12 December;
- 2) In relation to savings outside ESBT, have particular focus on clarifying the impact of proposals and any possible mitigation; and
- 3) In relation to savings within ESBT, request further detail and breakdown of savings.

24 EMPLOYABILITY AND SKILLS IN RELATION TO LEARNING DISABILITY

24.1 The Strategic Commissioning Manager for Learning Disability introduced the report. She advised the Committee that access to public transport is a key issue alongside work opportunities and significant support is provided to clients in relation to specific routes making any changes potentially difficult.

24.2 The following points were made in response to the Committee's questions:

- Employment performance indicators are based on all people with a learning disability known to the Council (c1,400). There will always be a proportion of people with more profound disability who are not seeking employment and some who don't have a desire to work. The focus is on those who have expressed a desire rather than on an assessment of capability.
- The majority of jobs undertaken are part-time, partly reflecting a link to benefit entitlements.
- Ongoing monitoring is undertaken in relation to ChoicES. As at end of October 2016 35 people were being supported in paid employment. In the last 12 months six paid placements were lost for a variety of reasons including people moving out of area. Placements ending are reviewed to see if there is any learning in relation to the appropriateness of the placement.
- The main impact from 2016/17 savings has been a reduction in staff. This has been managed by focusing the service more specifically on finding employment, using day services to provide more of the earlier skills development work, and through other support workers providing ongoing support to those in placement.
- Public transport is raised consistently as an issue at the Learning Disability Partnership Board as its impact is wider than employment. Bus concessions are highly valued by people with a learning disability but concessionary times don't always fit with work times. In some cases the service has been able to work with employers to agree alternative work times to support travel arrangements. It was suggested that links with community transport providers be maximised.
- The service is able to link with other areas and seek out best practice via the British Association of Supported Employment and a national network of learning disability commissioners. This has not identified any clear alternative approaches but the highest performers are likely to have more social enterprises active locally which is not generally the case in the south east.

24.3 The Lead Member commented that the long term work of ChoicES has positively changed attitudes amongst employers and some employers have taken measures such as transport sharing.

24.4 The Committee RESOLVED to note the report.

25 REFRESH OF EAST SUSSEX COUNTY COUNCIL 'WHITE RIBBON' ACCREDITATION

25.1 The Assistant Director – Planning, Performance and Engagement introduced the report confirming that the original application for White Ribbon status, which the Committee had supported, lasted for two years, hence the refresh and re-application.

25.2 The following clarifications were made in response to questions:

- The application fee would be paid again as part of the re-application.
- Existing ambassadors can continue - it is a matter of refreshing and reconfirming their commitment and broadening out the pool, including to women who can now become ambassadors. The department can offer support with applications and refresh training.
- Ambassadors make their own pledge as to what they can do to support the White Ribbon goals and there are examples of people who have been active in communities and schools.

25.3 The Lead Member expressed his thanks to all who volunteered to be an ambassador or champion and noted that a lot had been achieved over the past two years. He also suggested that local MPs could be recruited as ambassadors.

25.4 The Committee RESOLVED to:

- 1) endorse the White Ribbon Action Plan;
- 2) support the proposal that elected members are invited to nominate themselves as 'White Ribbon' ambassadors to help raise awareness of the County Council's commitment to increase social intolerance and reduced acceptance of violence and abuse.

26 SCRUTINY COMMITTEE FUTURE WORK PROGRAMME

26.1 The Committee RESOLVED to add an item on Accountable Care to the June 2017 agenda, focusing on the implications for Adult Social Care department.

The meeting ended at 12.15 pm.

Councillor Angharad Davies
Chair

EAST SUSSEX COUNTY COUNCIL'S FORWARD PLAN

The Leader of the County Council is required to publish a forward plan setting out matters which the Leader believes will be the subject of a key decision by the Cabinet or individual Cabinet member in the period covered by the Plan (the subsequent four months). The Council's Constitution states that a key decision is one that involves

- (a) expenditure which is, or the making of savings which are, significant having regard to the expenditure of the County Council's budget, namely above £500,000 per annum; or
- (b) is significant in terms of its effects on communities living or working in an area comprising two or more electoral divisions.

As a matter of good practice, the Council's Forward Plan includes other items in addition to key decisions that are to be considered by the Cabinet/individual members. This additional information is provided to inform local residents of all matters to be considered, with the exception of issues which are dealt with under the urgency provisions.

For each decision included on the Plan the following information is provided:

- Page 9 -
- the name of the individual or body that is to make the decision and the date of the meeting
 - the title of the report and decision to be considered
 - groups that will be consulted prior to the decision being taken
 - a list of other appropriate documents
 - the name and telephone number of the contact officer for each item.

The Plan is updated and published every month on the Council's web-site two weeks before the start of the period to be covered.

Meetings of the Cabinet/individual members are open to the public (with the exception of discussion regarding reports which contain exempt/confidential information). Copies of agenda and reports for meetings are available on the web site in advance of meetings. For further details on the time of meetings and general information about the Plan please contact Andy Cottell at County Hall, St Anne's Crescent, Lewes, BN7 1SW, or telephone 01273 481955 or send an e-mail to andy.cottell@eastsussex.gov.uk.

For further detailed information regarding specific issues to be considered by the Cabinet/individual member please contact the named contact officer for the item concerned.

EAST SUSSEX COUNTY COUNCIL

County Hall, St Anne's Crescent, Lewes, BN7 1UE

For copies of reports or other documents please contact the officer listed on the Plan or phone 01273 335138

FORWARD PLAN – EXECUTIVE DECISIONS (including Key Decisions) –1 March 2017 TO 30 June 2017

Additional notices in relation to Key Decisions and/or private decisions are available on the Council's website via the following link:

<http://www.eastsussex.gov.uk/yourcouncil/about/committees/download.htm>

Cabinet membership:

Councillor Keith Glazier - Lead Member for Strategic Management and Economic Development

Councillor David Elkin – Lead Member for Resources

Councillor Chris Dowling – Lead Member for Community Services

Councillor Rupert Simmons – Lead Member for Economy

Councillor Carl Maynard – Lead Member for Transport and Environment

Councillor Bill Bentley – Lead Member for Adult Social Care

Councillor Sylvia Tidy – Lead Member for Children and Families

Councillor Nick Bennett – Lead Member for Education and Inclusion, Special Educational Needs and Disability

Date for Decision	Decision Taker	Decision/Key Issue	Decision to be taken wholly or partly in private (P) or Key Decision (KD)	Consultation	List of Documents to be submitted to decision maker	Contact Officer
7 Mar 2017	Cabinet	Council Monitoring: Quarter 3 2016/17 To consider the Council Monitoring report for Quarter 3, 2016-17.	KD		Report, other documents may also be submitted	Jane Mackney 01273 482146
7 Mar 2017	Cabinet	Industrial Strategy Green Paper To consider the Council's response to the Industrial Strategy Green Paper Consultation			Report, other documents may also be submitted	James Harris 01273 482158
7 Mar 2017	Cabinet	National Funding Formula for Schools To consider a response to the National			Report, other documents may also be submitted	Mark Whiffin 01273 337114

		Funding for Schools Consultation Phase 2				
7 Mar 2017	Cabinet	School Improvement Inspection report of Special Educational Needs and Disability services To consider the inspection report in relation to SEND services			Report, other documents may also be submitted	Amanda Watson 01273 481339
7 Mar 2017	Cabinet	East Sussex Better Together – Strategic Commissioning Board To seek agreement to the establishment of a Strategic Commissioning Board jointly with Clinical Commissioning Groups as part of the transitional agreements for the East Sussex Better Together Accountable Care Model.		Local Members	Report, other documents may be submitted	Vicky Smith 01273 482036
20 Mar 2017	Lead Member for Transport and Environment	Alexandra Park, Hastings - proposed designated shared pedestrian and cycle route - consultation results Outline of the results of the consultation led by Hastings Borough Council and funded by East Sussex County Council for providing a cycling route through Alexandra Park, and agree with the recommendations made to Hastings Borough Council Cabinet on 4 January 2017	KD	Hastings Borough Council Local Members	Report, other documents may also be submitted	Tracey Vaks 01273 482123
20 Mar 2017	Lead Member for Transport and Environment	Allocation of the 2017/18 Community Match Funding to a number of community led local transport schemes	KD	Local Members	Report, other documents may also be submitted	Jonathan Wheeler 01273 482212

20 Mar 2017	Lead Member for Transport and Environment	Capital Programme for Local Transport Improvements 2017/18 To approve the list of schemes and associated expenditure to be included in the programme	KD	Local Members	Report, other documents may also be submitted	Jonathan Wheeler 01273 482212
20 Mar 2017	Lead Member for Transport and Environment	Issuing of postal Penalty Charge Notices (Regulation 10 PCNs) for vehicle drive away To consider the option of issuing postal or Regulation 10 PCNs for instant offences recorded by approved hand held devices			Report, other documents may also be submitted	Jonathan Wheeler 01273 482212
21 Mar 2017	Lead Member for Education and Inclusion, Special Educational Needs and Disability	To consider approval to publish notices in relation to a proposal to lower the age range at Sandown Primary School To seek approval to publish notices in relation to a proposal to lower the age range at Sandown Primary School		Staff Parents Key Stakeholders The Local Community Local Members	Report, other documents may also be submitted	Jane Spice 01323 747425
21 Mar 2017	Lead Member for Education and Inclusion, Special Educational Needs and Disability	To consider a final decision on a proposal to lower the age range at Shinewater Primary School To consider a final decision on the proposal to lower the age range at Shinewater		Staff at Shinewater Primary School Parents of children at	Report, other documents may also be submitted	Jane Spice 01323 747425

