



# EAST SUSSEX HEALTH AND WELLBEING BOARD

TUESDAY, 19 JULY 2016

2.30 PM COUNCIL CHAMBER, COUNTY HALL, LEWES

MEMBERSHIP - Councillor Keith Glazier (Chair)  
Councillors Bill Bentley, Pat Rodohan, Trevor Webb;  
Councillor Martin Kenward, Councillor Margaret Robinson, Dr Elizabeth Gill,  
Dr Martin Writer, Amanda Philpott, Stuart Gallimore, Keith Hinkley,  
Cynthia Lyons, Sarah MacDonald, and Julie Fitzgerald

ALSO PRESENT - Councillor Sue Beaney, Councillor Linda Wallraven, Councillor Claire  
Dowling, Becky Shaw, Marie Casey, Paula Head, Colm Donaghy, Dr Andy  
Slater, and Katy Bourne

## A G E N D A

- 1 Minutes of meeting of Health and Wellbeing Board held on 12 April 2016 *(Pages 3 - 8)*
- 2 Apologies for absence
- 3 Disclosure by all members present of personal interests in matters on the agenda
- 4 Urgent items  
Notification of items which the Chair considers to be urgent and proposes to take at the end of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgently
- 5 Sussex Transforming Care Partnership *(Pages 9 - 12)*
  - Report and presentation by Head of Strategic Commissioning (Learning Disability Joint Commissioning), ESCC
- 6 East Sussex Health and Wellbeing Strategy 2015/16 annual progress report and new Health and Wellbeing Strategy 2016-2019 *(Pages 13 - 44)*
  - Report by Chief Executive, ESCC
- 7 Sussex and East Surrey Sustainability and Transformation Plan Update *(Pages 45 - 50)*
  - Report by Chief Officer, High Weald Lewes and Havens CCG
- 8 Connecting 4 You Programme Plan *(Pages 51 - 62)*
  - Joint Report by Accountable Officer, High Weald Lewes and Havens CCG and Director of Adult Social Care, ESCC
- 9 NHS Updates
  - High Weald Lewes and Havens CCG
  - Eastbourne, Seaford and Hailsham CCG
  - Hasting and Rother CCG
- 10 Date of next meeting: Tuesday , 4th October 2016, 2.30pm

PHILIP BAKER  
Assistant Chief Executive  
County Hall, St Anne's Crescent  
LEWES BN7 1UE

11 July 2016

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## EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at County Hall, Lewes on 12 April 2016.

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PRESENT	Councillors Keith Glazier (Chair) Councillors Bill Bentley, Kathryn Field and Trevor Webb; Councillor Claire Dowling, Councillor Mike Turner, Dr Elizabeth Gill, Dr Martin Writer, Jessica Britton, Stuart Gallimore, Keith Hinkley, Cynthia Lyons and Julie Fitzgerald
ALSO PRESENT	Councillor Margaret Robinson, Becky Shaw, Marie Casey and Jayne Phoenix
WITNESSES	Martin Packwood, Head of Joint Commissioning (Mental Health) Kate Parkin, Director Sussex Collaborative Neil Waterhouse, Service Director Older Peoples Mental Health Services Graham Bartlett, Independent Chair of East Sussex Safeguarding Adults Board

## 22 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 26 JANUARY 2016

22.1 The Board RESOLVED to agree the minutes of the meeting held on 26 January 2016.

## 23 APOLOGIES FOR ABSENCE

23.1 Apologies for absence were received from the following Board members: Cllr Pat Rodohan (substitute: Cllr Kathryn Field), Cllr Martin Kenward (substitute: Cllr Claire Dowling), and Amanda Philpott (substitute: Jessica Britton).

23.2 Apologies were also received from the following invited observers: Cllr Linda Walraven, Colm Donaghy, and Sarah MacDonald.

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

24.1 Cllr Mike Turner declared a personal interest as a relative of the author of a report titled *Emergency Ambulance Services in England* by the NHS Support Federation.

24.2 Stuart Gallimore declared a personal interest in item 5 as the Chair of the health and social care committee of the armed forces charity SSAFA.

24.3 Cllr Trevor Webb declared a personal interest in item 5 as a fundraiser for SSAFA; and item 8 as a member of the East Sussex Better Together Scrutiny Board.

24.4 Cllr Bill Bentley declared a personal interest in item 5 as the treasurer of the 249 Squadron – Royal Air Force Air Cadets, which performs fundraising for the Royal Legion and SSAFA.

24.5 Cllr Kathryn Field declared a personal interest in item 8 as the Chair of the East Sussex Better Together Scrutiny Board.

## 25 EAST SUSSEX ARMED FORCES COMMUNITY

25.1 The Board considered a report by the Director of Sussex Collaborative, Lead Sussex Armed Forces Network, providing assurance on the progress to meet the needs of the armed forces community in East Sussex.

25.2 The Director of the Armed Forces Network clarified that the Armed Forces Network is not a service itself but raises awareness and brings together other services for the common purpose of meeting the needs of the armed forces community. Some of its current key pieces of work include:

- Looking at the needs and issues of the children of armed forces personnel in recognition that they have poorer outcomes than their peers, and raising their profile within the Local Safeguarding Children Board;
- Producing information and e-learning for families and young carers within the armed forces community on how they can access additional services;
- Working with SSAFA, Combat Stress, and other organisations to ensure that there is additional support available for the armed forces community in Hastings because of the identified higher levels of mental health issues and homelessness in the area.

25.3 The Director of Healthwatch East Sussex said that the organisation has a low profile amongst the armed forces community but is keen to raise that profile in order to collect their experiences of the health service and identify where gaps in healthcare provision may be. The Director of Healthwatch and the Director of the Armed Forces Network agreed to discuss how best to raise Healthwatch's profile.

25.4 SEAP carried out specialist advocacy work in the Thames Valley area funded by the British Legion for the most vulnerable and hard to reach service personnel. The Chief Executive of SEAP vouched for the importance of having advocates of the armed forces community with a military background because they were better able to identify the most vulnerable and hard to reach armed forces personnel. The Chief Executive of SEAP offered to share the information and experiences gathered by SEAP through this advocacy work with the Armed Forces Network.

25.5 The Board RESOLVED to:

- 1) note the progress made to date by Sussex Armed Forces Network and services and partners within Health and Social Care;
- 2) support and encourage the continuation of the work of the system working together to deliver the needs for this community;
- 3) note the work undertaken by the East Sussex Safer Communities Team to review data held on veterans and agree this is used, where possible, to implement these recommendations;
- 4) continue joint working across Sussex through the Sussex Armed Forces Network to provide leadership, champion the needs of this community and raise its profile; and

5) agree that consideration is given by all agencies, through the East Sussex Safer Communities partnership to improve data collection.

## 26 THE EAST SUSSEX SAFEGUARDING ADULTS BOARD (SAB) STRATEGIC PLAN 2015-18 PROGRESS REPORT

26.1 The Board considered a report by the Independent Chair of East Sussex Safeguarding Adults Board (SAB) providing an update on the progress to date on the delivery of the SAB Strategic Plan 2015-18.

26.2 The following key points emerged in response to questions from the Board:

- SAB is carrying out an end of year review of its performance against its annual work plan 2015/16; any 'Action/ Measure' that has not been achieved will be added to next year's work plan. Next year's work plan will also include 'success criteria' so that the SAB can monitor its performance throughout the year.
- The SAB carries out an ongoing and iterative process of identifying the current main safeguarding issues by examining the available data. This is because the data shows that the priority safeguarding issues change over time and are not just directed by national policy. The SAB also examines the data to identify safeguarding areas that have been under reported and acts to address them, for example, by carrying out specific work with home care agencies to increase the awareness of safeguarding issues amongst home care staff. Domestic violence and financial abuse – which are relatively recently recognised as priority areas in safeguarding – pose significant challenges that the SAB is working to address.
- The SAB has developed strong partnerships amongst its member organisations that enable those organisations to understand some of the potential impacts of funding reductions across the whole of the health and social care system. Individual organisations can use this collective information to coordinate and adjust the work that they do to minimise the effect of these funding reductions and make the best use of their available resources.
- Each GP practice must have a named adult safeguarding lead and all GPs must have been trained to Level 3 Safeguarding Training. Most GPs in East Sussex now operate a triaging system that ensures if a patient with a safeguarding issue is known to a GP, they will always be prioritised when trying to make an appointment.

26.3 The Board RESOLVED to note the report and its appendix.

## 27 UPDATE ON MENTAL HEALTH CRISIS CONCORDAT

27.1 The Board considered a report by the Head of Strategic Commissioning for Mental Health, ESCC, and the Service Director for East Sussex, Sussex Partnership NHS Foundation Trust, providing an update against the East Sussex Crisis Care Concordat Action Plan.

27.2 The Board welcomed the progress that had been made against the Crisis Care Concordat Action Plan to date.

27.3 The key points of the discussion, raised in response to questions from the Board, included:

- The Head of Strategic Commissioning for Mental Health shared the Board's concern that it had not been possible to agree a Business Case for developing specialist services for people with personality disorders but reassured the Board that work would continue to find a solution. A solution would likely involve the use of pump priming funding and the

use of the parity esteem principle (the national recognition that mental health must be given equal priority to physical health).

- It is currently difficult for people to access mental health services within primary care as a whole – some GP surgeries are well equipped to deal with complex mental health difficulties but other practices find it less easy to do so. Whilst GP surgeries are keen to improve their ability to treat patients with mental health issues, there is a significant national shortage of GPs that makes it difficult to recruit sufficient qualified staff to provide the additional required level of care. The East Sussex Better Together (ESBT) programme is investigating ways to upskill and incentivise primary care to do more for the routine management of people with long-term, stable mental health problems.
- Sussex Partnership NHS Foundation Trust (SPFT) provides information to South East Coast Ambulance NHS Foundation Trust's (SECAmb) Intelligence Based Information System (IBIS) on certain mental health patients along with advice on how they should be treated – often this is to send the patient straight to SPFT and avoid A&E. IBIS is available to ambulance technicians and paramedics on board their ambulance.

27.4 The Board RESOLVED to note the report and its appendix.

## 28 BETTER CARE FUND 2016/17

28.1 The Board considered a report by the Director of Adult Social Care and Health providing a summary of the Better Care Fund (BCF) requirements for 2016/17, the East Sussex plans, and the arrangements for the Section 75 Pooled Budgets.

28.2 The Board RESOLVED to:

- 1) note the requirements for 2016/17 Better Care Fund;
- 2) approve the East Sussex Better Care Fund Plans, subject to any final amendments, prior to submission by 25 April 2016;
- 3) note and approve the 2016/17 Better Care Fund Section 75 Pooled Budget arrangements; and
- 4) agree that authority for final approval of the plans and the revised pooled budget governance be delegated to Adult Social Care (ASC) and Clinical Commissioning Group Chief Officers pending any final minor amendments prior to submission.

## 29 NHS UPDATES

29.1 The Board considered verbal updates from representatives of the three East Sussex NHS Clinical Commissioning Groups (CCGs).

29.2 The Chair of High Weald Lewes Havens CCG (HWLH CCG) informed the Board of the following recent news:

- The CCG's Board has been re-elected for a three year term.
- A Connecting 4 You Board has been established to oversee the implementation of a Connecting 4 You health and social care programme.
- Four new 'Communities of Practice' multi-disciplinary health and social care hubs are being rolled out.
- Five new Diabetes Clinics provided by Sussex Community NHS Trust are opening in the Brighton & Hove and High Weald Lewes Havens areas.

- The Golden Ticket Dementia pilot has been evaluated and will be rolled out in September 2016.
- HWLH CCG has achieved a financial surplus for a third year in a row.
- HWLH CCG has improved its performance on the NHS Staff Survey.
- HWLH CCG is part of the Sussex and East Surrey Sustainability and Transformation Plan (STP) 'footprint'.

29.3 The Chief Operating Officer, Hastings and Rother Clinical Commissioning Group (HR CCG), and the Chair of Hailsham and Seaford Clinical Commissioning Group (EHS CCG), updated the Board on the recent news from both CCGs, this included:

- Dr Roger Elias stepped down from his role as Chair of HR CCG on 31 March 2016, the new Chair, Dr David Warden, took up the role on 1 April 2016.
- HR CCG and EHS CCG are also part of Sussex and East Surrey STP 'footprint'; this has particular relevance to how acute care networks are best delivered.
- HR CCG and EHS CCG will have an informal role in the development of the acute STP footprint being developed in the Kent area.
- The East Sussex Better Together programme is in week 90; recent developments include the upcoming rollout of Health and Social Care Connect to the public, and the formal implementation of the integrated locality teams from 1 April 2016.
- The CCGs are exploring suitable Accountable Care Models for the EHS & HR CCG areas along with East Sussex County Council and healthcare providers.
- HR CCG has taken on delegated commissioning of primary care from 1 April 2016.
- The Healthy Hastings and Rother Programme has shown good results and funding has been agreed for 2016/17.
- Work is ongoing to identify a greater number of people with dementia – all East Sussex CCGs are below the national target (National Ave 67.6%, EHS 63.5%, H&R 60.7% and HWLH 58.3%).

29.4 The Chief Operating Officer, HR CCG, agreed to clarify an issue Cllr Turner had raised with the CCG regarding a NHS Support Federation's report on ambulance trusts.

29.5 The Board RESOLVED to:

- 1) note the verbal updates; and
- 2) thank Roger Elias for his significant contribution towards healthcare in East Sussex.

The meeting ended at 4.10 pm.

Councillor Keith Glazier  
Chair

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

**Date of meeting:** 19 July 2016

**By:** Head of Quality, Eastbourne Hailsham and Seaford CCG and Hastings and Rother CCG

**Title:** Sussex Transforming Care Partnership

**Purpose:** In line with NHS England planning guidance local Health and Wellbeing Boards and CCG governing bodies are required to be informed of Sussex Transforming Care Partnership Plans.

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## RECOMMENDATIONS

**The Board is recommended to note the content of the Final Draft Sussex Transforming Care Partnership Plans.**

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### 1. Introduction

1.1 The Transforming Care for People with Learning Disabilities and Autism is a stretching agenda and is the next stage of the planning and commissioning of services for individuals with learning disabilities, and/or autism, with or without mental health illness, who demonstrate, or are at risk of demonstrating, challenging behaviours. In addition, the program now encompasses whole life support and care provision for this population.

1.2. The program builds on the work which commenced following the Winterbourne View scandal and requires Clinical Commissioning Groups (CCGs) and Local Authorities to work in partnership across identified footprints to meet the requirements of the new National Plan "Building the Right Support" and accompanying service models and guidance.

<https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>  
<https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf> .

1.3. The Sussex Transforming Care Partnership (STCP) was established in November 2015 and first met in December 2015. Its membership comprises and includes; the seven CCGs covering Sussex, Brighton and Hove City Council, West Sussex County Council and East Sussex County Council.

1.4. The different governance arrangements, politics, lead commissioner arrangements, and populations have made the 'ask' of NHS England and central government complex and challenging. However, the extremely good collaborative involvement from all parties in Sussex has enabled us to identify some key areas/gaps which make clinical and financial sense to work together on across the Sussex footprint which will also be advantageous to service users.

1.5. At this stage, however, there is no plan to fully implement a Sussex wide pooled budget, so each local authority and their partner CCGs will continue to also develop their strategic plans to meet their population needs.

1.6. The attached briefing paper (Appendix 1) outlines the focus of the final draft plans submitted to NHS England (NHSE) in May 2016. The STCP has been advised that only plans not fully meeting the requirements of Building the Right Support would receive further feedback; so the STCP is of a view that the Sussex plans are acceptable to NHSE. The full version final draft plan is available on request.

## **2. Recommendations**

2.1 The Health and Wellbeing Board is recommended to note the content of the Final Draft Sussex Transforming Care Partnership Plans which were submitted to NHSE in May 2016, in line with the mandated national planning timescales.

### **ANGELA SIMONS**

Head of Quality; Eastbourne Hailsham and Seaford CCG and Hastings and Rother CCG, and; Operational Lead for Transforming Care; Eastbourne Hailsham and Seaford CCG, Hastings and Rother CCG and High Weald Lewes Havens CCG

Contact Officer:

Debbie Endersby  
Head of Strategic Commissioning (Learning Disability Joint Commissioning)  
East Sussex County Council

### **Background documents:**

None

# Transforming Care Partnerships

## For People with Learning Disability and/or Autism

### A Briefing Paper for Governing Bodies and Health & Well-Being Boards

#### Executive Summary

- The 'Transforming Care Partnerships' (TCP) programme was born out of the Winterbourne scandal, where a Panorama investigation exposed the physical and psychological abuse suffered by people with learning disabilities and challenging behaviour at the Winterbourne View hospital in 2011.
- In response, NHS England developed national guidance in the form of 'Building the Right Support' and 'The New Service Model', which were both published in October 2015. Building the Right Support is a national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. The New Service Model underpins this plan, bringing together current good practice and principles of care provision; it is intended to support health and social care commissioners for learning disability and beyond. It is anticipated that together, these plans will drive system wide change and enable more people to live in the community, with the right support and close to home.
- 48 Transforming Care Partnership (TCP) 'footprints' were subsequently established across the UK in November 2015, including 6 fast track sites. Each TCP is charged with;
  - Developing a TCP plan for people with a learning disability (LD) and/or autism
  - Reducing the number of in-patient beds for people with LD
    - 10-15 inpatients in CCG-commissioned beds per million population
    - 20-25 inpatients in NHS England-commissioned beds per million population
  - Fully implementing the New Service Model by March 2019
- The Sussex TCP footprint includes the 7 CCG's and 3 Local Authorities of Brighton & Hove, West Sussex and East Sussex and is, as such, has far greater complexity than single authority, single CCG footprints.
- Sussex has one 10-bedded inpatient Assessment & Treatment Centre (ATC) in Worthing. Admission activity has been fairly stable over recent years and there are currently 8 people who have been admitted from Sussex and 2 people from out of area.
- Sussex has already achieved a great deal with regards to developing community services for people with learning disability and/or autism as local decision was made several years ago to reduce inpatient bed-stock and reinvest resources.
- Each Local Authority area has subsequently developed its' own plan according to locally identified need. There is agreement across the three Local Authorities and 7 CCG's to increase alignment across the footprint and to identify key areas where work could be undertaken collaboratively. There are, however, no plans at this stage, to pool or share budgets.
- Sussex has a total population of around 1,606,571, including 5,267 people who are registered with their GP as having Learning Disabilities and 384 adults with challenging behaviour (estimated.)
- There are also 4,416 children known to have learning disability in Sussex and it is thought around 1,200 of these children will need help during transition from childhood to adulthood.
- Whilst Sussex is on target to meet the recently announced reduction in-patient bed numbers, there are still a total of 57 adults from Sussex occupying inpatient beds (31<sup>st</sup> December 2015); and 49 of these people are in placements outside of Sussex as follows:

- 23 people were in CCG commissioned beds (15 were out of area) and
- 34 people were in specialist commissioned beds - a mix of high, medium and low secure forensic beds (all 34 people were out of area)
- The cost of care is variable and dependent on location. A CCG commissioned inpatient bed costs, on average, £575 per day, compared to a specialist commissioned inpatient bed in a high secure unit which costs around £822 per day. By comparison, LA funded packages of support in community settings for former inpatients cost on average £354 per day, whereas NHS funded packages of support cost around £613 per day.
- The total forecast costs for people with learning disability and/or autism in 2015-16 is £27,531,000 – of that, £11,422,000 denotes inpatient provision for 2015-16, £9,518,000 is the annual cost of community services and £6,592,000 is allocated to individual support packages for former patients/those at risk of admission

CCG	NHS England Commissioned Beds				CCG Commissioned Beds			Total CCG Beds
	High	Medium	Low	CAHMS	Total NHS England Beds	In area (Selden)	Out of Area	
Brighton & Hove	1	2	5	0	8	2	8	10
EHS	0	4	4	0	8	3	3	6
HR	0	1	4	0	5			
HWHL	0	1	0	0	1			
HMS	1	1	2	0	4	2	4	6
Crawley	0	0	2	0	2			
CWS	1	2	2	1	6			
Out of Area	NA	NA	NA	NA	NA	2	0	2
<b>Total Beds</b>	<b>3</b>	<b>11</b>	<b>19</b>	<b>1</b>	<b>34</b>	<b>9</b>	<b>15</b>	<b>24</b>

- Each person with a LD and/or autism who currently occupies an in-patient bed, will require a Clinical Treatment Review (CTR) assessment to determine suitability and 'what needs to be in place', for example, housing, skills, expertise, to support their return to Sussex in a community setting.
- In 2016, NHS England broadened the criteria for CTR and anticipates numbers will triple. A CTR currently costs £1,000 per person.
- The Sussex LD TCP Programme Board has identified the following areas as priorities for collaboration and joint working;
  1. Shared vision and principles for care provision
  2. Workforce Development, Training & Education
  3. Improved Proactive Case Management & Crisis Prevention
  4. Specialist Care & Treatment (more local in-patient services)
  5. Improving Proactive Planning of Transition
  6. Personalisation and Personal Health Budgets
  7. Data Capture
- These areas represent the 2<sup>nd</sup> stage of the TCP Programme of Work.

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

**Date of meeting:** 19 July 2016

**By:** Chief Executive, East Sussex County Council

**Title:** East Sussex Health and Wellbeing Strategy 2015/16 annual progress report and new Health and Wellbeing Strategy 2016-2019

**Purpose:** To present a report on progress to date on delivering the East Sussex Health and Wellbeing Strategy 2013-2016, and to approve the new Health and Wellbeing Strategy 2016-2019.

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## RECOMMENDATIONS

The Health and Wellbeing Board is recommended to:

- 1) Consider and comment on the report
  - 2) Approve the new strategy attached as appendix 5
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### 1. Introduction

1.1 The Health and Wellbeing Strategy (HWS) for East Sussex focuses on seven priorities where the Health and Wellbeing Board believe a more integrated and joined up approach will help to improve outcomes, reduce inequalities, and deliver efficiency savings that could be reinvested in service improvements.

### 2. Format of the report

2.1 This annual report for 2015/16 details progress made both over the period October 2015 to March 2016 and throughout the year.

2.2 Appendix 1 shows RAG scores against targets at the end of quarter 4. Where data is not yet available they are listed as NA; and for those listed as CO (Carry Over) the data may be available for the board meeting in October.

2.3 Appendix 2 provides detailed outturns and commentary on progress for each of the seven priority areas at the end of the year.

2.4 Three outturns were marked as NA (Not Available) in the Q1/2 2015/16 progress report. These are listed as NA in appendix 1 for 2014/15 with details of the Q1/2 outturns given against the relevant performance measures in appendix 2 where available.

### 3. Health and Wellbeing Strategy progress overview

3.1 For 2015/16, there are 21 targets reported at quarter 4, of these 10 are scored Green, 7 are scored Red, 2 are Not Available, and 2 are Carried Over.

3.2 There has been notable progress against the following measures:

- 1.1b) Reduce the gap in MMR vaccination coverage at District and Borough level from 4.2% in 2011/12
- 1.2 Reduce the early years attainment gap
  - 2.1 Fewer children needing a Child Protection Plan
  - 2.2 Reduce the number of young people entering the criminal justice system
- 3.2a) Percentage of the eligible population aged 40-74 offered an NHS Health Check
- 3.2b) Percentage of those offered an NHS Health Check receiving one
- 5.1 Improve the experience of NHS mental healthcare for people with mental health conditions
- 5.2a) Report improved outcomes for people with mental health conditions arising from NHS mental healthcare – Numbers entering treatment

5.2b) Report improved outcomes for people with mental health conditions arising from NHS mental healthcare – Numbers completing treatment who have recovered

7.1.1 Deaths at usual place of residence divided by all deaths

3.3 Targets scored red are:

1.1a) Increase MMR vaccinations to 95% coverage

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

5.2c) Report improved outcomes for people with mental health conditions arising from NHS mental healthcare – Waiting times for treatment

6.2a) Reduced number of people with long term conditions being admitted to hospital and reduce the time they spend in hospital – reduction in admissions (see Appendix 3 for further information)

6.2b) Reduced number of people with long term conditions being admitted to hospital and reduce the time they spend in hospital – reduction in time spent in hospital (see Appendix 3 for further information)

7.1.2) The percentage of people approaching end of life care who are uploaded onto the SCR/EPaCCS system

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

#### **4. Conclusions and Next Steps**

4.1 Progress has been made towards delivering the strategy and action plan against many priorities and objectives. Challenges still remain in meeting some targets and dealing with some matters of process and data reporting, work to tackle these issues has progressed.