		Primary School		Shinewater Primary School Key Stakeholders The Local Community Local Members		
21 Mar 2017	Lead Member for Education and Inclusion, Special Educational Needs and Disability	St Thomas a Becket Catholic Infant and Junior schools (proposed amalgamation) To consider a final decision on a proposal to amalgamate St Thomas a Becket Catholic Infant School with St Thomas a Becket Catholic Junior School			Report, other documents may also be submitted	Gary Langford 01273 481758
18 Apr 2017	Cabinet	Internal Audit Strategy and Annual Plan 2017/18 To consider the Internal Audit strategy and plan for 2017/18.			Report, other documents may also be submitted	Russell Banks 01273 481447
18 Apr 2017	Cabinet	Scrutiny Review of Superfast Broadband To consider a report from the Economy, Transport and Environment (ETE) Scrutiny Committee on the Scrutiny Review of Superfast Broadband in East Sussex, and the response to the report from the Chief Officer.			Report, other documents may also be submitted	Martin Jenks 01273 481327
18 Apr 2017	Cabinet	Scrutiny Review of Early Years Attainment			Report, other	Stuart

		at Key Stage 4 To consider the report of the Children's Services Scrutiny Committee on the Scrutiny Review of Educational Attainment at Key Stage 4, together with the observations of the Chief Officer on the Scrutiny Review			documents may also be submitted	McKeown 01273 481583
24 Apr 2017	Lead Member for Transport and Environment	Review of the East Sussex Local Flood Risk Management Strategy's delivery plan 2017/18 To agree the delivery plan as the framework for the Local Flood Risk Management activities in East Sussex for 2017/18	KD	Local Members	Report, other documents may also be submitted	Marie Nickalls 01273 482146
25 Apr 2017	Lead Member for Resources	Annual debt write off report 2016/17 To consider the Annual Debt write off report for 2016/17	KD		Report, other documents may also be submitted	Janyce Danielczyk 01273 481893
19 Jun 2017	Lead Member for Education and Inclusion, Special Educational Needs and Disability	Final decision on a proposal to lower the age range at Sandown Primary School To consider the final decision on a proposal to lower the age range at Sandown Primary School		Staff Parents Key stakeholders The Local Community	Report, other documents may also be submitted	Jane Spice 01323 747425
19 Jun 2017	Lead Member for	School Transport – Review of walking			Report, other	Jo Miles

	Education and Inclusion, Special Educational Needs and Disability	routes to school including Public Rights of Way To consider a report regarding the School Transport Review of walking routes to school including Public Rights of Way	KD		documents may also be submitted	01273 481911
27 Jun 2017	Cabinet	Council Monitoring: Quarter 4 2016/17 end of year report. To consider the end of year Council Monitoring report for 2016/17.			Report, other documents may also be submitted	Jane Mackney 01273 482146
27 Jun 2017	Cabinet	Employability and Skills Strategy 2016 - 18 To consider an update on progress regarding the Employability and Skills Strategy 2016 - 2018			Report, other documents may also be submitted	Holly Aquilina 01323 463538
28 Jun 2017	Lead Member for Community Services	Petition to support traffic calming measures in Etchingam To consider whether traffic calming measures in Etchingam would be a priority for the County Council		Local Members	Report, other documents may also be submitted	Brian Banks 01424 724558
28 Jun 2017	Lead Member for Community Services	Traffic calming measures around Bourne School To consider a petition requesting traffic calming measures including additional parking restrictions and safer crossing points		Local Members	Report, other documents may also be submitted	Brian Banks 01424 724558

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Report to: Adult Social Care and Community Safety Scrutiny Committee

Date of meeting: 9 March 2017

By: Director of Adult Social Care and Health

Title: Health and Social Care Connect

Purpose: To consider performance to date and future direction of the service

RECOMMENDATIONS

The Committee is recommended to:

- 1) consider and note the current performance of Health & Social Care Connect.
 - 2) consider and note the proposals regarding the future of the service in relation to the development of the NHS111 Local Clinical Hub.
-

1 Background

1.1 Health and Social Care Connect (HSCC) is the streamlined point of access into adult community health and social care services in East Sussex. It is delivered by East Sussex County Council Adult Social Care in partnership with East Sussex Healthcare NHS Trust (ESHT).

1.2 HSCC operates 8am to 10pm seven days a week including Bank Holidays, and is available to GPs, community health services, social care, hospitals, care homes, South East Coast Ambulance NHS Foundation Trust (SECAmb), other statutory agencies, the voluntary, community and independent sectors, and the public.

1.3 HSCC's key functions are:

- Providing information, advice and signposting enquirers to appropriate adult community health and social care services.
- Undertaking initial adult social care and carer assessments, transferring clients requiring more detailed assessment onto the appropriate team, and coordinating simple services, urgent packages of care, and urgent respite care.
- Managing referrals into community health and social care services such as district nursing, intermediate care beds and joint community rehabilitation, this includes triaging to determine urgency and need and finding suitable alternatives if the service requested is not available.
- Managing and redirecting adult safeguarding concerns from the public and professionals.

2 Supporting information

Context

2.1 HSCC has been developed, commissioned and implemented as part of the East Sussex Better Together (ESBT) programme to develop a fully integrated health and social care system in East Sussex by 2018. In December 2015, High Weald Lewes Havens Clinical Commissioning Group took the decision to formally withdraw from ESBT but committed to the continued delivery of HSCC through its Connecting 4 You programme.

2.2 HSCC has been created by fully integrating into a single service three separate existing services: ICAP (Integrated Community Access Point), which managed community health referrals,

CAT (Contact and Assessment Team), which undertook social care assessments, and Social Care Direct, which provided a public adult social care helpline. Operating hours were extended in the new service to 8am-10pm seven days a week including Bank Holidays.

2.3 HSCC has been implemented in stages commencing with an enhanced service for GPs in April 2015 and concluding, in October 2016, with integrating and extending public access from 8am-5pm Monday to Friday to 8am-10pm seven days a week. [Appendix 1](#) summarises the development of the service in detail and the outcomes that have been achieved.

Performance

2.4 Initially only health referrals management was available 8am-10pm seven days a week including Bank Holidays. A key improvement has been extending public access and the availability of social care assessments to 8am-10pm seven days a week.

2.5 Since HSCC launched in April 2015:

- Demand for its services has increased year on year with total contacts received increasing from 82,701 in April to December 2015 to 93,943 in the same period in 2016, an increase of 14%. Of these contacts, 48% are for information, advice and signposting; 11% are for social care and carers assessments and 41% for community health referrals.

	Apr 15- Dec 15	Apr 16- Dec 16	Difference	% change
L1 Access handled	36,814	38,258	1,444	4%
L1 Access received	42,404	45,519	3,115	7%
L2 Health	33,385	38,437	5,052	15%
L2 Assessment	6,912*	9,987	3,075	44%
Total (using L1 received not handled as looking at demand)	82,701	93,943	11,242	14%

*Transition from CareFirst to LAS (Liquid Logic) meant a change in how this measure was reported. Therefore, percentage change in demand at L2 Assessment is indicative only.

- Members of the public are receiving social care assessments faster with 72% being completed within 28 days during the 12 months to end of October 2015 compared to 70% completed within 28 days for the 12 months to end of October 2014.
- Staff vacancy rates have reduced from 21% in May 2016 to 2% in Dec 2016 which, coupled with extensive training and enhanced ICT and telephony, has substantially increased HSCC's capacity to manage increased and increasing demand.
- The service is increasingly popular amongst service providers with the number of different community services for which HSCC manages referrals growing from 10 to 15, and others are in the pipeline.
- Between April 2015 and June 2016, 29 complaints were received of which 7 were upheld.

2.5 Satisfaction surveys run with professional users of the service, the public and HSCC staff have provided useful intelligence for service improvements but indicate high levels of satisfaction across all three groups in relation to the appropriateness of the service offered, the ease of accessing it and the speed of response.

"Very impressed with [your] response ... everything is professional, very quick, and top notch ... most impressed with service". Professional service user

"I can't say enough good things... I subsequently have spoken to a few other people in the village and they said we are so fortunate to be in East Sussex as the service is so good". Public service user

"If you enjoy helping vulnerable people in the community and striving for a good outcome, and always do your best by them, then [HSCC] is the place to work" Member of staff

Future direction

2.6 In addition to its programme of continuous improvement, the future direction for HSCC will involve increased engagement with Integrated Locality Teams and the development of the NHS 111 Local Clinical Hub for East Sussex under the Urgent Care transformation programme. The Local Clinical Hub will deliver services 24 hours a day seven days a week within HSCC. This service needs to be Operational from April 2019 and will form an integral part of HSCC's service model. Developments are in the very early stages.

3. Conclusion and reasons for recommendations

3.1 The Committee is recommended to consider and note the report and the proposals for the future direction of HSCC.

KEITH HINKLEY

Director of Adult Social Care and Health

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Project Closure Report

Health & Social Care CONNECT

The streamlined point of access for adult community health and social care services in East Sussex.

Version: FINAL
Date: 19 October 2016
Author/s: Lisa Schrevel, Project Manager: Streamlined Points of Access
Jemma Measor, Project Support Officer, Strategy and Commissioning

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1 Project Closure Report Purpose

The Project Closure Report is the final document produced for the Project and is used by Joint Commissioners and Provider's Senior Management to assess the success of developing and implementing the Project, identify best practice for future projects, resolve all open issues, and formally close the project.

This Project Closure Report is created to accomplish the following:

- Review and validate the milestones, performance, quality and success of the Project
- Ensure the Provider is able to continue to deliver HSCC after the Project is closed
- Confirm outstanding issues, risks and recommendations to address them
- Outline any tasks and activities required to close the Project
- Identify Project highlights and best practice for future projects

2 Project Closure Report Summary

2.1 Project Context

Health and Social Care Connect (HSCC) has been developed, commissioned and implemented as part of the Streamlining Points of Access workstream of East Sussex Better Together (ESBT) Phase 1 - Adults. ESBT's shared ambition is to develop a fully integrated health and social care system in East Sussex by 2018, ensuring every patient or service user enjoys proactive, joined up care that supports them to live as independently as possible and achieve the best possible outcomes.

In December 2015, High Weald Lewes Havens (HWLH) CCG took the decision to formally withdraw from ESBT but committed to the continued delivery of HSCC through its Connecting 4 You programme.

2.2 Project Timeline – Notable Dates

The initial visioning workshop for a streamlined point of access for adult community health and social care services took place in February 2012, but it was the ESBT programme and Better Care Fund that provided the framework and resources to take the idea forward:

- April 2014: Project Initiation Document produced and SPOA Development Group established
- June 2014: The first draft of the Service Specification produced
- August 2014: The ESBT Programme launches
- November 2014: ESBT Programme Board agrees to develop an adult SPOA to go live in April 2015 and detailed Milestone Plan produced
- March 2015: ESBT SPOA Working Group agrees to a phased approach to implementation and Business Case joint with Integrated Locality Teams (ILTs) drafted
- April 2015: Phased approach to implementation launched
- November 2015: Service Specification finalised
- September 2016: Fully Integrated service operating 8am-10pm seven days a week for the public and professionals, all activities transferred to business as usual and project closed.