4.2 An updated progress report is scheduled for the East Sussex Health and Wellbeing Board meeting on 4 October 2016.

#### **5. New strategy 2016/17 – 2018/19**

5.1 Please see the accompanying Appendix 5 document.

5.2 The new Health and Wellbeing Strategy sets out the ambitions and priorities for the East Sussex Health and Wellbeing Board with the overall vision to protect and improve health and wellbeing and reduce health inequalities in East Sussex so that everyone has the opportunity to have as safe, healthy and fulfilling a life as possible.

5.3 This new Strategy is designed, in part, to support the progress of the East Sussex Better Together programme and the emerging Connecting 4 You programme to ensure it achieves health benefits for the population of East Sussex. Action plans for the delivery of the priorities will be developed once these programmes of work have progressed further. Any outstanding actions from the current Strategy will be absorbed into existing plans.

5.4 The Strategy recognises, and is dependent upon, the contribution of a wide range of partners including the commissioning bodies, District and Borough Councils and Healthwatch East Sussex. Comments on the Strategy have been sought from the commissioning bodies, Healthwatch East Sussex and the Health and Housing Sub-Group.

5.5 The Board is asked to approve the new Strategy 2016-19.

**BECKY SHAW**

**Chief Executive, East Sussex County Council**

Contact officer: Stuart Russell,

Strategic Performance Manager, Tel 01273 336361, [stuart.russell@eastsussex.gov.uk](mailto:stuart.russell@eastsussex.gov.uk)

## Performance Measures – Outturn Summary

Priority	Ref	Performance Measure	2015/16 Target	RAG				
				Q2 2015/16	Q4 2015/16			
1. Best start	1.1	Increase MMR vaccinations	a) 95%	A	R			
			b) Reduce gap from 4.2%	G	G*			
	1.2	Reduce the early years attainment gap	<=National Average	G	G			
2. Parenting	2.1	Fewer children need a Child Protection Plan	500	G	G			
	2.2	Reduce the number of young people entering the criminal justice system	300 FTE	G	G			
3. Healthy lifestyles	3.1	Reduce rates of mortality from causes considered preventable	a) 10% reduction	G	NA			
			b) Reduce gap	A	NA			
	3.2	Increase offer and uptake of NHS health checks	a) 20% offered	G	G			
			b) 50% received	AD	G			
4. Accidents and falls	4.1	Reduced emergency hospital admissions amongst children and young people for accidents and injuries	4% reduction	NA	CO			
	4.2	Reduce the rate of older people admitted to hospital due to falls	Reduction of 1% per year on 13/14 baseline	R	R*			
5. Mental health	5.1	Improve the experience of NHS mental healthcare for people with mental health conditions	'Positive' 80%; 'extremely likely' to recommend 50%	A	G			
	5.2	Improve outcomes for people with mental health conditions arising from NHS mental healthcare	a) Numbers entering treatment – 7,500	G	G			
			b) Numbers completing treatment who have recovered – 50%	G	G			
			c) Waiting times for treatment – 75% within 6 weeks; 95% within 18 weeks	A	R			
6. SEND and LTC	6.1	Increase the take up of Health Checks for people with Learning Disabilities (LD)	Meet England average (63%)	NA	CO			
	6.2	Reduced number of people with long term conditions being admitted to hospital and reduce the time they spend in hospital	a) 20% reduction in admissions	R	R			
			b) 20% reduction in time in hospital	R	R			
7. End of life care	7.1	More people identified as approaching end of life are cared for and die in their usual place of residence	7.1.1) 50.3% die at home	A	G			
			7.1.2) 75% uploaded to SCR/EPaCCS	A	R			
	7.2	Improve the experience of care for people at the end of their lives	TBC 2014/15	NA	R			
Red	Target missed		Amber	Target off track		Green	Achieved or on track	
AD	Target amendment/deletion		NA	Data not available		CO	Outturn carried over to next report	

\* Latest data, not for year-end 2015/16

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## Biannual Progress Report October 2015 to March 2016

### **PRIORITY 1: ALL BABIES AND YOUNG CHILDREN HAVE THE BEST POSSIBLE START IN LIFE**

#### **Objectives**

- High quality, targeted support to all vulnerable parents who need it
- Breastfeeding support for women in the first five days after birth
- Fewer referrals to children's social care
- More families with babies given targeted "early help" support
- Further improvement in the proportion of mothers choosing and able to breastfeed their babies
- Fewer women smoking in pregnancy
- More babies and young children with special educational needs or disabilities have a single plan for health, care and education

#### **Performance Measures**

##### **1.1 MMR vaccination coverage for one dose (2 year olds)**

**2015/16 Target:** a) 95% coverage, b) reduce the gap at District and Borough level from 4.2% in 2011/12

**Outturn:** Red a) 2015/16 = 92%  
(Q1 91.4%, Q2 92%, Q3 92.3%, Q4 92.4%)

Green b) 2014/15 gap = 2.6%

- a) Overall performance in East Sussex improved slightly in 2015/16. 91.2% of children aged 2 received an MMR dose in 2014/15. This improved to 91.4 in Q1 of 2015/16, 92.0% in Q2, 92.3% in Q3, and 92.4% in Q4; making a yearly total of 92%.
- b) Data for 2014/15 shows Eastbourne Borough with the highest rate (93.3%) and Hastings borough with the lowest (90.7%). This data is taken from [JSNAA scorecard 3.28](#).

##### **1.2 Percentage point gap between lowest achieving 20% in the early years foundation stage profile and the rest**

**2015/16 Target:** Equal to or less than national average

**Outturn:** Green East Sussex 25.5% National Average 32.1%

#### **Commentary**

MMR Coverage (1.1):

Within East Sussex Better Together (ESBT): Eastbourne, Hailsham and Seaford (EHS) CCG, by the age of 2, 91.6% of the eligible cohort of children received their first MMR dose. For Hastings and Rother (HR) CCG, the rate was 92.4%.

High Weald Lewes and Havens (HWLH) CCG uptake was 91.6%.

Overall the East Sussex rate was 92%

The latest available national average shows a fall in achievement in 2014/15 to 92.3% from 92.7% the previous year. The 95% target remains a challenge for East Sussex.

The Screening & Immunisation Team action plan details a number of measures which will help to achieve the national target of 95%:

- Engagement with CCG Quality Leads to target practices with poor MMR uptake. Public Health England (PHE) provides practice level data to all CCGs on a quarterly basis.
- Partnership working with Children Centres to identify children with missed or uncertain MMR status (Red Book Day event for example).
- Working with Local Authority colleagues to look at innovative ways to promote MMR vaccination as part of our local strategy to improve MMR uptake and address parental concerns with regards to myths associated with previous adverse media stories.

Early Years Foundation (1.2):

The percentage point gap between the lowest achieving 20% in the Early Years Foundation Stage profile and the rest is 25.5% for East Sussex. The East Sussex gap has narrowed by four percentage points from 2013-14, when the gap was 29.5%. Nationally, the percentage point gap between the lowest achieving 20% in the Early Years Foundation Stage profile and the rest is 32.1%.

## **PRIORITY 2: SAFE, RESILIENT AND SECURE PARENTING FOR ALL CHILDREN AND YOUNG PEOPLE**

### **Objectives**

- More families given targeted early help support
- Reduced rate of inappropriate referrals to children's social care
- Streamlined and coordinated support for vulnerable families

### **Performance Measures**

#### **2.1 Number of children with a Child Protection Plan**

**2015/16 Target:** 500

**Outturn:** **Green** 462

#### **2.2 Rate of first time entrants (FTE) to the criminal justice system per 100,000 population of 0-17 year olds**

**2015/16 Target:** 300

**Outturn:** **Green** 146 FTE per 100,000

### **Commentary**

The rate per 10,000 of children (aged 0-17) with a Child Protection (CP) Plan has reduced to 43.8 (462 children) against a target of 47.4 (500 children) demonstrating sustained improvement as a result of steps introduced as part of the CP action plan, to safely reduce the number of children with a CP Plan, which was developed in 2014/15.

7,211 children and young people and 3,663 households received 1:1 targeted support from Early Help services in 2015/16. The final quarter outturn shows a continuation in the trend of more children and young people being worked with in fewer families, reflecting Early Help's increased focus on working with all members of a family.

## **PRIORITY 3: ENABLE PEOPLE OF ALL AGES TO LIVE HEALTHY LIVES AND HAVE HEALTHY LIFESTYLES**

### **Objectives**

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

### **Performance Measures**

#### **3.1 Age-standardised rate of mortality from causes considered preventable per 100,000 population**

**2015/16 Target:** a) 10% reduction for 2015-17, b) reduce gap between Hastings and Wealden to that measured in 2003-2005 74 deaths per 100,000

**Outturn:** **NA** a) 2015/16 data will be available in October.

**NA** b) 2015/16 data will be available in October.

### 3.2 Percentage of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the financial year

**2015/16 Target:** a) 20% offered, b) 50% received

**Outturn:** Green a) 2015/16 = 21.8%  
Green b) 2015/16 = 50.2%

#### Commentary

##### **Alcohol:**

A programme of alcohol brief advice training was delivered during 2015/16.

An alcohol campaign focussing on encouraging people to stop drinking for 'Dry January' was undertaken.

Hastings was one of the national Local Alcohol Action Areas in 2015, and work has commenced with the Home Office and Public Health England (PHE) to develop and implement a delivery plan. As part of this work, a common approach to delivering the Alcohol Strategy 2014-19, Harm Reduction Communications Plan was agreed.

A report has been produced which collates the local data on alcohol related health harm to help guide targeted interventions more effectively. Both the communications plan and the Alcohol Health Harms report have informed commissioning of two social marketing behaviour campaigns on:

1. Reducing alcohol experimentation amongst young people
2. Reducing alcohol-related harm amongst 17 to 25 year olds

##### **Tobacco:**

A multi-agency Tobacco Control Partnership continues to meet to co-ordinate tobacco control work across East Sussex. New NICE quality standards on tobacco use have been reviewed and shared with key partners. Campaigns to raise the awareness of the importance of stopping smoking and the help available to smokers have been undertaken across the year, including Stoptober.

A programme of work has been undertaken with East Sussex Healthcare Trust to reduce smoking in pregnancy. This includes developing and improving the service experience for pregnant women who want to quit and developing the interface between the stop smoking service and the midwifery service.

##### **Obesity/Physical Activity:**

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

A range of community support, to enable people to eat more healthily and increase their physical activity continues to be provided e.g. a countywide health walks scheme, Healthy Living Clubs for older people, and community led initiatives such as community champions/village agent's schemes. In addition the Chances4Change East Sussex programme was extended across the county and has developed community opportunities for physical activity and healthy eating in local communities.

East Sussex colleagues across the CCGs and Public Health worked together to develop a South East partnership bid to implement the National Diabetes Prevention Pilot (NDPP). The bid was successful and the NDPP service will commence in 2016/17. This will provide a new intensive lifestyle service for adults identified as being at high risk of type 2 diabetes, to help them improve their diet, increase activity, and where appropriate, lose weight.

A programme of work to support healthy eating and increase physical activity in children has been undertaken in 2015/16. This includes support for early year's settings such as nurseries and child minders to increase the amount of physical activity and healthy food provided in their services and support to schools to improve their Personal Social and Health Education (PSHE) provision to support healthy lifestyles. Feedback from the pilots has been very positive and full evaluation of the schemes is expected in August 2016. A further £1m has been invested in nursery settings by HR and EHS CCGs in the ESBT area to support a step change in reducing childhood obesity for 2016/17.

The annual target for the proportion of people offered an NHS Health Check has been achieved for 2015/16. Comparative national data for 2015/16 is not available yet, however at quarter 3 East Sussex performed better than the South East average, with 15.6 % offered a health check compared to 13.3% regionally. 8.4% of the eligible population received a check compared to an average of 6.4% in the South

East. East Sussex also achieved its Health Premium target for NHS Health Checks, resulting in additional funding of £47,000 being awarded to the council in recognition of this achievement.

## **PRIORITY 4: PREVENTING AND REDUCING FALLS, ACCIDENTS AND INJURIES**

### **Objectives**

- Fewer children and young people being admitted to hospital for unintentional and deliberate injuries (including falls, accidents, assaults)
- Fewer over 65's using secondary care due to a fall
- Fewer over 65's using emergency ambulance services due to a fall
- Fewer over 65's with first or preventable second fractures

### **Performance Measures**

#### **4.1 Crude rate of hospital emergency admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 years per 10,000 population**

**2015/16 Q1/2 Target:** 4% reduction 2012/13 to 2015/16 (1.35% per year)

**Outturn:** CO Annual data for 2015/16 not available until Autumn 2016

**2015/16 Q3/4 Target:** 4% reduction 2012/13 to 2015/16 (1.35% per year)

**Outturn:** CO Annual data for 2015/16 not available until Autumn 2016

#### **4.2 Age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65 and over per 100,000 population**

**2015/16 Target:** Reduction of 1% per year on 2013/14 baseline (2,242 per 100,000)

**Outturn:** Red Q1 – Q3 provisional rate = 2,138. This is 0.3% lower than for the same period in 2014/15 (2,145); and 0.5% less than the Q1 – Q3 2013/14 baseline. Q4 data not yet available.

### **Commentary**

#### **Children:**

Multi-agency work to reduce unintentional injury to children and young people continues to be co-ordinated through the Local Safeguarding Children's Board (LSCB) Child Safety Subgroup, the Safer Sussex Roads Partnership and the East Sussex Road Safety Group.

The LSCB Child Safety Subgroup Workplan 2015-17 includes a number of broad actions agreed as part of Outcome 1 "*Accidents to children and young people are reduced*". These focus on strengthening the use and sharing of data on accidents, monitoring the performance and outcomes of accident prevention initiatives, embedding new ways of working with early years practitioners to reduce risk of accidental injury (and expanding to other professionals), and utilising national and local resources/campaigns to raise awareness amongst at-risk populations locally.

#### **0-5 years accident prevention**

The following activities implemented in quarters 3 & 4 (October 2015 – March 2016) have supported delivery of the LSCB Workplan:

#### **0-5 Accident Prevention Working Group (APWG)**

The 0-5 APWG met in January 2016. The group has representation from East Sussex County Council (ESCC) Children's Services, Children's Centres and Public Health; East Sussex Healthcare NHS Trust (ESHT) Health Visiting service; East Sussex Fire and Rescue Service (ESFRS); and Wealden District Council. One of the objectives of the group is to co-produce an action plan to support delivery of Outcome 1 of the LSCB Child Safety Subgroup Workplan. The East Sussex Child Home Safety Advice and Equipment Service has been reviewed and re-designed, with input from the Child Accident Prevention Trust (CAPT), Health Visiting service and others, ESFRS commenced providing the new service in April 2016. At the January meeting the following areas were identified for inclusion in the detailed plan to be developed during quarter 1 of 2016/17: improved use of data to inform activity planning and impact for practitioners; workforce development in the context of the new integrated health visiting and children's centre key worker services, and; development of practitioner resources to facilitate effective accident prevention work.

## **Data collection and reporting**

A tool previously developed by Public Health to support A&E and Minor Injury Units (MIUs) to collect additional data on the specific causes of child accidents continued to be used by both A&Es and MIUs until the end of September 2015. The service provider for MIUs changed in November 2015 and, whilst the service is being established, the data collection tool is not currently being utilised by MIUs. The tool continues to be used by A&Es and the potential for its reintroduction in MIUs will be reviewed regularly.

Analysis of A&E data collected between April 2015 and March 2016 indicates that there were 1,454 attendances at A&E of children aged less than 5 years old. The largest causes of accidents were falls involving furniture (44%), foreign bodies (20%), accidental poisoning/drug ingestion (11%), falls involving stairs (10%) and burns/scalds (9%).

## **East Sussex Child Home Safety Advice and Equipment Service**

The child home safety and equipment contract with the previous provider ended on 31 March 2016.

The service requirements and model have been reviewed with input from the CAPT. ESFRS has been contracted to deliver the service for two years (April 2016 to March 2018). ESFRS are working with the Public Health team and the new integrated health visiting and children's centre key worker services to agree revised processes for identifying and referring eligible families and implementing a high quality service delivery model for home safety and accident prevention. This includes a full home safety visit, installation of child safety equipment (according to need), and provision of advice and guidance on home safety measures.

### **Adults:**

A business case for enhanced community therapy (including falls and fracture prevention) from 2016/17 was approved by ESBT governance groups in quarter 3. Work is ongoing to agree proposed developments in the HWLH CCG area.

The proposals aim to significantly enhance quality, capacity and outcomes over the next 3 years. Implementation plans for the EHS, and the HR CCG areas are being co-designed with service providers. The following high level milestones have been agreed. It is anticipated some developments may be delivered earlier once implementation plans have been confirmed.

- First strength & balance exercise classes launched - Oct 2016
- Fracture Liaison Service launched - Oct 2016
- 2017/18 integrated therapy pathway signed off - Dec 2016
- Strength & balance classes launched in each locality - April 2017
- 2017/18 integrated therapy pathway goes live - April 2017

Work is on-going to agree proposed developments in the HWLH CCG area.

## **PRIORITY 5: ENABLING PEOPLE TO MANAGE AND MAINTAIN THEIR MENTAL HEALTH AND WELLBEING**

### **Objectives**

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

### **Performance Measures**

#### **5.1 Percentage of service users responding to new 'friends and family test' survey questionnaires, who report their experience of Trust services was 'positive' and that they would be 'extremely likely' to recommend Trust services**

**2015/16 Target:** 'positive' 80%; 'extremely likely' to recommend 50%.

**Outturn:** Green 'positive' = 80.3%;  
'extremely likely' to recommend = 52.2%



## 5.2 Number of people who have entered and completed treatment and their wait times

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

**Outturn:** Green a) > 7,500  
Green b) 50%  
Red c) 60% within 6 weeks; 97% within 18 weeks

### Commentary

Adults:

Overall patient experience of Trust services (friends and family test), was 'positive' for 80.3% of respondents, with 52.2% saying they would be 'extremely likely to recommend' Trust services.

Performance at end of quarter 4 against the new suite of targets for improving outcomes for more people who experience common mental health problems was: numbers entering treatment > 7,500; achieving recovery = 50%; access within 6 weeks = 60%; and access within 18 weeks = 97%.

The 18 week standard for waiting times for psychological treatment is already being met, and additional resources have been provided by CCGs to clear waiting lists and also achieve the 6 week standard during 2016/17, which is when NHS England Planning Guidance requires this new standard to be met.

Over the course of 2015/16 the target for those achieving recovery after completing psychological therapy was met, in line with the measure used by NHS England.

Progress has also been made in ensuring waiting times for NICE accredited, evidence-based care is started within two weeks of referral of patients with a confirmed first episode of psychosis, from the beginning of 2016/17.

Through the Better Together programme, priority has also been given to developing new services to target those with long term conditions who also have mental health problems to ensure their higher risks for relapse are better managed.

Children:

Locally East Sussex has developed an emotional health and wellbeing transformation plan following additional investment through NHS England. We have identified a number of initiatives through this plan which will help support children and young people earlier on in the process and have an impact on those going on to receive treatment from specialist services.

### **PRIORITY 6: SUPPORTING THOSE WITH SPECIAL EDUCATIONAL NEEDS (SEN), DISABILITIES (SEND) AND LONG TERM CONDITIONS (LTC)**

#### **Objectives**

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

#### **Performance Measures**

##### **6.1 Percentage of patients on a Learning Disability register in East Sussex GP Practices who have received a Health Check within the financial year**

**2015/16 Q1/2 Target:** By 2016: Meet the England average (63%) revised upwards if the average increases

**Outturn:** CO Data available in September

**2015/16 Q3/4 Target:** By 2016: Meet the England average (63%) revised upwards if the average increases

**Outturn:** CO Data available in September

## 6.2 a) Proportion of people with ambulatory care sensitive conditions admitted to hospital as an emergency; and b) Number of days between admission and discharge

**2015/16 Target:** By 2016 a) 20% reduction, b) 20% reduction

**Outturn:** Red a) 2% reduction (comparing 2015/16 activity with 2012/13 baseline data)

Red b) 3% increase (comparing 2015/16 activity with 2012/13 baseline data)

### Commentary

This target measures adults aged 18+ with ambulatory care sensitive (ACS) conditions - chronic conditions such as asthma, diabetes, angina, epilepsy, dementia, chronic obstructive pulmonary disorder (COPD), anaemia, hypertensive heart disease, acute and chronic bronchitis, atrial fibrillation and chronic viral hepatitis B. Active management such as vaccination, better self-management, disease management, case management or lifestyle interventions, can help prevent a sudden worsening of these conditions and reduce the need for hospital admission.

### **April 2015 to March 2016**

Comparing April 2015 to March 2016 data to April 2012 to March 2013 (the baseline year), ACS conditions admission rates have decreased by 2% in East Sussex. The picture varies across the three East Sussex CCGs: EHS CCGs admission rates have reduced by 4%, HWLH CCGs admission rates have reduced by 3%, and HR CCG admission rates have increased by 2%.

The number of days between admission and discharge (bed days) has increased by 5% in 2015/2016 compared to the baseline year of 2012/13.

For some individual conditions there is considerable improvement in both admission rates and length of stay. These include:

COPD, which has been the focus of a range of initiatives including enhancing the community respiratory service and introducing a COPD hospital discharge bundle in Eastbourne DGH and the Conquest Hospital, shows a marked reduction in the number of admissions: 20% reduction in EHS, 12% in HR and 16% in HWLH, and in reductions in bed days for those who are admitted with COPD of 29% in EHS, 29% in HR and 41% in HWLH.

Angina admissions have also reduced, with the greatest reductions in HWLH and EHS: 42% reduction in EHS, 22% in HR and 52% in HWLH. Bed days for those who are admitted with the condition has also reduced by 64% in EHS, 27% in HR and 60% in HWLH.

Individual CCG comparison data by ACS condition for emergency admissions and bed days can be found at Appendix 3.

**Integrated Locality teams:** The implementation of integrated Locality Health and Social Care teams is progressing as a primary work-stream within the ESBT programme. The team managers are now in post and work continues to implement the changes throughout 2016/17. These teams bring together community nurses, therapists and social care staff to provide greater integration and coordination of care to meet the needs of local people within a community setting across the eight agreed localities in East Sussex. Additionally, development work is ongoing to put in place new crisis response and proactive care practitioners to support the work of the Integrated Locality teams in 2016/17. Alongside this, work in 2015/16 included GP practices holding monthly multi-disciplinary meetings to discuss patients who were identified as most at risk of being admitted to hospital.

**The Community Geriatrician/Frailty Practitioner Service:** These new services support patients, their GPs and other professionals in the community to identify and manage older people with frailty. The services care for people in their communities, and reduce their admissions to hospital by reviewing patients and directing them between primary and acute (hospital) care. The Community Geriatrician Service has commenced in the HWLH area and the CCGs are working with local hospital trusts to extend the service by recruiting more Community Geriatricians across the county, and accessing existing consultant geriatrician resources to support the community model. The Frailty Practitioner Service is under development within the EHS and HR CCG areas, where teams of practitioners will be providing Comprehensive Geriatric Assessments, care coordination and review of patients to enable them to live independently, prevent readmissions to acute care and support their appropriate discharge back into community settings.

## Children and SEND:

As of 31/03/2016; 525 Education, Health and Care (EHC) Plans have been finalised and issued as part of the transfer review process from a previous Statement of SEN. This represents 20.8% of those Statements of SEN current, as at 31/08/2014, which will require a transfer review to take place before April 2018. 270 new EHC plans have been issued for the first time between 01/04/2015 to 31/03/2016.

ISEND Assessment & Planning Social Care Team has a current caseload of 227 cases, of which 197 cases are eligible to receive a Social Care budget. There are 102 active Social Care budgets, representing 51.78% of the current eligible caseload; 8 of these are joint budgets with health.

## **PRIORITY 7: HIGH QUALITY AND CHOICE OF END OF LIFE CARE (EOLC)**

### **Objectives**

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

### **Performance Measures**

#### **7.1.1 Deaths at usual place of residence divided by all deaths**

**Q1/2 Target:** Increase by 1% each year from baseline to 50.3% by 2015/16.

**Outturn:** **Amber** 50.2% (HR CCG 49.8%, EHS CCG 52.9%, and HWLH CCG 47.8%)

**2015/16 Target:** Increase by 1% each year from baseline to 50.3% by 2015/16.

**Outturn:** **Green** 50.4% (HR 50.4%, EHS 53%, HWLH 47.9%)

#### **7.1.2 Proportion of population on the Palliative Care Register (PCR) whose data has been uploaded to the SCR/EPaCCS**

**2015/16 Target:** 75%

**Outturn:** **Red** EHS and HR CCGs – 100% of practices have been asked to upload data to SCR, HWLH: 54% of data uploaded

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

**2015/16 Target:** To be confirmed 2014/15.

**Outturn:** **Red** No target set

### **Commentary**

#### **7.1.2**

EHS and HR: GP clinical systems were unable to add additional information such as palliative care until October 2015. Since then CCG support has been in place to inform practices of this new functionality for implementation in 2016/17.