2.3 Project Overview

The aim of the Project was to streamline access to adult community health and social care services across East Sussex. To do this, it was proposed that three separate existing services managing health referrals (ICAP), social care assessments (the Contact and Assessment Team) and a public adult social care helpline (Social Care Direct) would be integrated into a single service able to deal with any health or social care enquiry from any source.

Although initially due to be launched in April 2015, the ESBT SPOA Working Group agreed to a phased approach after reviewing detailed project plans and acknowledging that the scale and complexity of the Project, and subsequently the implementation timescales, were greater than first anticipated. The agreed phases were:

- Phase 1: Enhanced service for GPs (April 2015)

- Phase 2: Integrated management and frontline staffing arrangements implemented
- Phase 3: Operating model and all milestones for fully integrated service reviewed
- Phase 4: Social Care Direct (public access) reviewed and next steps agreed
- Phase 5: Integrated service operating 8am-10pm seven days a week launched for professionals
- Phase 6: Public access extended, all activities transferred to BAU and project closed (Sept 2016)

This approach allowed for an improved service to be available from the original target date of April 2015 whilst allowing adequate time to implement the overall vision of a fully integrated, extended hours service.

2.4 Project Objectives

The objective was to offer both the public and professionals a single point of access for adult health and social care enquiries, assessments, services and referrals, enabling adults in need of care and support and carers to receive faster access to the services they needed at home or closer to home and to reduce the need to go into hospital or stay in hospital longer than they needed to.

The development of HSCC formed an integral part of the ESBT 150-week plan streamlining points of access workstream which had 3 phases – Adults (i.e. HSCC), children and mental health. As the project built on existing workstreams, it was necessary to move at pace to support the broader transformation agenda.

There is already evidence of a significant year on year increase in the number of people contacting HSCC, and referrals being passed on to relevant services faster than before (see section 3.2).

2.5 Project Closure Synopsis

The scale and complexity of this project was in part due to the need to simultaneously transform existing services whilst they continued to operate and develop and implement a new operating model. A review of the degree of integration achieved by the project across a number of areas revealed that there was a great deal of consensus between providers and commissioners regarding the progress made. At project start there was no integration in the majority of activity areas, but at project closure the majority were either integrated managerially or organisationally – reflecting the scale of change achieved (see Appendix 1 for further detail).

Areas noted as requiring further development included: staff deployment and response; staff values and behaviours; links with localities; ICT; pathways, procedures and documentation.

Activity	Status at project start – August 2014 (the beginning of ESBT programme)		Status at project closure – September 2016 (Fully integrated service goes live)	
	Providers	Commissioners	Providers	Commissioners
Make up of teams/services	Level 1 - No integration	Level 2 - Virtual integration	Level 3 - Management integration	Level 4 - Organisational integration
Management	Level 2	Level 1	Level 4	Level 4
Allocation process	Level 1	Level 1	Level 3	Level 3
Training	Level 2	Level 1	Level 4	Level 4
Values/behaviours	Level 1	Level 1	Level 3	Level 3
Links to localities	Level 2	Level 1	Level 3	Level 2
ICT	Level 1	Level 1	Level 3	Level 3
Team location	Level 1	Level 1	Level 4	Level 4
Referral process	Level 3	Level 2	Level 4	Level 3
Measuring/monitoring	Level 1	Level 1	Level 4	Level 4
Pathways/procedures	Level 1	Level 1	Level 3	Level 3
Engagement	Level 1	Level 1	Level 4	Level 4
Documentation	Level 2	Level 1	Level 4	Level 2
Summary	X8 at Level 1	X11 at Level 1	-	X2 at Level 2
	X4 at Level 2	X2 at Level 2	X6 at Level 3	X5 at Level 3
	X1 at Level 3	-	X7 at Level 4	X6 at Level 4

3 Project Performance

3.1 Milestone and Deliverables Performance

The project and associated plan was broken down into 7 work streams as follows:

3.1.1 Governance

Governance arrangements were established in April 2014 to provide project oversight, leadership and control managed through a number of groups and subgroups, as detailed in section 3.4. These arrangements complied with CCG and ESCC governance requirements, which informed transition and implementation planning, and ongoing service development and assurance. A Project Initiation Document was approved in May 2014, and the Milestone Plan and Risk Log were established from November 2014. The Milestone Plan (Appendix 2) has been the key project control document, used to identify what actions needed to take place and when and, alongside the Risk Log, was used to provide assurance of delivery, escalate issues and negotiate changes as required.

Other key deliverables of the governance workstream were:

- Equalities Impact Assessment of the service and on proposed staffing changes
- Service specification
- Agreeing a phased approach to staff consultation and implementation
- Contract negotiation, agreement and monitoring
- Monthly activity and budget reports (forecast and actual)

3.1.2 Operations

Initially only health referrals management was available 8am-10pm seven days a week including Bank Holidays. A key aspect of this workstream was extending the offer to include social care assessments and public access 8am-10pm seven days a week, and enhancing the infrastructure required e.g. staffing capacity, telephony and ICT, to deliver integrated pathways efficiently across extended operating hours.

All 'as is' pathways into, through and out of the constituent teams to be integrated into HSCC were reviewed and the 'to be' pathways developed. These incorporated a greater triage and assessment function, removed unnecessary hand offs, and improved speed and consistency. All updated and new pathways have been documented and disseminated to staff and allied services and are kept under review.

Other key deliverables of the operations workstream were:

- Developing a new referral form and working toward the cessation of fax
- Developing an operations manual
- Developing the NHS Directory of Services as a standalone directory of services
- Developing a Critical Service Business Continuity Plan

A schedule of transfers to business as usual (Appendix 3) was approved by the HSCC Implementation Group on 6 January 2016 and ESBT Streamlined Point of Access Working Group on 20 January 2016. The transfers commenced 31 January 2016 and were concluded in September 2016. The purpose of these was to ensure that once transferred the activity became an operational responsibility.

3.1.3 Communications

A project Communication and Engagement Plan was produced in November 2014. It initially focused on communications during project development and implementation and was revised in May 2015 to link to service delivery. To ensure consistency of messages and the ability to exploit broader communications the Plan was aligned with ESBT communications including events and GP and ESBT newsletters. Key deliverables of the Communication and Engagement Plan were:

- Agreeing a new service name – Health and Social Care Connect
- Service statement, and guidance for referrers and receiving services including complaints
- Engagement events and workshops
- Marketing and promotional materials
- Satisfaction surveys for the public, professionals and staff
- Staff briefings, updates and newsletter articles

3.1.4 HR and Training

The integration of the roles and functions of three existing teams over extended operating hours impacted a number of staff operating under different terms and conditions and employers. The first staff and union consultation on proposals to integrate ICAP and the Contact and Assessment Team into a single integrated HSCC team was completed in July 2015 and resulted in some ESHT staff being TUPE'd over to ESCC. The second consultation on proposals to integrate Social Care Direct into HSCC concluded in September 2016.

In keeping with issues across the health and social care economy, recruiting and retaining staff for the service has been challenging. A number of initiatives were put in place to mitigate these challenges including a rolling recruitment programme, a bespoke training and development programme and new supervisory positions (the Senior Access and Assessment Officers) allowing for career progression.

Other key deliverables of the HR and training workstream were:

- Reducing running vacancy rates from 36% to 19%
- Implementing an enhanced service for GPs through increased staffing capacity
- Implementing integrated management and frontline staffing arrangements
- Training all staff in all elements of HSCC to ensure a fully integrated service offer
- Reviewing the operating model and all workstream milestones for fully integrated service
- Reviewing the impact of the Care Act on Social Care Direct Care Act and public access to HSCC

3.1.5 ICT / Telephony

A critical component of integrating the various points of access and improving the service offer was the enhancement of ICT and telephony used to receive, process, record and action contacts and referrals; increase productivity and consistency; and manage call volumes, gather data and improve customer experience. The planning, procurement and implementation of ICT and telephony has been complex and rolled out in a phased approach to meet the differing needs of each phase of the project.

Key deliverables of the ICT and telephony workstream were:

- Procuring an electronic rota system to support the expanded operating hours and staff deployment
- Installing virtual access to NHS networks (VDI) to enable staff to access NHS systems flexibly
- Securing generic NHS and local government email addresses
- Developing Liquid Logic as the primary client recording system
- Linking referral forms to NHS systems including DXS, Map of Medicine, SystemOne and e-Searcher
- Developing a Privacy Impact Assessment to inform information sharing and governance
- Developing an Information Sharing Agreement between ESCC, ESHT and SCFT
- Developing an ICT agreement with ESHT for the provision of NHS ICT support and system access

The one element of the ICT workstream not to be delivered is ROCI (Read Only Client Information) as some core developments essential to its usability going forward remain outstanding and ESHT have decided not to invest any more in the solution until those changes have been delivered. As an alternative, access to Summary Care Records is being investigated.

3.1.6 Accommodation

The Accommodation workstream was put into place to manage the co-location of the three different teams being integrated. As part of Phase 1: the enhanced service for GPs, ICAP staff and the pilot roles of Access and Assessment Coordinators (AACs) were co-located, enabling the AACs to begin to take referrals from GPs and offer a more integrated response. After some negotiation further HSCC accommodation improvements were wrapped into the ESCC agile programme, and after some delays were delivered in September 2016 ahead of the 3 October go live for the fully integrated service.

Key deliverables of the accommodation reconfigurations were:

- A fully open plan workspace with increased, flexible, workstations
- Standard workstation fit out including dual monitors and call centre phones
- Wall boards for live streaming of incoming calls and call management
- Sound booths for confidential calls or calls with those hard of hearing
- Increased number of rooms suitable for meetings and supervision

- Break out space and individual locker storage
- Effective business continuity arrangements to decamp staff to another location during major works

3.1.7 Performance Management

At the start of the project each of the three teams to be integrated had their own KPIs and performance dashboards, none of which related to the broader ESBT programme. Data on social care clients and activity was collected via ESCC systems and data on health clients and activity by ESHT systems. Over the course of the project a single set of KPIs were identified for inclusion in the service specification, and which aligned with ESBT programme objectives; data collection systems were enhanced; and dashboards were further developed and increasingly integrated as the service evolved.

Further work has been undertaken to develop a dynamic dashboard covering operational, commissioning and quality KPIs and enabling data to be viewed at countywide, CCG and locality team levels. The ESBT Programme Board also receives reports of relevant KPIs.

Key deliverables of the performance workstream were:

- Performance management measures and reporting systems established
- Performance dashboards for operations, commissioning and quality monitoring developed

3.2 Project Achievements

3.2.1 Meeting Objectives

The purpose of this project was to design and implement a new integrated community service delivery model based on research and best practice which would transform the way assessments and care are delivered. It also aimed to contribute to East Sussex's plans for transforming services to deliver a financially sustainable health and social care economy. The key elements of the new delivery model were to include:

- A new, integrated single point of access and coordination for adult community health and social care services across East Sussex;
- Easier access for professionals and the public to access information, advice and signposting to general services in the community; and
- Access to a specified range of health and social care services.

The implementation of HSCC evidences the achievement of these objectives. Analysis of the total contacts/referrals received by HSCC forecasts a continuous upward trend as the service is used by more community services to manage their referrals, including the Crisis Response Team, Frailty Service and Dementia Guide Service, and increased activity with locality teams. Up to September 2016, 8500 to 10000 contacts have been received each month, an increase of around 12% on 15/16, which was also an 8% increase on 14/15.

HSCC aimed to address issues arising from historical commissioning and provider arrangements:

- Multiple and confusing point of access for professionals, patients, clients and carers;
- Multiple assessments and care plans;
- Fragmentation of care delivery through lack of care coordination; and
- Increased costs when clients are unable to maintain their health and independence.

HSCC improves the coordination of community health and social care services, making it easier for professionals to access information, advice, navigation and signposting to a range of services. From 3 October 2016 public access to these services will also be available through HSCC across extended hours.

"Very impressed with [your] response ... everything is professional, very quick, and top notch and most impressed with service". Professional service user

The HSCC service has also streamlined and transformed the coordination of care through a single assessment process where possible; enhanced triaging, assessment and coordination; and minimising inappropriate referrals through closer liaison with referrers and receiving services.

"I can't say enough good things... I subsequently have spoken to a few other people in the village and they said we are so fortunate to be in East Sussex as the service is so good". Public service user

Of the 61 milestones in the Milestone Plan only one has not been delivered (ROCI) and eight are due to be completed between October and December 2016.

3.2.2 Integration

The Integration Stocktake (Appendix 1 and section 2.5) was used to track the extent of integration achieved between project start (August 2014) and project closure (September 2016). Overall, there was a great deal of consensus between providers and commissioners on the journey and end of project status: at project start there was no integration in the majority of activity areas, but at project closure the majority were either integrated managerially or organisationally – reflecting the scale of change achieved.

3.2.3 Performance

Performance is monitored against the service specification KPIs for operations, commissioning and quality monitoring. These measures demonstrate how HSCC contributes to the overall ESBT objectives and facilitate contract monitoring and performance improvements. Areas of notable improvement include:

- Average staff vacancy rates which have reduced from 36% in April 2015 to 19% in August 2016 against a target of less than 15%
- Percentage of Priority 2 referrals triaged and referred into identified services within 2 hours which has increased from 85% to 88% from April to August 2016 against a 95% target
- Percentage of Priority 3 referrals triaged and referred into identified services within 8 hours which has increased from 77% to 86% from the first reporting date of June to August 2016 against a 95% target
- Percentage of Priority 4 referrals triaged and referred into identified services within 24 hours which has increased from 92% to 96% from April to August 2016, exceeding the 95% target

Areas requiring further improvement include:

- Average speed of answer which has risen to 1 minutes 42 seconds at Level 1 (where the bulk of incoming calls are received) against a target of less than 30 seconds, and the related measure of abandoned calls which increased from 12% to 24% from April to August 2016 against a target of less than 5%
- Percentage of Priority 1 referrals triaged and referred into identified services within 30 minutes which has increased from 20% to 54% from April to July 2016 but is still significantly short of the 95% target.

A number of indicators were initially monitored to establish a baseline, before targets could be set. Some KPIs cannot be reported on yet e.g. equalities, preventing hospital admissions, due to the level of data currently available. The development of Liquid Logic as the primary recording system, along with data that will be collated via the new HSCC referral form should address this.

3.3 Budget Performance

HSCC is part funded via ESCC Adult Social Care core funding and Better Care Funding (BCF), the latter being designated for additional call handlers; additional qualified staff; upskilling, extended hours and 7 day working; and additional running costs such as ICT. Some of the BCF funding has also been used for one off start-up costs including accommodation upgrades, telephony changes and marketing materials. The budget has been well managed with monthly forecasts and actual spend, mapped against recruitment and activity volumes.

3.4 Project Governance and Quality Management

3.4.1 East Sussex Better Together Programme Board

The ESBT Board provided system leadership, collaboration and oversight to enable the CCGs and ESCC (the programme partners) to work together with other partners to create, agree and deliver the project as part of its programme as detailed in a five year strategy and to enable comprehensive stakeholder engagement in the co-design of plans, which are robust, evidence based and able to deliver on a sustainable basis. Membership of the Board consists of senior offices from ESBT, ESCC and the CCGs, as well as the Chief Executive, ESH and Service Director, SPFT. The Group is led by the Chief Officer for H&R and EHS CCGs, and ESCC Director of Adult Social Care & Health.

3.4.2 East Sussex Better Together Streamlined Points of Access Working Group

The purpose of the ESBT SPOA Working Group was to develop, implement, commission and performance manage the ESBT Streamlining Points of Access workstream of which 'adult services' was phase 1 (remaining phases are children's and mental health services). The responsibilities of the group were to establish the project scope and structure as outlined in the business case, and to report on progress against the milestones to the ESBT Programme Board. The group agreed interim arrangements to mitigate service shortfalls and monitored risks and performance throughout the project.

The Group membership consisted of strategic and operational directors and managers representing ESBT, ESCC, CCGs and ESHT, chaired by Dr Rob McNeilly, GP and Governing Body Member, H&R CCG. The Group worked closely with the Integrated Locality Teams and Urgent Care ESBT Working Groups in recognition of the interdependencies between their workstreams.

3.4.3 Connecting 4 You Programme Board

The Connecting 4 You (C4You) health and social care transformation programme is being developed in partnership between East Sussex County Council and NHS High Weald Lewes Havens (HWLH) Clinical Commissioning Group. C4You is being developed in order to address the specific population needs, geographical challenges and arrangement of services in a way that recognises the patient flows of the HWLH area.

The C4You Programme Board has been meeting since April 2016. Its membership features the CCG and the Council, Sussex Community Foundation Trust, Sussex Partnership NHS Foundation Trust, and Healthwatch East Sussex. The programme involves voluntary and community sector organisations, and other NHS acute and community trusts that operate in the HWLH patch. The C4You Programme Board will do two things.

- Develop a transformation programme to meet the specific needs of the HWLH population
- Develop system leadership, allowing leaders across the HWLH health economy to jointly oversee and influence how health and social care is developed and delivered

C4You is based upon the premise that strategic decisions about planning and investment will be made at the level most appropriate to that activity and as locally as possible, given the need for delivery to be at practicable and viable scale. With this in mind, the work on Health and Social Care Connect (HSCC) has been conducted over the pan-East Sussex footprint, with the involvement of HWLH commissioning staff and Programme Management Office on behalf of the C4You Programme Board, to ensure that HSCC develops in coordination with the emergent HWLH Communities of Practice, and with ongoing work on the re-procurement of the NHS111 service.

3.4.4 HSCC Implementation Group

The HSCC Implementation Group was responsible for finalising and implementing the service specification, and monitoring and reporting progress and performance against the 5 phases. It also maintained an effective communications and engagement strategy to promote key messages to customers and partner organisations. The Group was chaired by the Joint Commissioning Manager. Membership consisted of the Head of Service, Operations Manager, Practice Managers, ESHT and SCFT and the SPOA Project Manager.

The Implementation Group evolved from the SPOA Development Group, supported by three task and finish groups (HR, ICT/telephony, and Accommodation). Issues that could not be resolved by the Implementation Group were escalated to the Operational and Programme Leads or ESBT SPOA Working Group as appropriate.

3.4.5 HSCC Operational Management Group

The Operational Management Group manages the day-to day operations of HSCC to facilitate effective delivery of the service specification and related legal agreements. It is responsible for the completion of project tasks and managing transfers to business as usual, in line with project closure arrangements. Membership consists of the Head of Service, Operations Manager, Practice Managers, and representatives from ESHT and SCFT, and SPOA Project Manager with reference to the Strategic Commissioner and SPOA Project Manager as appropriate.

The key objective of the Group is to oversee operational management, ensuring consistent service delivery and supervision of risks and inter-dependencies. Members will advise on policy, service development and contractual matters, including preparation of an annual Service Plan and Budget.

3.4.6 Future Governance Arrangements

The ESBT SPOA Working Group agreed at its meeting in July 2016 that:

- The ESBT SPOA Working Group would be disbanded in October 2016 once it had received and signed off the Project Closure Report, after which HSCC will be a standing agenda item for the first part of the ESBT Integrated Locality Teams Working Group meetings.
- The HSCC Implementation Group would be disbanded in July 2016, after which the HSCC Operational Management Group would take operational oversight of HSCC going forward.

3.5 Inter-dependencies with other ESBT programme workstreams

From the outset and as other initiatives and opportunities have arisen, inter-dependencies with the following have been managed and all cases are ongoing:

- Other parts of the ESBT SPOA workstream namely Children's and Mental Health access points
- Integrated Locality Teams and Communities of Practice
- Crisis Response Service
- Redesign of urgent care pathways
- Urgent Out of Hours access points (Emergency Duty Service, Integrated Night Service and IC24)
- The re-procurement of 111 and development of local clinical hubs
- Self-care and self-management

3.6 Contribution of the Project to the ESBT and Connecting 4 You Programmes

HSCC was envisaged to support all elements of the ESBT 6 (+2) box model, with particular impact on proactive care, crisis intervention, discharge to assess and maintaining independence. This would contribute to improvements in quality, outcomes and overall financial sustainability in East Sussex by supporting the delivery of care in community and home-based settings avoiding where possible unnecessary hospital admissions and delayed discharges.