This activity will be monitored as part of the Vulnerable Patients Locally Commissioned Service (LCS) which will provide more robust data.

HWLH: 16 out of 20 practices in the HWLH area reported on the proportion of the population on the PCR whose data had been uploaded to the SCR/EPaCCS. Of the 16 practices, 6 achieved 100%, the remaining practices show a range of achievement, up to 59%. The overall figure for HWLH CCG is 54%.

Where practices have submitted a report but the percentage of palliative care records uploaded to EPaCCS is low, we have asked them for an explanation, and will be working with those individual practices to develop a plan to improve.

We have a new end of Life LCS in place from October 2015. It was a requirement of this LCS to upload palliative care records to EPaCCS, and templates were supplied for GP clinical systems. This is the first time we have collected this information and we hope to see an improvement over the next year.

#### **7.2**

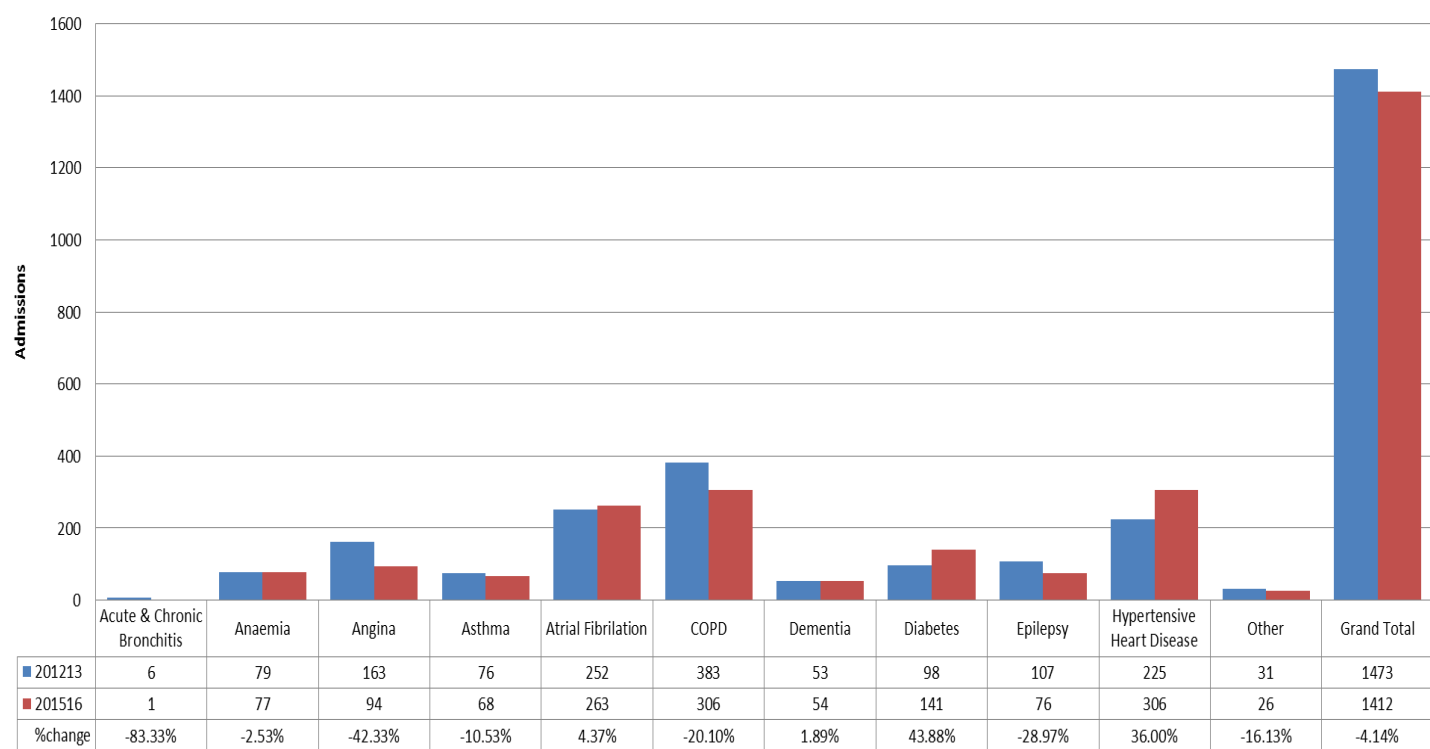
All GP practices have offered to discuss with palliative care patients Advance Care Planning and have documented their Preferences and Priorities for Care



## Emergency Admissions for patients with ACS Primary diagnosis conditions 2012/13 against 2015/16 activity

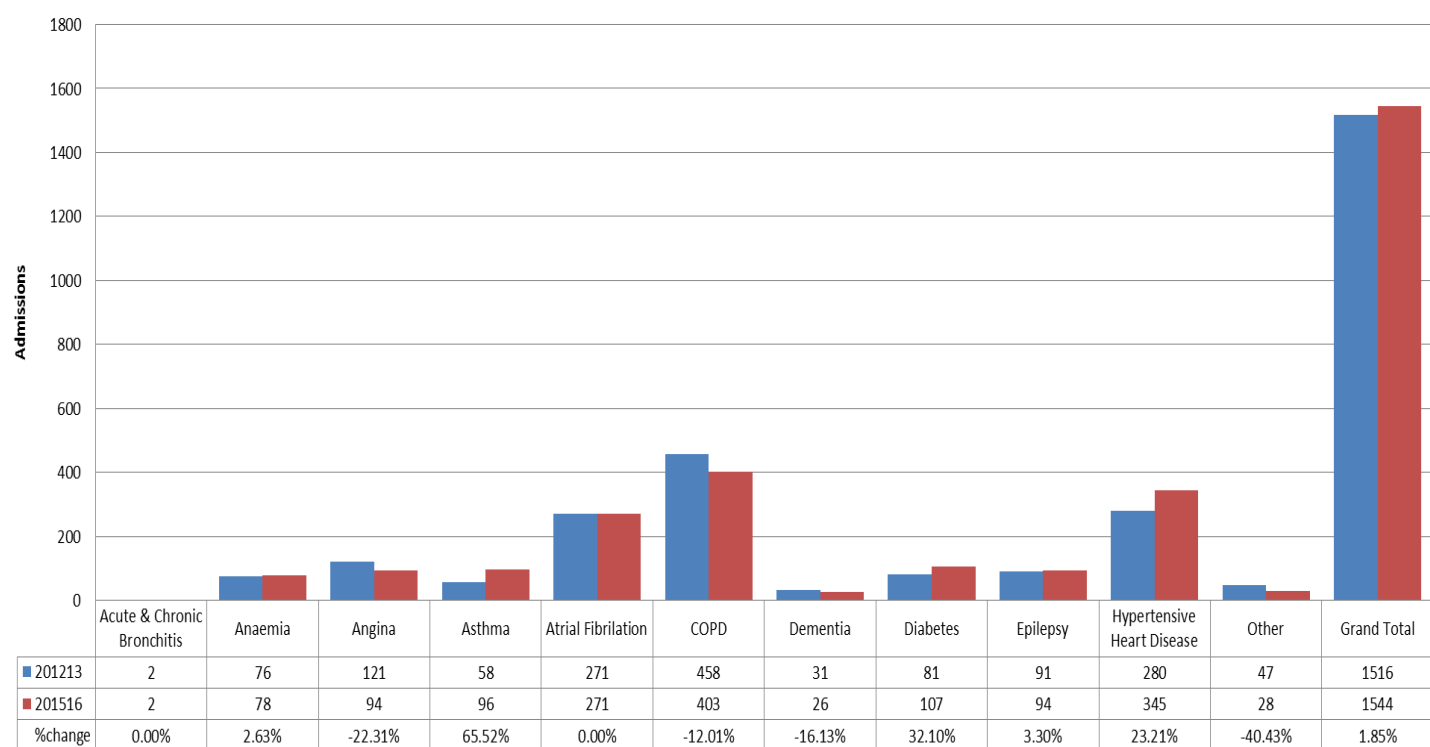
Eastbourne, Hailsham and Seaford CCG

**Comparison of East Sussex CCG's 15/16 Activity against 12/13 baseline for Emergency Admissions of patients (aged 18+) with ACS Primary diagnosis conditions**



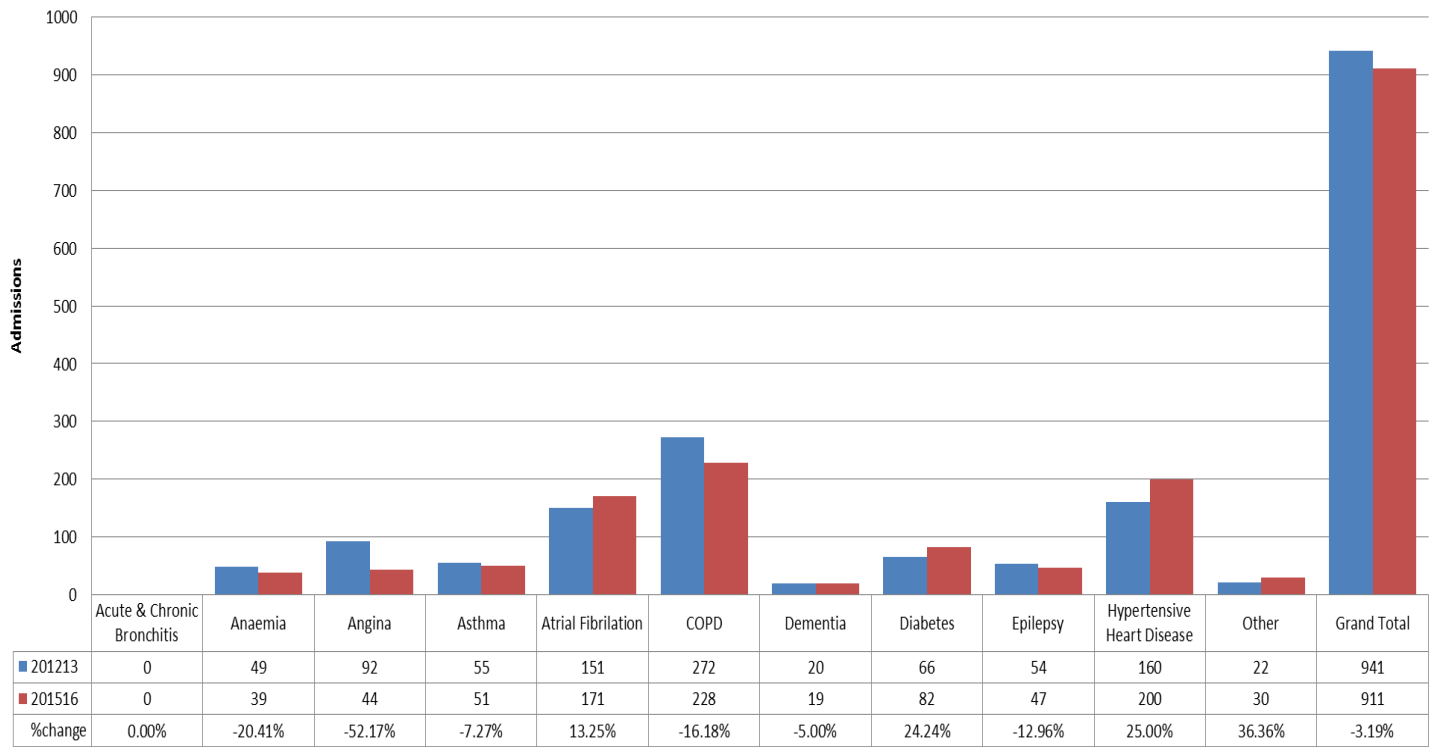
Hastings and Rother CCG

**Comparison of East Sussex CCG's 15/16 Activity against 12/13 baseline for Emergency Admissions of patients (aged 18+) with ACS Primary diagnosis conditions**