In its draft Connecting 4 You 2016-17 HWLH CCG Operational Plan HSCC is referenced against QIPP savings targets, simplifying access to the [health and social care] system, and managing referrals into Communities of Practice (multi-disciplinary teams providing a range of community health services). As this plan is still in draft form it is too early to evaluate the extent to which HSCC has contributed to its objectives, outcomes or performance measures.

3.7 Outstanding Activities

3.7.1 Operational developments

The integration stocktake (Appendix 1) identified the following outstanding areas of development to maximise productivity and consistency of service and an increase focus on customer care and continuous improvement: Staff deployment and response, and values and behaviour.

Further engagement with receiving services is required before the new HSCC referral form can be finalised and launched alongside guidance and communication. A decision also needs to be made on the timescale for actively discouraging referrers from using the BICA and fax.

The Service Plan needs to be produced as a core document to guide service delivery and support performance monitoring.

Each transfer into BAU will be reviewed as part of the annual review and closed once the commissioner has assurance that the activity has been fully and effectively embedded into day to day operations.

3.7.2 Communications and engagement

More in depth service user feedback is needed to assess achievement of outcomes including the experience of out of county referrers compared to those of in-county referrers. This will take the form of: satisfaction surveys (for the public, professionals and staff); mystery shopping; engagement events with

receiving services; and attendance at GP Locality meetings and, where relevant, engagement events organised by ESBT and Connecting 4 You.

3.7.3 Links and pathways with Integrated Locality Teams and Communities of Practice

HSCC should continue to work closely with emerging ILTs and COP via membership of team meetings, attendance at engagement events and any specific activities to design and agree referral pathways, protocols and procedures.

3.7.4 ICT developments

The development of Liquid Logic as the primary recording system for HSCC needs to be completed to reduce manual inputting time. This will also be mitigated with the introduction of the new referral form and enhancing the recording and reporting capability of Liquid Logic as the main patient/client system which will move ownership of data to the Local Authority and enable better tracking of activity, pathways and outcomes.

Investigations into patient records should be undertaken, notably how health and social care records can be integrated or inter-operable.

The development of the NHS Directory of Services as a standalone directory for HSCC needs to be completed alongside training staff in its use and ensuring receiving services update their entries whenever there are any changes.

HSCC should investigate the use of SHREWD to support early response to system pressures, notably in the management of intermediate care bed capacity and, potentially, urgent care services.

3.7.5 Governance

The nursing agreement between ESCC and ESHT needs to be finalised and signed off, although the content and finances have been agreed.

3.7.6 Summary of outstanding activities

Outstanding activity	Timescale
Staff deployment and response	Following completion of the planned time and motion study in November 2016
Staff values and behaviours	This is ongoing and is supported by staff training notably in customer care and an increased emphasis being placed on continuous improvement
Engagement with receiving services before finalising the new HSCC referral form	Current and to be completed by 7 November 2016, the scheduled date for the form to be signed off
Produce the Service Plan	This is being drafted for consideration at the HSCC Operational Management Group on 28 October 2016
Review and closure of each transfer into BAU	As part of the annual review in March 2017
In depth service user feedback including satisfaction surveys; mystery shopping; engagement events; GP Locality meetings and ESBT and Connecting for You events	Surveys for professionals, the public and staff have been designed and will run bi-annually in November and May, commencing in 2016. Mystery shopping is scheduled for March 17. Attendance at meetings and events ongoing.
Continue to work closely with emerging ILTs and COP	Ongoing via membership of relevant team meetings
Develop Liquid Logic as the primary recording system for HSCC	In progress and scheduled to be completed by November 2016
Obtaining access to patient records	Current and to be completed by December 2016
Develop the NHS Directory of Services as a standalone directory for HSCC	Current and to be completed by December 2016
Investigate the use of SHREWD to support early response to system pressures	Current and to be completed by December 2016
Finalise and sign off the nursing agreement	In progress and due for completion by end of November

4 Project Closure Tasks

4.1 Post Implementation Review

The project was reviewed at a project closure session held on 13 September with representation from HSCC, its delivery partners (ESHT and SCFT), and commissioners (ESBT and Connecting for You). The half day event was structured around the specially designed 'integration stocktake' (see Appendix 1) which enabled providers and commissioners to undertake assessments of the progress made from project start in August 2016 to project closure in September 2016.

Key achievements, lessons learnt and recommendations were noted and all the findings have been fed into the Project Closure Report.

4.2 Knowledge Transfer

This report, lessons learnt and project assets will be made available for other project's use via the Project Place portal.

4.3 Risk Management

The first Project Risk Log was created in January 2015 following a standard ESBT template. It was reviewed, updated and reported to the ESBT SPOA Working Group and HSCC Implementation Group on a monthly basis. Risks rated over 12 were reported to the Programme Board, although these were rare.

Relevant risks within the Project Risk Log have been transferred to the Operational Risk and Issues Log via transfers to business as usual, and reviews and updates are now embedded into day to day operational management and overseen by the HSCC Operational Management Group.

4.4 Issue Management

An Operational Issues Log was created in June 2016 following the format of the Risk Log but assessing the impact of known events on business continuity, continuity of care, patient safety and quality standards. The Issues Log is a distinct worksheet in the Operational Risk Log and reviews and updates are embedded into day to day operational management and overseen by the HSCC Operational Management Group.

4.5 Lessons Learned

4.5.1 What Went Well

- The implementation of the model as envisioned, designed in a way that works now but can develop as the service expands and further clarity is provided about the role of localities and 111 clinical assessment and triage.
- The ability of the project to adapt to change in order to deliver outcomes, including implementing a phased approach which recognises the required time to implement major change whilst maintaining service continuity.
- Strong provider relationships and partnership working ensured change – the participating partners were not 'organisationally precious': seamless care was a clear shared aim, securing agreement to single line management despite the mechanics to achieve this being complicated, and a willingness to continue to deliver the service before formal contractual arrangements were signed off.
- Infrastructure and system improvements including extensive ICT and telephony developments, a total reconfiguration of accommodation, project documentation and 'assets' to transfer into business as usual.
- Staff development including a month on month reduction in vacancy rates, building teams to deliver the service, a staff training programme for the whole service and related competencies not just for individuals, a notable growth in staff knowledge across health and social care, increased collaboration and information exchange between staff.
- The co-design of the new referral form, increased engagement with GPs and receiving services and fully branded marketing materials.
- Governance, clinical leadership, risk management and assurance, and project management documentation (which was commended during an independent audit).

4.5.2 What Did Not Go Well

The project has highlighted difficulties associated with integrating areas of work which operate under individually established teams, or lack formal processes. The lack of preparedness of the constituent teams for change and lack of change management capacity resulted in delays in project implementation, service development and performance improvement.

If a more comprehensive review of current practice, standards, systems and change management capacity had been undertaken ahead of project start, the integration process could have progressed further, although the overall project was unlikely to have been completed much quicker due to the scale and complexity of change required and other limitations, notably the minimum timescale for staff and union consultations, procurement timescales and governance processes.

No.	Lesson Description	Suggested future action
1	Resource mapping wasn't completed from the outset to recognise change management capacity	A readiness review should be undertaken prior to any change programme to identify, plan for and resource the changes required and the capacity to manage them
2	Underestimated the time needed to effect change management – thought SPOA would be a quick win	Need to set out expectations at the start and manage change. Be open to flexing timescales in light of evidence
3	Organisational development needs to be at the forefront of change management	Any readiness review should include an organisational development assessment to identify improvements required to meet a baseline level of quality and provision for a new service
4	Underestimated the challenge of change management whilst still delivering a service	Recognise the value of having a project management support working across commissioning and operations to support and embed change
5	Underestimated the challenge of delivering change during major transformations ESHT/SCFT and ESBT/C4Y	Any readiness review should include a review of inter-dependencies including any concurrent change programmes
6	The project had clear outcomes but did not clearly communicate the phases to achieve these	Need to articulate from the outset what is meant by integration and phases to monitor progress and provide assurance
7	Transfer of knowledge/skills takes time; challenge of joining up health and social care training	Training needs analysis should be completed early on
8	System requirements were not properly scoped – wasted time and effort	Any readiness review should include a review of system requirements
9	Telephony delayed due to lack of provider availability and change management capacity	Any readiness review should include a review of change management capacity
10	Positive relationships with wider ASC and NHS teams is critical to success	Engage all stakeholders early on and maintain clear lines of communication and engagement
11	Timely communication of service changes to inform but not raise expectations beyond what the service could deliver at any particular stage	A comprehensive and scheduled communications activity plan inter-linked to key delivery stages

4.6 Project Closure Recommendations

- a. To formally close the project at the 19 October 2016 ESBT SPOA Working Group
- b. To deliver the outstanding actions set out in section 3.7 through HSCC business as usual processes
- c. To share the report with the ESBT Programme Board
- d. To disseminate lessons learnt to the commissioners and project managers of all other ESBT workstreams and projects

5 Project Closure Report Approvals

Status	Programme Role	Name	Date
Approved By	(Clinical Lead and Working Group Chair)	Dr Rob McNeilly	19 October 2016
Approved By	(Programme Director)	Paula Gorvett	19 October 2016
Approved By	(Lead Joint Commissioner)	Sarah Crouch	19 October 2016
Approved By	(Lead Provider)	Mark Stainton	19 October 2016
Prepared By	(Project Manager)	Lisa Schrevel	19 October 2016

Final Closure Date: 19 October 2016

Appendix 1: HSCC Integration Stocktake completed

													Status at start: August 14		Status at end: Sept 2016	
	No Integration with individual team/service delivery			Virtual integration Teams/services			Management integration with collaborative teams/services			Organisational Integration Fully integrated Teams/Services						
1	Level 1			Level 2			Level 3			Level 4			HSCC self-assessment	Other's assessment	HSCC self-assessment	Other's assessment
Make up of teams/services	Distinctly separate health and social care teams/services based on traditional professional and organisational identities			Separate health and social care teams/services based on professional and organisational identity but with some joint working arrangements evident			Multi-professional and organisational teams underpinned by formal governance arrangements			Multi-professional and organisational teams hosted or employed by one organisation						
Score	0	1	2	3	4	5	6	7	8	9	10	11	2	3	8	9
2	Level 1			Level 2			Level 3			Level 4			HSCC self-assessment	Other's assessment	HSCC self-assessment	Other's assessment
Management	Separate management arrangements based on professional and organisational identities			Separate management arrangements based on organisational boundaries but virtual management meeting exist to support joint working			Joint management arrangements across organisational boundaries			Single management arrangements						
Score	0	1	2	3	4	5	6	7	8	9	10	11	3	1	10	9
3	Level 1			Level 2			Level 3			Level 4			HSCC self-assessment	Other's assessment	HSCC self-assessment	Other's assessment
Allocation process	Enquiries allocated to staff based on whether they are within a health or social care focused team			Enquiries allocated to staff who are trained to deal with either a health or social care enquiry			Enquiries allocated to staff who are trained to deal with health and social care enquiries			Enquiries allocated to a fully integrated staff team trained to provide integrated responses to any enquiry						
Score	0	1	2	3	4	5	6	7	8	9	10	11	1	0	8	7
4	Level 1			Level 2			Level 3			Level 4			HSCC self-	Other's	HSCC self-	Other's