High Weald, Lewes and Havens CCG

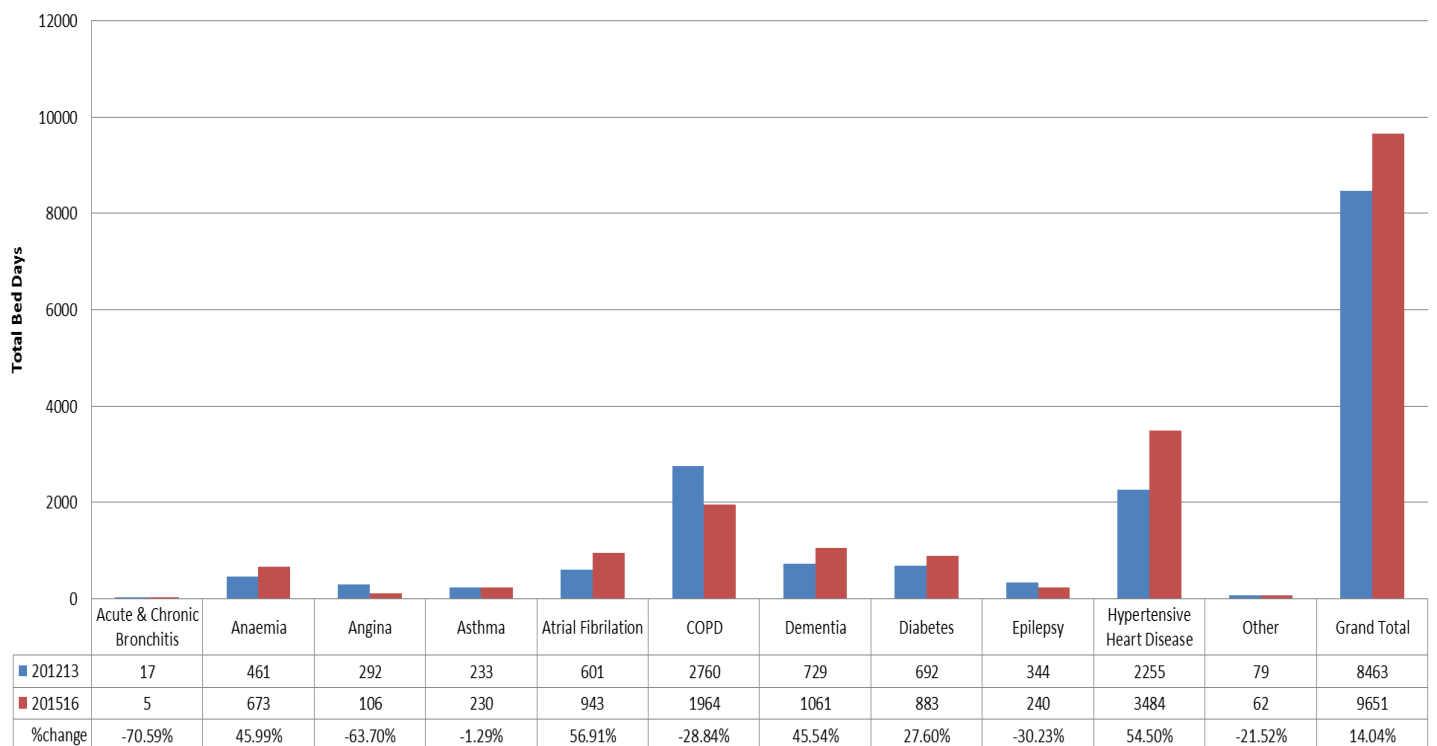
### Comparison of East Sussex CCG's 15/16 Activity against 12/13 baseline for Emergency Admissions of patients (aged 18+) with ACS Primary diagnosis conditions



### Comparison of total bed days for patients with ACS primary diagnosis conditions between 2012/13 and 2015/16

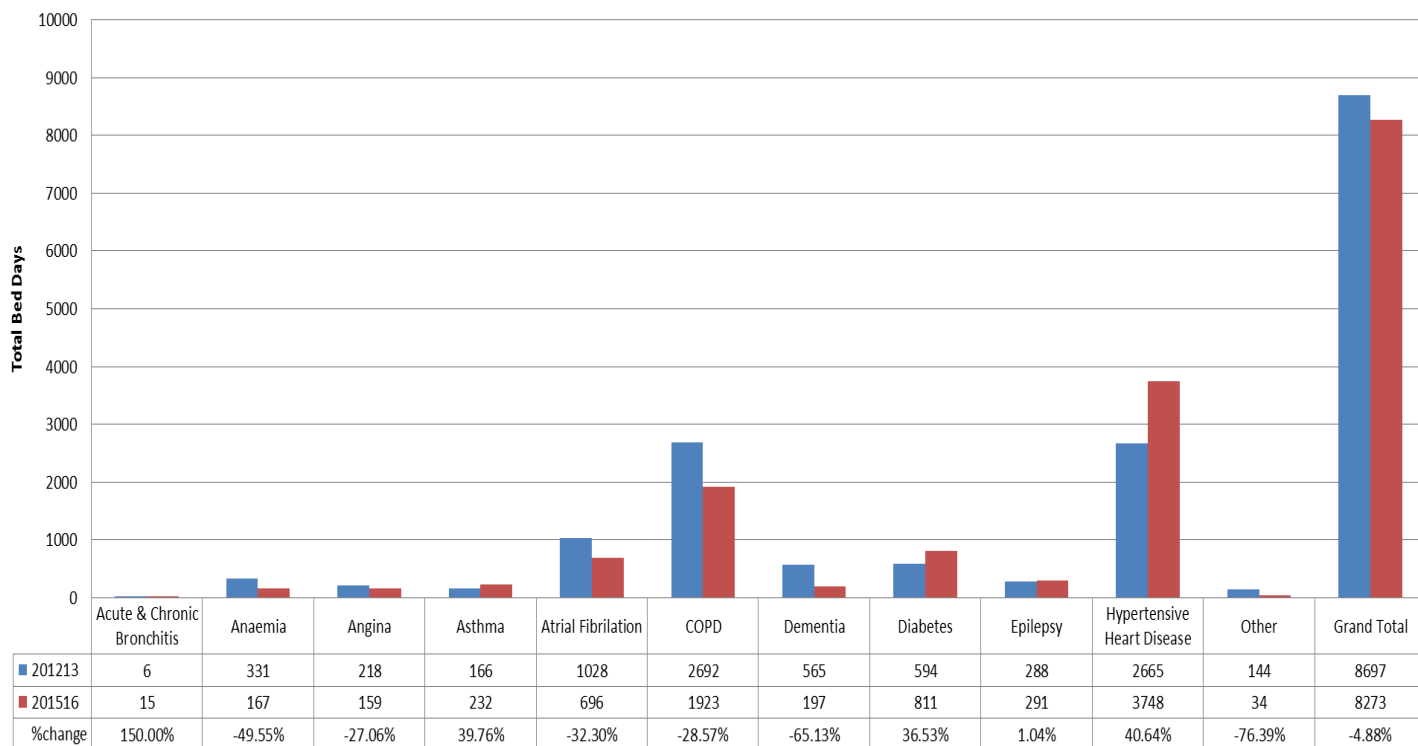
Eastbourne Hailsham and Seaford CCG

### Comparison of East Sussex CCG's 15/16 Bed Days against 12/13 baseline for Emergency Admissions of patients (aged 18+) with ACS Primary diagnosis conditions



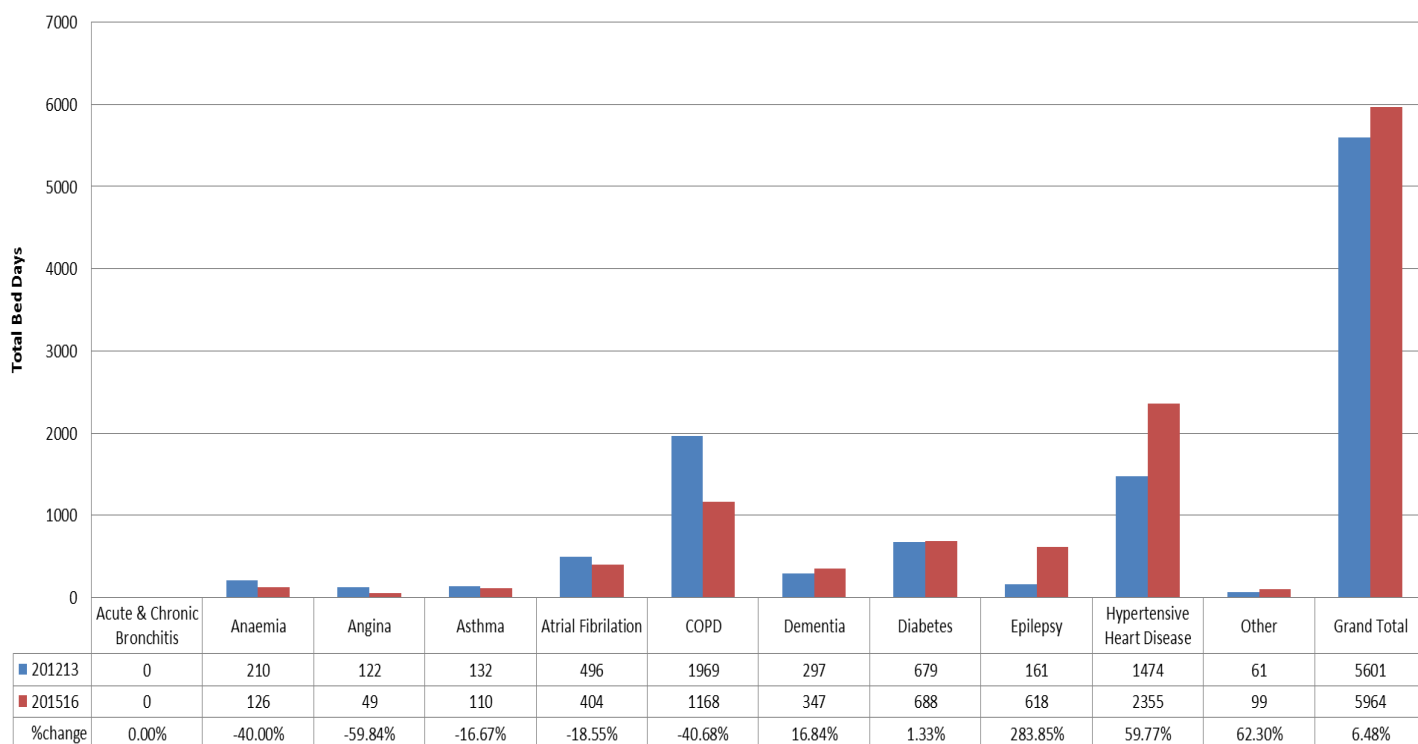
Hastings and Rother CCG

### Comparison of East Sussex CCG's 15/16 Bed Days against 12/13 baseline for Emergency Admissions of patients (aged 18+) with ACS Primary diagnosis conditions



### High Weald, Lewes and Havens CCG

### Comparison of East Sussex CCG's 15/16 Bed Days against 12/13 baseline for Emergency Admissions of patients (aged 18+) with ACS Primary diagnosis conditions



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**GLOSSARY**

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

**0-5 APWG** - Accident Prevention Work Group - a group aiming to reduce accidents amongst young people

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

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

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

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

**COPD** - Chronic Obstructive Pulmonary Disorder - an ambulatory care sensitive (ACS) condition, see above for definition of ACS

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

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

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

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

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

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

**ESBT** – East Sussex Better Together – The 150 week transformation programme, starting in August 2014, led by East Sussex County Council, EHS CCG and HR CCG. ESBT will 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

**ESCC** - East Sussex County Council

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

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

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

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

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

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

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

**HWS** - Health and Wellbeing Strategy

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

**LCS** - Locally Commissioned Service

**LD** - Learning Disabilities

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

**LTC** - Long Term Conditions

**MIU** - Minor Injury Unit - an NHS facility dealing with injuries such as broken bones and minor head injuries

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

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

**Otago** - Evidence-based approach for reducing the likelihood of falls in individuals who have fallen or are at risk of falling (in particular for those aged 80+), through delivering specially designed strength and balance enhancing exercises

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

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

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

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

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

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

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

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

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

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

**East Sussex** Health and  
Wellbeing Board

# Healthy Lives, Healthy People



## CONTENTS

EXECUTIVE SUMMARY .....	1
HEALTH AND WELLBEING STRATEGY VISION .....	2
ULTIMATE AIM .....	3
DELIVERING THE VISION AND THE PRIORITIES .....	4
FOCUS.....	6
WHAT WILL BE ACHIEVED BY THE HEALTH AND WELLBEING STRATEGY?.....	7
WHAT DOES THIS MEAN FOR PATIENTS AND SERVICE USERS?.....	8
CHALLENGES .....	9
HOW WILL WE MEASURE PROGRESS? .....	10



This is the second Health and Wellbeing Strategy for East Sussex from the East Sussex Health and Wellbeing Board. It will enable the Health and Wellbeing Board to continue to identify and address the health and wellbeing needs of East Sussex residents now and in the future.