													Status at start: August 14		Status at end: Sept 2016	
Training	Separate arrangements for identifying and arranging training and staff development for health related functions and social care related functions			Some jointly identified training and development needs with shadowing and joint visits between health and social care staff/services			Joint training and development including formal and informal learning opportunities			Integrated training needs analysis and development opportunities developed and delivered			assessment	assessment	assessment	assessment
Score	0	1	2	3	4	5	6	7	8	9	10	11	4	0	9	9
5	Level 1			Level 2			Level 3			Level 4			HSCC self-assessment	Other's assessment	HSCC self-assessment	Other's assessment
Staff values and behaviours	Values and behaviours are focused on separate service areas and customers i.e. health or social care, and there are separate team meetings			Values and behaviours are focused on separate service areas and customers i.e. health or social care, but there are some joint team meetings			Values and behaviours are focused on all service areas and customers i.e. health and social care, there are joint team meetings and joint standards are emerging			Values and behaviours are consistent across all service areas and customers and staff identify as being part of a single integrated service with a diverse customer base						
Score	0	1	2	3	4	5	6	7	8	9	10	11	1	1	7	8
6	Level 1			Level 2			Level 3			Level 4			HSCC self-assessment	Other's assessment	HSCC self-assessment	Other's assessment
Geographical coverage/Links to Localities	The countywide service has no links to locality teams, duty systems and MDT working			The countywide service links to locality teams, duty systems and MDT working informally based on organic rather than planned development			Defined links and pathways with locality teams, duty systems and MDT working but different access or services provided based on deployment of staff rather than analysis of demand or supply in localities			Defined links/pathways with locality teams, duty systems and MDT working with HSCC staff deployment mapped against demand and with the ability to commission services where gaps in localities are identified						
Score	0	1	2	3	4	5	6	7	8	9	10	11	5	2	6	5
7	Level 1			Level 2			Level 3			Level 4			HSCC self-	Other's	HSCC self-	Other's

													Status at start: August 14		Status at end: Sept 2016	
ICT	Separate IT and telephony systems with no matching or sharing of information			Separate IT and telephony systems but some data shared on an ad hoc basis			Separate IT and telephony systems but regular sharing and matching of data underpinned by an Information Sharing Agreement between key delivery partners			Inter-operable IT systems and single telephony system with regular sharing and matching of data underpinned by an Information Sharing Agreement between key delivery partners			assessment	assessment	assessment	assessment
Score	0	1	2	3	4	5	6	7	8	9	10	11	2	1	8	8
8	Level 1			Level 2			Level 3			Level 4			HSCC self-assessment	Other's assessment	HSCC self-assessment	Other's assessment
Team Location	Health and social care teams/services in separate premises			Separate premises but some arrangements to work in each other's premises			Co-located in same premises but not necessarily based on integrated working			Co-located and accommodation designed around integrated working arrangements						
Score	0	1	2	3	4	5	6	7	8	9	10	11	2	1	11	9
9	Level 1			Level 2			Level 3			Level 4			HSCC self-assessment	Other's assessment	HSCC self-assessment	Other's assessment
Referral process	Separate referral form/process for health or social care			SPOA but separate referral form/process required for health and social care			SPOA with streamlined referral form/process for health, social care and multiple services but with different forms/processes for some services			SPOA with single access and referral form/process for health, social care and multiple services integrated with referrers and receiving services across the system						
Score	0	1	2	3	4	5	6	7	8	9	10	11	7	4	9	8
10	Level 1			Level 2			Level 3			Level 4			HSCC self-assessment	Other's assessment	HSCC self-assessment	Other's assessment
Measuring and monitoring	KPIs and performance reporting is separate for health and social care activity and reviewed in isolation to each other			KPIs and performance reporting is separate for health and social care activity but areas of interface are discussed			KPIs and performance reporting for health and social care activity is combined on a single dashboard			KPIs and performance reporting for health and social care activity is combined on a single dashboard with analysis across the integrated						

													Status at start: August 14		Status at end: Sept 2016			
Score	0	1	2	3	4	5	6	7	8	9	10	11	2	1	11	10		
11	Level 1			Level 2			Level 3			Level 4			HSCC self-assessment	Other's assessment	HSCC self-assessment	Other's assessment		
Pathways and procedures	Separate pathways and procedures for health and social care activities			Some joint pathways and procedures exist across HSCC			Health and social care pathways / procedures are aligned and support multi-disciplinary ways of working			Unified pathways and procedures guide practice								
Score	0	1	2	3	4	5	6	7	8	9	10	11	1	1	8	6		
12	Level 1			Level 2			Level 3			Level 4			HSCC self-assessment	Other's assessment	HSCC self-assessment	Other's assessment		
Engagement with clients and carers	Separate communication and engagement methods for health and social care clients.			Separate communication and engagement methods but systems are in place to collate all views			Applies a single approach to communicating and engaging with health and social care clients			Applies a single approach to communicating and engaging with health and social care clients provides joined up feedback across health and social care system								
Score	0	1	2	3	4	5	6	7	8	9	10	11	1	1	8	6		
13	Level 1			Level 2			Level 3			Level 4			HSCC self-assessment	Other's assessment	HSCC self-assessment	Other's assessment		
Documentation	Separate documentation for health and social care that is not accessible, brought together or shared between service areas			Separate documentation for health and social care that is accessible, brought together or shared with other service areas			Some joint documentation particularly around referral and care planning			Single documentation for all service areas including referral, assessment and care planning accessible to other services and the wider system								
Score	0	1	2	3	4	5	6	7	8	9	10	11	3	0	10	4		

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Appendix 2: HSCC Milestone Plan

Task/milestone delivered	MTH/YEAR	
On track to deliver task / milestone by target date	GREEN	
Not on track to deliver task / milestone by target date	AMBER	
Unlikely or unable to deliver task / milestone by target date	RED	
Milestones	Workstream	Status at 30/9/16
HSCC Governance arrangements established	Governance	Apr-14
PID and project plan developed – adults	Governance	May-14
Produce and implement Milestone Plan and Action Plans	Governance	Nov-14
Establish Risks and Issues log	Governance	Nov-14
Stakeholder mapping and communications plan completed	Communications	Nov-14
Equalities Impact Assessment completed and signed off and transferred to BAU	Governance	Mar-15
Complete improvements to current (as is) pathways and protocols in SCD, CAT, ICAP, NST Duty	Operations	Mar-15
Activate new telephone scripts for phase 1 service to reflect introduction of GP line	ICT/Telephony	Apr-15
Telephony and call management system in place for phase 1	ICT/Telephony	Apr-15
Phase 1 - implement enhanced service for GPs through increased staffing capacity	HR/Training	Apr-15
Performance management measures and reporting systems established	Performance	Jun-15
ICT and telephone requirements for HSCC identified	ICT/Telephony	Jun-15
Phase 2 - Implement integrated management and frontline staffing arrangements	HR/Training	Sep-15
Amend proformas/templates - letterhead, email signatures, referral forms	Operations	Oct-15
Phase 3 - Review operating model and all workstream milestones for fully integrated service	HR/Training	Dec-15
Update all standard letters etc. generated via CF, LL,S1 with details of HSCC	Operations	Dec-15
Liquid Logic used for social care clients	ICT/Telephony	Dec-15
Integrate business continuity plans to ensure business continuity	Operations	Dec-15
Access to NHS networks available to HSCC staff and managers	ICT/Telephony	Dec-15
Telephony and call management system in place for phase 2 (initial operating model)	ICT/Telephony	Dec-15
Email addresses including secure inward and outward	ICT/Telephony	Dec-15
Privacy Impact Analysis completed and signed off and transferred to BAU	Governance	Jan-16
Information Sharing agreements, protocols and mechanisms developed and signed off	ICT/Telephony	Jan-16

Review and update where necessary service information for all services referred via integrated frontline	Operations	Jan-16
Phase 4 - Complete review of Social Care Direct Care Act impacts and agree next steps	HR/Training	Mar-16
Review and update current pathways and protocols (SCD, CAT, HSCC, NST Duty) for HSCC Phase 2	Operations	Mar-16
Review and update HSCC pathways and protocols for HSCC Phase 5	Operations	Mar-16
Sign off of specification for HSCC Project 1 - adults	Governance	Mar-16
Contract negotiation and agreement	Governance	Mar-16
All staffing capacity in place - rolling programme of recruitment implemented	HR/Training	Mar-16
Rota software procured and available	ICT/Telephony	Mar-16
Revised management and staffing structure agreed for fully aligned service	HR/Training	Mar-16
SystemOne (or suitable electronic system) used by HSCC for managing health referrals	ICT/Telephony	Mar-16
Telephony and call management system in place for phase 5 (excluding SCD)	ICT/Telephony	Apr-16
Phase 5 - Fully integrated service operating 8-10 seven days a week	Operations	Apr-16
HSCC operational risk log developed in place of project risk log	Governance	Apr-16
HSCC communications plan developed and implemented in place of project communications plan	Communications	Apr-16
Monitor contract via agreed contract monitoring arrangements	Governance	Apr-16
Produce monthly activity and finance forecasts and actuals to support contract monitoring	Governance	Jun-16
Performance dashboards for operations, commissioning and quality monitoring developed	Performance	Jun-16
HSCC operational governance arrangements established in place of project governance	Governance	Jun-16
Revised pathways, protocols and procedures agreed for fully aligned service	Operations	Jul-16
Confirm contact, assessment and referral pathways through ILATs	Operations	Jul-16
Identify, agree, procure and implement integrated ICT requirements, including access to NHS networks/systems etc.	ICT/Telephony	Jul-16
Complete SCD staff consultation on HSCC extended hours operating model	HR/Training	Sep-16
All 'SCD' staff trained in all elements of HSCC to ensure a fully integrated service offer	HR/Training	Sep-16
Adequate accommodation and workstations identified and delivered	Accommodation	Sep-16
Integrated telephony and call management designed, procured and implemented	ICT/Telephony	Sep-16
Public access to HSCC extended to evenings, weekends and Bank Holidays	Operations	Sep-16
All activities transferred to BAU, reviewed and closed	Operations	Sep-16
Effective engagement, involvement and communications throughout the project (inc. complaints handling)	Communications	Ongoing
Project Closure report produced	Governance	Oct-16

MOU/agreement between NHS and social care (if required)	Governance	Oct-16
Test and implement inter-operability of LAS with SystemOne	ICT/Telephony	Oct-16
HSCC service plan developed in place of project milestone plan	Operations	Oct-16
LAS go live as primary system for all HSCC activity	ICT/Telephony	Oct-16
Review role of additional staff in relation to contribution to work of locality teams	Operations	Nov-16
Develop, test and implement single access and referral form	Operations	Nov-16
Directories of Services in place and operational	Operations	Nov-16
Switch off fax referrals for professionals	ICT/Telephony	Dec-16
ROCI available to HSCC staff	ICT/Telephony	Oct-15

Appendix 3: Schedule of transfers to business as usual (BAU)

Activity	Transfer start	Transfer end
Equality Impact Assessment reviews and updates	February 16	April 16
Rota systems in use	February 16	April 16
Adequate accommodation and workstations delivered	February 16	April 16
Improved pathways in; through; out of HSCC (Inc. nursing)	February 16	April 16
Business continuity plan (reviews/updates)	February 16	April 16
Telephony/call management in place phase 5 (Inc. SCD)	February 16	April 16
Complaints handling and reporting	February 16	April 16
Privacy Impact Analysis reviews and updates	February 16	April 16
Email addresses including secure inward and outward	February 16	April 16
Information Sharing Agreement, protocols and mechanisms	February 16	April 16
Service Agreement – contract monitoring	March 16	April 16
ICT/telephony requirements identified (Phase 5 workshop)	March 16	April 16
Establish risk and issues log (for service)	February 16	June 16
Produce and implement (service) plan	February 16	June 16
Stakeholder mapping and communications plan (for service)	February 16	June 16
All additional capacity in place (recruitment/workforce)	February 16	June 16
Access to NHS networks for HSCC staff and managers (VDI)	February 16	June 16
Performance measures (KPIs) and reporting systems	February 16	June 16
Staff training and development programme	February 16	June 16
Service Agreement negotiation (budget/funding)	March 16	June 16
Service agreement - nursing	March 16	June 16
NHS Directory of Services in place and operational	March 16	June 16
Effective engagement, involvement and communications	March 16	June 16
HSCC governance arrangements (post 01/04/16)	April 16	June 16
Phase 4 - Complete review of Social Care Direct	April 16	July 16
Phase 5 - Fully integrated service (Inc. capacity review)	April 16	July 16
Confirm pathways, processes and protocols AACs (ILTs)	July 16	July 16
Adequate business support within HSCC management	July 16	July 16
SystemOne available to all staff	July 16	July 16
Proactive engagement with GPs in localities post 1/4/16	July 16	July 16

Appendix 4: HSCC Assets

The following have been developed and/or procured as part of the Project and are now owned by HSCC's lead provider, East Sussex County Council:

1. Key documents

- Service Plan
- Critical Service Plan for business continuity
- Operations Manual including pathways, protocols and procedures, user guides
- HSCC Referral Form (replacing the BICA)
- Guidance for referrers and receiving services
- Information Sharing Agreement
- Privacy Impact Analysis
- Equality Impact Analysis
- Risk and Issues Log
- Budget and Activity forecast
- Communications Plan
- Complaints Guidance
- Performance Dashboard
- ICT Agreement with ESHT

2. HR and training

- Training and Development Plan
- Job Descriptions and Person Specifications
- Staffing Structure

3. ICT and Telephony

- Fully integrated IPCC call management system with reporting capability
- Wall boards displaying incoming calls and live call data
- Call centre phones and dual headsets
- Dual monitors
- VDI access to NHS networks
- Secure local government GCXS emails
- Rota software

4. Accommodation

- Agile workspace with 89 workstations
- Sound proof booths

5. Marketing and Communications

- Updated web pages
- HSCC branding
- Marketing materials including pop up displays, leaflets and posters
- Bi-annual survey for the public, professionals and HSCC staff

In addition, HSCC has access to the following assets owned by other organisations to enable service delivery:

6. NHS Directory of Services as a standalone directory (NHS England)
7. NHS desktop computers (ESHT)
8. NHS networked photocopier (ESHT)
9. B drive secure storage (ESHT and SCFT)
10. NHS email addresses – individual and group (ESHT)

11. Access to e-Searcher hospital patient database and SystemOne community patient records (ESHT)
12. ISAD performance database (ESHT)

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Report to: Adult Social Care and Community Safety Scrutiny Committee

Date of meeting: 9 March 2017

By: Director of Adult Social Care and Health

Title: Further update on the impact of the 2016/17 savings

Purpose: To further update the Committee on the impact of 2016/17 savings in relation to Supporting People and the Commissioning Grants Prospectus

RECOMMENDATIONS

- 1) The Committee is recommended to consider and comment on the update of the impact of the Supporting People savings agreed for the 2016/17 Adult Social Care budget.
 - 2) The Committee is recommended to note that the data will continue to be monitored and agree that the Committee be made aware of any further significant impacts on an exception basis.
-

1. Background

1.1. The Adult Social Care Reconciling Policy, Performance and Resources (RPPR) savings proposals for 2016/17 included significant savings to the Supporting People programme of funding and to Commissioning Grants Prospectus (CGP) funded support.

1.2. A report on the impact was considered by the Committee in September 2016. As the implementation was still at an early stage, the Committee requested that a further update be provided for its March meeting.

1.3. In preparing this report we have reviewed relevant data, such as referrals to related services, complaints and provider feedback. The review was carried out in February 2017.

1.4. Please note that there is no updated information to report on the Commissioning Grants Prospectus (CGP) savings.

2. Supporting People savings

2.1. The Supporting People savings proposals, which came into effect from 10 May 2016, were:

- Sheltered housing schemes: Removing 100% of Supporting People funding.
- Extra care housing schemes: Removing 100% of Supporting People funding.
- Home Works visiting support service: Removing 8% of Supporting People funding to save £300,000. This was a reduction on the original proposed saving of £835,000.
- Refuge service accommodation based schemes: Removing 20% of Supporting People funding to save just under £80,000.

3. Supporting People: Sheltered housing

3.1. As previously reported, we have seen an impact of the removal of funding on the STEPS service, with 23 referrals from previously Supporting People-funded sheltered housing services made in Quarter 1 of 2016/17. We have seen a similar level of referrals

from Q2 up until February 2017, with 47 referrals from sheltered housing to the STEPS service.

3.2. The impact on Home Works from sheltered housing has been limited, as would be expected as Home Works supports clients aged 16-64. There were 3 Q1 referrals and a further 3 from Q2 up until February 2017.

3.3. Adult Social Care no longer has a contractual relationship with any sheltered housing providers, but we will continue to monitor referrals and respond to complaints where relevant.

3.4. There were no complaints relating to sheltered housing during the period Aug 16 to Jan 17. There was a Counsellor enquiry about a concern that withdrawal of funding for a support worker had directly affected a resident's end of life care.

4. Supporting People: Extra care

4.1. As reported in September, we worked closely with providers to manage the removal of Supporting People funding for a scheme manager at each extra care scheme.

4.2. In Quarter 1 2016/17, STEPS received 2 referrals from previously Supporting People-funded extra care schemes. From Q2 up until February 2017, STEPS received a further 4 referrals from extra care schemes. There weren't any referrals to Home Works.

4.3. There were two complaints about extra care during the period Aug 16 to Jan 17. Both related to the same provider who is contracted to provide care services at some of the schemes.

5. Supporting People: Home Works

5.1. As reported last time, the funding reduction has seen a decrease of support hours provided by the service per week and a reduction in staffing levels.

5.2. Demand levels on Home Works continue to be high. Between Oct 16 and Feb 17, the service received 3,107 referrals, of which 1,864 were accepted. Of the referrals that were not accepted nearly half would have been accepted if the service had capacity (605 of 1,243).

5.3. The service is prioritising referrals from statutory services and resourcing is based on deprivation and need within size of population. As a result, the number of self-referrals that are being accepted has reduced (dropping from 40% of the total to 30%).

5.4. Where people aren't eligible for the service, signposting will be provided if appropriate. Where eligible applicants aren't accepted due to low need and capacity issues, they are signposted to well-known agencies who may meet their need. For example, local authorities and organisations which provide advice about benefits.

5.5. The long term impact of the capacity issues could be that more people present to statutory services, but this is not monitored due to the resource that would be required to do so.

5.6. There were no complaints relating to Home Works during the period Aug 16 to Jan 17.

6. Supporting People: Refuges

6.1. As reported in September, we have worked with the provider to agree a revised staff structure and the outcomes that can be achieved with fewer resources.

6.2. Managerial posts were reduced by 50%, meaning there is less capacity for multi-agency work and collaborative work. Managers also have to cover for operational sickness

and leave. The loss of the complex needs worker means less one-to-one work with women with complex needs and a negative impact on outcomes in respect of offending behaviour and substance misuse. There is also less capacity for work linked to self-esteem and healthy relationships.

6.3. There were no complaints relating to Refuges during the period Aug 16 to Jan 17.

7. Conclusion and reasons for recommendations

7.1. Home Works is experiencing considerable demand and is prioritising referrals from statutory services. Between Oct 16 and Feb 17 this led to 40% of referrals not being accepted.

7.2. Refuges have seen an impact on their capacity to take part in multi-agency work and some of the support they can offer to residents.

7.3. The Committee is recommended to consider and comment on this report. It is also recommended to note that the data will continue to be monitored and agree that it will be made aware of any further significant impacts on an exception basis.