Our NHS and social care system was established as part of the post-war reforms of the 1940s, making health and some social care free to all. Today, people working in these services save lives and help us stay healthy and live independently. Improvements in care over the years have been remarkable. People are living longer than ever before. Indeed, East Sussex has one of the oldest populations in England, with the over 65s set to make up a third of the county by 2026.

The world has changed and so have the demands on health and social services. As we get older, more people have conditions such as heart disease, dementia or diabetes that need long-term support. As a consequence Services designed in the 1940s no longer fit the way we live our lives today. Continuing with the way things are in East Sussex will lead to a £200million funding gap by 2018. Doing nothing is not an option. We need to make big changes to ensure we can provide safe, high quality and affordable services into the future.

Our local approach to meeting these challenges is shared programmes of work between the four main commissioning bodies across the county. That's the three NHS clinical commissioning groups for healthcare, and East Sussex County Council for social care, with the contribution of District and Borough Councils recognised and valued within this work. With this Strategy, we are working with partners and the public to redesign and transform the way health and social care is provided, making the best use of our combined annual £935m budgets.

The Health and Wellbeing Board will oversee how we improve the health and wellbeing of the people of East Sussex and this document is vital to how we will work together to make it happen. We would expect everyone to use the Health and Wellbeing Strategy when making decisions about spending money and planning services over the next few years.

The strategy will make the most of opportunities where a more joined up approach will help to improve outcomes, reduce inequalities and deliver efficiency savings that can be re-invested in service improvements. The strategy is therefore not a long list of all the health and wellbeing issues in East Sussex, but focuses on a small number of priority issues where the Board can make a real difference and sets out how those needs will be met through the commissioning of services, joint working and collective action.



**Cllr Keith Glazier**  
**Chair of Health and Wellbeing Board**

The vision of the Health and Wellbeing Board is to protect and improve health and wellbeing and reduce health inequalities in East Sussex, so that everyone has the opportunity to have a safe, and as healthy and fulfilling life as possible.

The Health and Wellbeing Board's decision to focus its second strategy in this way enables the Health and Wellbeing Board to keep track of the health and wellbeing needs of East Sussex residents now and in the future.

The aim is to deliver a fully integrated health and social care system by 2018. It will ensure people receive high quality and coordinated care, supporting them to live independently and achieving the best possible outcomes. The Health and Wellbeing Strategy is designed, in part, to support the progress of the East Sussex Better Together programme and the emerging Connecting 4 You programme to ensure it achieves health benefits for the population of East Sussex.

## HEALTH AND WELLBEING STRATEGY VISION

## ULTIMATE AIM

A fully integrated health and social care economy in East Sussex that promotes health and wellbeing and makes sure people receive proactive, joined up care, supporting them to live as independently as possible.

### What will this look like?

- Health and wellbeing will be improved and health inequalities reduced
- Personal and community resilience will be supported and prevention and early intervention will be at the heart of health and social care.
- People's experience of using services will be better. Our staff will be working in a way that really makes the most of their dedication, skills and professionalism
- The cost of care will have been made affordable and sustainable

***The NHS and social care will be secured for the next generation.***

# DELIVERING THE VISION AND THE PRIORITIES

Our local approach to meeting these challenges are shared programmes of work between the four main commissioning bodies across the county

That's the three NHS clinical commissioning groups for healthcare and East Sussex County Council for social care



**NHS**  
*Eastbourne, Hailsham and Seaford  
Clinical Commissioning Group*

**NHS**  
*High Weald Lewes Havens  
Clinical Commissioning Group*

**NHS**  
*Hastings and Rother  
Clinical Commissioning Group*

In delivering the vision and our priorities we will:

- Take a whole life approach from conception to death and enable links to be made along the life course and at key life stages;
- Develop an integrated whole system so that people get the right care, at the right time and in the best place, whether they are in the community, primary care, secondary care or specialist care;
- Increase prevention and early intervention to improve people's chances of a healthy life and to help us to manage demand for health and care services in the future;
- Reduce the inequalities in health outcomes that exist within and between different parts of the county and different groups of people, and improve access to information, advice and support;
- Work with public, private and voluntary, community and social enterprise sector partners to join up health and care with wider services that affect people's health and wellbeing; and
- Value and build on the strengths, skills, knowledge and networks that individuals, families and communities have and can use, to overcome challenges and build positive and healthy futures.

## DELIVERING THE VISION AND THE PRIORITIES

Outside of the commissioning bodies we will be dependent on the contribution of a wide range of partners to deliver this strategy, including the District and Borough Councils and Healthwatch East Sussex.

In delivering the vision and our priorities we recognise:

- The impact of preventative actions delivered at a local level. These include the outcomes of measures dealing with leisure and physical activity, adequate housing, safe and healthy workplaces, tackling pollution, community safety, planning and regulating the built and natural environment and the payment of benefits.
- We recognise that District and Borough Council actions have a positive effect on public health and that they have an enabling role in the health of their populations and communities and innovate in services and in their delivery.
- Healthwatch East Sussex will continue to play a role at both a national and local level, ensuring that the views of the public and people who use our services are taken into account.
- Locality working involving these and other key partners will give a strong platform for the delivery of initiatives impacting on the wider determinants of health and supporting people to make better health choices.

## FOCUS

The priorities we will focus on over the next three years are:

- Accountable care
- Improving access to services
- Bringing together health and social care
- Improving emergency and urgent care
- Improving health and wellbeing,
- Improving mental health care
- Improving primary care
- Better use of medicines
- Better community services
- And ensuring that tackling health inequality is embedded throughout this work

This strategy is a framework for the commissioning of health and wellbeing services in the county. It will not replace existing commissioning plans, which will set out in much more detail the kinds of services being commissioned and where and how they will be delivered.

The Health and Wellbeing Board will consider relevant commissioning strategies to ensure that they have taken into account the priorities and approaches set out in the Health and Wellbeing Strategy.

The strategy focuses on a small number of priority issues where a more joined up approach will help to improve outcomes, reduce inequalities and deliver efficiency savings that could be reinvested in service improvements. The strategy is therefore not a long list of all the health and wellbeing issues in East Sussex but focuses on a small number of priority issues where the Board can make a real difference and sets out how those needs will be met through the commissioning of services, joint working and collective action.

We are delivering major projects that will support us tackling health inequalities across the County, focussed on improving access to services and tackling lifestyle factors such as obesity, and the health of older people, as well as end of life care for all ages.

We are working with partners and the public to redesign and transform the way health and social care is provided, making the best use of our combined annual £935m budgets.

# WHAT WILL BE ACHIEVED BY THE HEALTH AND WELLBEING STRATEGY?

## Improving access

We are improving the way people with health and social care needs can contact local services.

Health and Social Care Connect is a new phone service that will help professionals get people care and support faster, and ensure they are referred to the right services at the right time.

## Improving health and wellbeing

We're doing more to prevent illness, promote healthy living and enable people to take more control of their health and wellbeing.

We are bringing in new technologies to help people be more active and manage their own health conditions in, or as close as possible, to their own homes.

## Better Community Services

We rely too much on people having to travel to hospitals to receive services that could be provided just as well or better at home or in the community.

So we're investing in improving the range of services available in the community, in GP practices or in other places outside of hospitals.

Local people will have choice about hospital care, and when it's time to leave hospital, we'll ensure they have personal packages of care to support their recovery.

## Emergency care

We all know there are huge pressures on A&E. Often it is not the best place to go when you are ill, but we know people sometimes don't know where else to go.

We're developing new models for GP led urgent care that will help people access appropriate treatment at the right time.

## Bringing together health and social care

We're developing new teams made up of both health and social care professionals, to support people with long-term conditions.

For the first time, the health and social care needs of local people will be provided together, by one team and in one place.

## Medicines

Research shows half of all medicines are not taken as they are meant to be.

That amounts to £45 million worth of drugs potentially wasted or not giving their full benefit in East Sussex every year.

So we're bringing together clinicians and pharmacists to work with local patients and ensure they get effective medicines when they need them.



## WHAT DOES THIS MEAN FOR PATIENTS AND SERVICE USERS?

- For patients and service users, some services are likely to be provided in a different way or different place or by different organisations, but there will also be new services available. Overall, services should be better and more convenient.
- More services will be available closer to home – at a GP surgery, in a community clinic or in a person's own home. And it will be easier to get to see a GP at more convenient times when needed.
- There will be more convenient and appropriate alternatives to accident and emergency when you need urgent help and advice.
- High quality hospital services will continue to be available if needed. If someone needs very specialist care it may mean traveling further so that they can be treated by highly-skilled experts with access to the very best equipment.
- If someone has a long term condition, or are old or frail, there will be more help and support to help people manage their condition or needs at home, maintaining independence and quality of life.
- There will be more services and support to help people lead healthy lives and avoid illness.
- Health and care services will be more joined-up. Mental health will also be more integrated with other services.

For everyone in East Sussex, it will mean that you can be confident of having high quality, safe, affordable health services for the future



## CHALLENGES

There are huge challenges. And we can't meet them alone

Some big decisions will need to be made about radically changing local services. We are committed to developing solutions in equal partnership you the public, local patients, users of social care, staff and all others.

We need to work together to realise our ambition of achieving joined-up, high quality services that we all deserve.

The strategy recognises the challenges we are facing:

- New technology means earlier diagnosis and better treatment, but it costs more and we are not reaching everyone we need to.
- There are avoidable differences in health status between people, this is called health inequality, which need more of a focus to tackle.
- There is too much demand on emergency care, and our services are struggling to cope.
- Some people have to wait too long for treatment.
- Society and changing lifestyles have intensified problems and pressures, such as obesity, smoking, drinking and lack of exercise.
- And as we all know, there are huge financial pressures. Demand on all health and care services is increasing rapidly, but our funding is not.

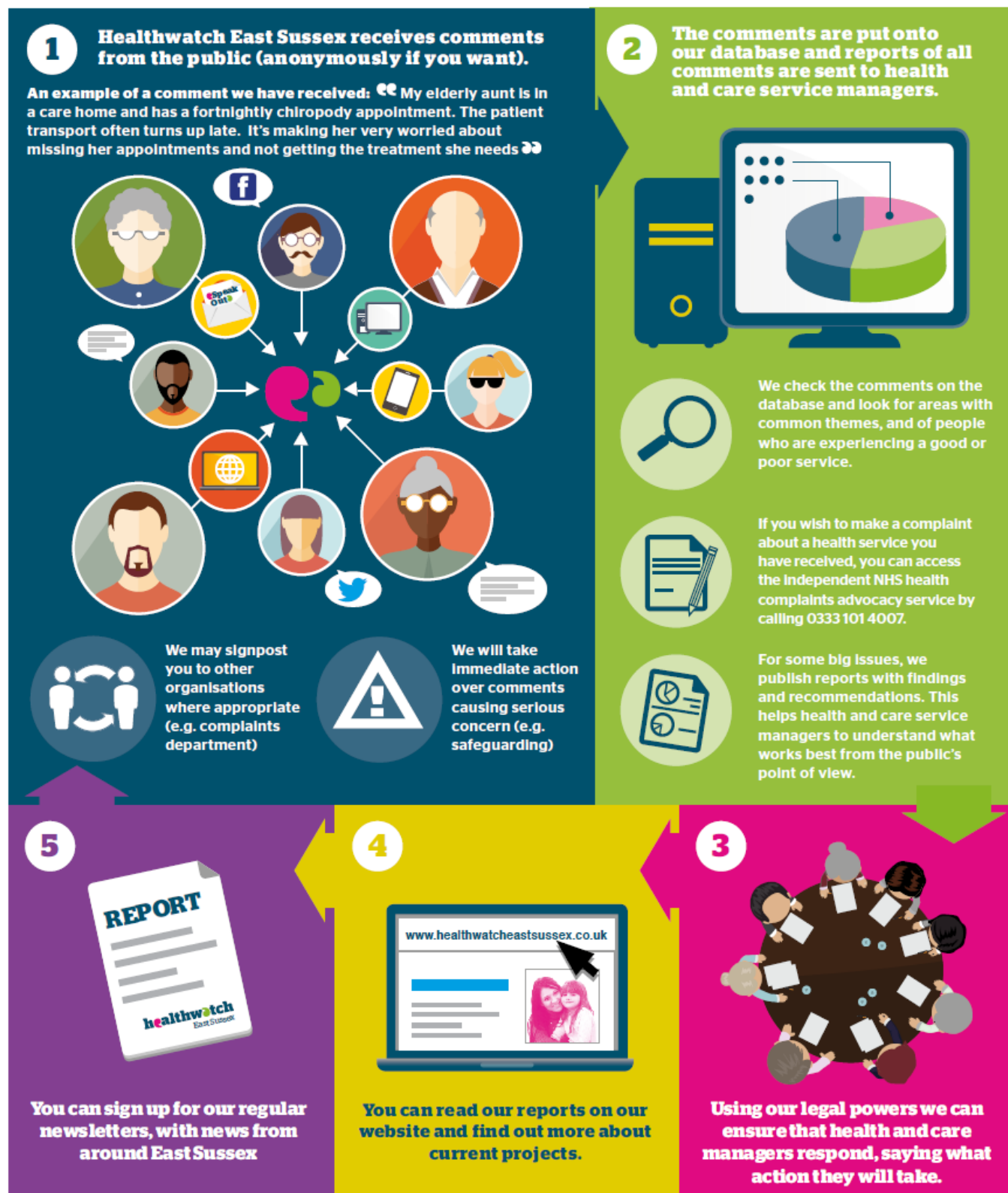
## HOW WILL WE MEASURE PROGRESS?