KEITH HINKLEY

Director of Adult Social Care and Health

Contact Officer: Samantha Williams, Assistant Director Tel no: 01273 482115

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Report to: Adult Social Care and Community Safety Scrutiny Committee

Date of meeting: 9 March 2017

By: Chief Executive

Title: Reconciling Policy, Performance and Resources

Purpose: To review scrutiny's input into the Reconciling Policy, Performance and Resources process during 2016/17

RECOMMENDATIONS

The Committee is recommended to:

- 1) review its input into the Reconciling Policy, Performance and Resources (RPPR) process;
 - 2) identify any lessons for improvement of the process in future; and
 - 3) note the response to the RPPR Board's comments on the budget.
-

1 Background

1.1 Reconciling Policy, Performance and Resources (RPPR - i.e. aligning the Council's budget setting process with service delivery plans) has established an effective and transparent business planning process.

1.2 Scrutiny committees actively engage in the process, firstly to allow them to bring the experience they have gained through their work to bear and, secondly, to help inform their future work programmes.

2 Reconciling Policy, Performance and Resources and scrutiny in East Sussex

2.1 In September 2016 each scrutiny committee considered extracts from the *State of the County* report and the existing departmental savings and Portfolio Plans. Requests for further information or reports were made to help the scrutiny committee gain a full understanding of the context for budget and service planning.

2.2 The scrutiny committees established scrutiny Boards to provide a more detailed input into the RPPR process. These met in December 2016 to consider the draft 17/18 Portfolio Plans and the impact of proposed savings. This committee held an additional Board meeting in January 2017 to consider updated savings proposals in light of national announcements affecting social care funding. The Boards:

- considered any amendments to the Portfolio Plans and how priorities were reflected against the proposed key areas of budget spend for the coming year;
- assessed the potential impact of proposed savings on services provided to East Sussex County Council customers.
- made comments and recommendations to Cabinet on the budget proposals for 2017/18.

2.3 Appendix 1 summarises the comments and recommendations made by the Adult Social Care and Community Safety Scrutiny Committee RPPR Board to Cabinet together with responses where appropriate.

3. Conclusion and reasons for recommendations

3.1 The committee is recommended to review its input into the RPPR process, establish whether there are lessons for improvement for the future and to note the response to comments made by the RPPR Board.

BECKY SHAW Chief Executive

Contact Officer: Claire Lee, Senior Democratic Services Adviser
Tel. No. 01273 335517
Email: Claire.lee@eastsussex.gov.uk

LOCAL MEMBERS

All

BACKGROUND DOCUMENTS

None

Summary of scrutiny comments/recommendations from RPPR 2016/17

Adult Social Care and Community Safety

Service area/savings proposal	Scrutiny comment at December 2016/January 2017 RPPR Board	Response to specific recommendations
East Sussex Better Together (ESBT)	<p><u>December 2016</u> The Board noted the following:</p> <ul style="list-style-type: none"> • Proposals reflect the joint Strategic Investment Plan and pooled budget approach being taken in this area with NHS Clinical Commissioning Groups from 2017/18. The focus is on investments in out of hospital and social care with a view to making savings elsewhere in the system, particularly in acute care. • The Care Home Plus scheme aims to support a specific cohort of people whose needs fall between nursing care and residential care through enhancing staffing and in-reach from community health services in residential settings. This will help avoid unnecessary use of higher level care and address nursing home capacity issues. • Additional staffing needs in community services can be addressed through using existing staff differently within the system and by reviewing the tasks which are undertaken by different staff groups. • ESBT aims to use pharmacy capacity most effectively by engaging pharmacy providers and considering the increased provision of services in pharmacies. Additional service provision would bring more resources into the sector. • A review of bed capacity and its use will be undertaken to inform a bedded care strategy setting out the capacity needed at all levels across the next 10 years. • A prudent approach to back office savings has been taken in year 1 which allows for systematic work to be undertaken, first on integrating the existing health and social care systems, and then on simplifying and leaning systems. • Savings from urgent care redesign are based on reducing demand elsewhere in the system by rationalising and simplifying how people get urgent care. Part of this is supporting the public to better understand the system. <p>Overall, the Board reiterated its support for the overall ESBT programme, but noted that delivering the scale of change envisaged remains challenging and that there will be a need for ongoing scrutiny as plans move forward to implementation.</p>	<p>A commitment has been made to ongoing scrutiny of ESBT</p>

Service area/savings proposal	Scrutiny comment at December 2016/January 2017 RPPR Board	Response to specific recommendations
	<p><u>January 2017</u> The Board noted the following:</p> <ul style="list-style-type: none"> • There had been no changes to the overarching proposals but the county council contribution to the pooled budget had increased which reduces the support needed from the NHS to the council (from c£11m to c£7m) to continue the jointly agreed service redesign programme. • There remains a significant savings requirement across health and social care which is being delivered through service redesign to manage demand differently. • Key changes to the system and model of care (and associated risks) are planned for 2017/18 and 18/19 which the proposed front loading of funding through the additional ASC levy will support. There has also been a national government commitment to try to resolve longer term issues with ASC funding. <p>In relation to the ESBT savings proposals the Board welcomed the additional funding which would be made available as this would help support the delivery of service transformation which the Board recognised remains challenging.</p>	
<p>Rest of Adult Social Care (outside ESBT)</p>	<p><u>December 2016</u> The Board highlighted the following points:</p> <ul style="list-style-type: none"> • The short term nature and significant impact of savings proposed from the remainder of the Adult Social Care budget, in comparison to the ESBT approach which is more forward looking in terms of investments and savings across the entirety of health and social care. • The large catchment area across the Lewes district served by the Phoenix Centre in Lewes, which may close as a result of the proposals. • The potential for reduction in funding for Home Works, STEPS and the Discretionary Emergency Support Service (DESS) to contribute to homelessness. • The significant staff reductions which would result from the proposals may be mitigated to some extent by redeployment which would enable skills to be retained locally. • A consultation and decision making process would take place ahead of implementing proposals, including an Equalities Impact Assessment. This process would enable any further mitigations to be identified, but the ability to mitigate the impact of savings has decreased as resources become more constrained. 	

Service area/savings proposal	Scrutiny comment at December 2016/January 2017 RPPR Board	Response to specific recommendations
	<p>Overall, the Board found it regrettable that progress towards integration of health and social care is less advanced outside the ESBT area, resulting in more significant savings having to be found from within the Adult Social Care budget.</p> <p><u>January 2017</u> The Board noted the following:</p> <ul style="list-style-type: none"> • Key adjustments to the savings proposals are the removal of savings on assessment and care management staff and the proportionate allocation of remaining additional funding to the community care budgets for older people and working age adults. The basis of this allocation is to prioritise meeting eligible need and supporting care plans, reflecting statutory duties. • Following agreement of overall budget headings by Council, savings proposals would be subject to further review, consultation and equality impact assessment (EIA) as required before final Cabinet decision. • The impact assessment against savings in community care budgets remains the same as the nature of risks from reduced budgets are unchanged. However, the scale of risk would reduce significantly in line with the reduction in savings. • Reductions in the community care budget would be achieved through changing the types of support plan put together for new clients and through ongoing reviews of existing care plans. • The impact assessment against the review of day centre services has been broadened to show that it will cover the whole range of services. This includes, but is not limited to, the Phoenix Centre. • Any further mitigations will be identified through the EIA process and reported through the Cabinet process but mitigation has become more difficult year on year. In addition, public health funded work on building community resilience continues across the county which is also part of the approach to mitigation. <p>In relation to the savings proposals outside of ESBT, the Board welcomed the additional funding which had enabled the savings proposals to be reduced. There was also a general understanding of the rationale for where the additional funding had been directed. However, Cllrs Carstairs, Ungar and Webb indicated they do not agree with these cuts as set out in the report.</p>	

Work Programme for Adult Social Care and Community Safety Scrutiny Committee



Future work at a glance

Updated: **March 2017**

This list is updated after each meeting of the scrutiny committee.

Items that appear regularly at committee	
<p>The Council's Forward Plan</p>	<p>The latest version of the Council's Forward Plan is included on each scrutiny committee agenda. The Forward Plan lists all the key County Council decisions that are to be taken within the next few months together with contact information to find out more. It is updated monthly.</p> <p>The purpose of doing this is to help committee Members identify important issues for more detailed scrutiny <i>before</i> key decisions are taken. This has proved to be significantly more effective than challenging a decision once it has been taken. As a last resort, the call-in procedure is available if scrutiny Members think a Cabinet or Lead Member decision has been taken incorrectly.</p> <p>Requests for further information about individual items on the Forward Plan should be addressed to the listed contact. Possible scrutiny issues should be raised with the scrutiny team or committee Chairman, ideally before a scrutiny committee meeting.</p>
<p>Committee work programme</p>	<p>This provides an opportunity for the committee to review the scrutiny work programme for future meetings and to highlight any additional issues they wish to add to the programme.</p>

Future Committee agenda items		Author
22 June 2017		
Annual Review of Safer Communities Performance, Priorities and Issues	<p>To update the Committee on performance in relation to safer communities in 2016/17 and the priorities and issues for 2017/18 that will be highlighted in the Partnership Business Plan.</p> <p>The report will also include an update on how new partnership arrangements are working and relationships with Joint Action Groups.</p>	Samantha Williams, Assistant Director, Planning, Performance and Engagement
Accountable Care Model update	To consider an update on the East Sussex Better Together (ESBT) Accountable Care Model, with particular focus on its implications for adult social care.	Keith Hinkley, Director of Adult Social Care and Health
14 September 2017		
Safeguarding Adults Board Annual Report and Strategic Plan	<p>The Safeguarding Adults Board (SAB) Annual Report outlines the safeguarding activity and performance in East Sussex during the previous financial year, as well as some of the main developments in place to prevent abuse from occurring.</p> <p>The Strategic Plan sets out the aims and objectives of the SAB for 2015-18 and is refreshed each year.</p>	Angie Turner, Head of Adult Safeguarding

Current scrutiny reviews and other work underway		Indicative dates
East Sussex Better Together (ESBT)	Joint Scrutiny Board established with representatives from two other scrutiny committees to consider the ESBT programme and specific policy and service developments arising from it.	Board established – December 2014 Last meeting February 2017
Connecting 4 You	Joint Scrutiny Board established with representatives from two other scrutiny committees to consider the C4Y programme and specific policy and service developments arising from it.	Board Established April 2016 Last meeting December 2016

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