As the East Sussex Better Together and Connecting 4 You Programmes continue to be established subsequent action plans will be developed. These plans will take into account the implementation of NHS Sustainability and Transformation Plans, as well as District and Borough contributions to health and wellbeing.

The Health and Wellbeing Board will receive monitoring reports on these action plans.

# Every Comment Counts

## A Comment's Journey with... **healthwatch** East Sussex



To find out more about Healthwatch East Sussex or submit your comments, please contact us:

Telephone: **0333 101 4007** Email: **enquiries@healthwatcheastsussex.co.uk**

**f** Healthwatchesussex

**www.healthwatcheastsussex.co.uk**

**t** @HealthwatchES

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

**Date of meeting:** 19 July 2016

**By:** Chief Officer, NHS High Weald Lewes Havens CCG

**Title:** Sussex and East Surrey Sustainability and Transformation Plan Update

**Purpose:** To update the Health and Wellbeing Board on the progress of the Sussex and East Surrey Sustainability and Transformation Plan

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## **RECOMMENDATION:**

**The Board is recommended to consider and note the report.**

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### **1. Introduction**

1.1. The Five Year Forward View sets out how health services need to change over the next five years in order to improve public health and service quality while delivering financial stability by 2020/21. Commissioners and providers in Sussex and East Surrey have joined together to develop a Sustainability and Transformation Plan in order to deliver the vision of the five year forward view. This briefing paper provides the East Sussex Health and Wellbeing Board with an update on progress.

### **2. Supporting information**

#### **2.1. Why we are doing what we are doing?**

2.2. We start with the knowledge that we have large, and in some cases growing gaps in health and wellbeing, care and quality and finance across our population base. We have analysed the drivers of existing and future gaps, and know that to close the gaps the NHS will require strong partnerships with local communities, local authorities and our workforce.

2.3. It is important to explain that although you are hearing the words 'Sustainability Transformation Plan' bandied about this is perhaps an unfortunate and certainly misleading title for what we are involved in right now. In fact, we are working on what is the next and very important stage of the NHS Five Year Forward View, which sets out a clear direction for the NHS – showing why change is needed and what it will look like. We have been asked to submit a set of ideas, based on work and discussion amongst senior health and care professionals in Sussex and East Surrey to Simon Stevens at NHS England.

2.4. The outcome of these discussions have formed a work in progress discussion document outlining how local health and care services can evolve, improve and continue over the next five years, which was submitted to Simon Stevens, CEO at NHS England, on 30 June 2016. We will, along with others, have presented our ideas on the 6 July 2016.

**2.5. By no means is the submission a plan. It is a set of ideas, based on evidence and experience, influenced by recent past conversations with the public.**

2.6. The outcome of all the work that has been in progress for the last three months, as a collaborative and in CCGs and Trusts throughout our area will continue over the next year or so, will be an ambitious plan for safe, efficient and effective patient centred healthcare, delivered within a balanced financial budget. NHS England is working towards these discussion documents being published in September/October of this year and at that stage our patients and our public will help us turn the discussions and ideas into an ambitious plan for building better quality, better financed healthcare in Sussex and East Surrey.

**2.7. This is actually the first time that health, social care and prevention have sat down together and systematically looked at how we can deliver fully integrated health and care.**

2.8. However, it will not become an agreed plan until the patients and the public in Sussex and East Surrey have had their say, so until that time we intend to have the fullest conversation with everyone who has a stake in healthcare locally and that conversation will become a robust formal public engagement programme around September of this year.

2.9. **The submission is now with NHS England and will not be published until September. Until then we will hold as many conversations with as many people as possible to share thoughts and ideas. When the submissions are published, we will enter into a robust patient/public engagement programme to help create a final plan.**

2.10. We think perhaps what best describes this programme could be the Sussex and East Surrey Collaborative, because what we are doing now is to gather senior healthcare providers and commissioners and public health professionals together to look at the evidence for:

- how we provide and buy healthcare
- quality
- patient safety
- patient centred delivery
- patient flow; and
- finance.

2.11. Many will say that this has been done before, and it has - hospital by hospital, CCG by CCG, mental health trust by mental health trust, community provider by community provider, local authority by local authority.

2.12. The difference this time is that All NHS health and local authority organisations in Sussex and East Surrey have put the usual boundaries, organisational and geographical to one side and are working as a whole system over an agreed geographical area based on natural communities, existing working relationships, patient flows and taking account of the scale needed to successfully deliver all health and care services.

2.13. **We have had these discussions in the past, and we have listened to what people say. We have now learned that we cannot do things organisation by organisation, that it will take system wide, systematic approach to be successful.**

### **3. Programme Board**

3.1. To help achieve this a Programme Board has been set up, Chaired by Michael Wilson CBE, Chief Executive of Surrey and Sussex Healthcare NHS Trust, chief executives and senior directors of all healthcare organisations and all appropriate local authorities in Sussex and East Surrey and Healthwatch.

3.2. **Healthwatch is embedded into the programme board and is an essential part of the decision making programme.**

### **4. A vision**

4.1. Our vision for delivering high quality, effective health and care in Sussex and East Surrey is based around a system that is:

- Designed around locally delivered, fully integrated care in four “places” (localities) with single system leadership being developed in each place
- Focused on prevention and proactive care through multidisciplinary locality teams with a shift in investment towards General Practice and Community and away from reactive, high cost treatment in high cost care settings
- Supported by a provider sector that collaborates to network services and share workforce
- Implementing systematic long-term programmes of performance improvement
- Delivering steady improvements in population health and clinical effectiveness,

- Also delivering on operational targets
- and steadily moving back to financial sustainability.

4.2. **Working with our population as full partners in their own care and engaging with them in how the system is delivered is crucial to delivering this vision.**

## 5. Drivers for Change

- Population increasing
- People living longer with long-term conditions
- Health inequality gap
- Health and care funding not increasing in line with increasing demand

## 6. Identified priorities

6.1. Over the last few years' patients and the public have been asked by their local healthcare organisations what they see as their priorities, what they think is crucial for them and their families, what they want from the NHS. The Collaborative has taken that evidence, combined with financial, workforce, leadership and Government requirements, used all of this to come up with suggestions and options on how we can meet demand, improve safety and quality and deliver first class healthcare within inevitable financial controls.

6.2. It is clear that we cannot please every single person, every single time, but we believe that the priorities that need to be tackled are:

- Cancer outcomes
- prevention
- Stroke outcomes
- Mental health access and outcomes
- Management of long term conditions
- Support to the frail and elderly
- Financial balance
- Maternity and children's services.

## 7. How we are going to tackle them

7.1. Provide new models of health and care services that:

- **focus on prevention and self-care** – addressing health and wellbeing needs, reducing the rate of growth in demand, and addressing Right Care opportunities
- **are fully integrated, providing better care closer to home** – rather than hospital settings, addressing care gaps and reducing demand on secondary services
- **make efficient use of our providers' services** -aligning services with needs and addressing quality and financial gaps

7.2. When people do become ill, provide excellent quality, integrated health and care services delivered in the community and closer to people's homes.

7.3. **Establish General Practice as the bedrock for delivery of local, place based primary care**

7.4. Integrated locality teams of GPs, community care specialists, mental health specialists, social care and Third Sector organisations working together able to work together to take responsibility for keeping people well and looking after them when they are ill.

7.5. **Safer hospitals serving people's needs**

7.6. How will we do that:

- System wide integrated planning and delivery of new models of care
- Attract a flexible, highly qualified workforce with a system wide ability to get the best out of the available staff market
- Stable effective leadership across the system
- A systematic approach to enabling continuous improvement in performance across providers and commissioners
- Sustainable finances.

7.7. Achieving financial balance by working at scale across the whole system rather than by each individual organisation working in isolation.

7.8. The NHS is heading for a £21 billion funding gap. We are part of that NHS and doing nothing will not provide a safe, high quality service for the NHS nationally or for our own population. We cannot ignore that achieving a balance has to be part of the planning process, but we believe a system-wide approach will allow us to modernise and plan on a much wider scale and get better value for money.

## **8. Why it needs an STP to make this happen**

8.1. For the first time, local NHS planning will have significant central money attached to it via a national Sustainability and Transformation Fund of £2.9bn in 2017/18; rising to £3.4bn in 2020/21.

8.2. The STPs will be the single application and approval process for health economies to receive funding for transformation programmes and local deficits. For example, to fund:

- improved access to GP services
- prevention
- support for people with learning disabilities
- improved cancer outcomes
- Improved mental health outcomes.

## **9. Engaging with patients and public**

9.1. As we have said, this will not become a plan until our population has had their say. Informal engagement is happening with HOSCs and Health and Wellbeing Boards; Third Sector organisations; with governing bodies and with a range of stakeholders across the population. This informal conversation will continue until September/October this year when the submission will be made public and from that time a robust engagement programme will be activated.

9.2. Transparent and timely engagement with our stakeholders using a range of mechanisms which have proved to be effective in our four place-based health and care systems is crucial to achieving our vision, which is to deliver excellent quality services, appropriate to individual needs and delivered at the most accessible locations for the population.

9.3. This discussion is at an early stage and we are developing our thinking on how and when we will have ideas to share with our population. We will then put in place activities which will include face to face meetings, briefings and the establishment of a virtual community within our geographical area to support the sharing of information and co-production.

9.4. This will enable us to achieve our engagement aims which are:

- Accessible and inclusive, to all people in our community.
- Clear and professional, demonstrating pride and credibility.
- Targeted, to ensure people are getting the information they need,
- Open, honest and transparent.
- Accurate, fair and balanced.
- Timely and relevant.
- Sustainable, to ensure on-going mutually beneficial relationships.
- Two-way, we won't just talk, we'll listen.
- Cost effective, always demonstrating value for money



- Proportional, do what is necessary to achieve best results.

## **10. Workforce**

10.1. There are shortfalls in workforce provision across the area at all levels of care – social care, primary care, community care, mental health care and acute care. It is becoming increasingly difficult to recruit to replace much needed staff which has resulted in current workforce shortage difficulties that need to be addressed both now and in the future.

10.2. Agency spend across all levels of care across the footprint is considerable and there is a financial opportunity. This further provides an opportunity to improve health and care outcomes and quality within some localities which needs to be addressed in the short term.

10.3. Along with agency spend, health, care and quality issues across the footprint need to be addressed rapidly such as RTT – innovative, immediate workforce strategies need to be put in place to enable providers across the footprint to rebalance care provision and meet national targets that some providers are currently failing to meet.

10.4. We are looking at how to address these issues and have set up a strong workforce action group as one of our working subgroups; made suggestions in our NHS England discussion document and these suggestions will be fully discussed with our workforce before any plan is put forward. However, we can say we are looking at:

- Significant recruitment of permanent staff to reduce agency costs. Successful initiatives to make bank work more attractive and increase this vs agency.
- Strong, corporately-driven recruitment programme to address significant staffing weaknesses across the organisations.
- Strengthened medical and operational leadership across the organisations with streamlined clinical unit structures and improved accountability. Re-positioning and endorsement of divisional nurse leadership.
- Staff engagement programme being implemented; increased focus on 'pulse' surveys with action plans in each unit.

10.5. Our employees are educated, skilled and engaged, committed to the work we do and our purpose of providing our patients with the safest, most effective health care. We want to build healthcare services in our area within which staff are proud to work and which attract highly skilled individuals and where staff stay and grow within the NHS locally, an area where they would recommend their friends and family to come and work with us.

## **11. Organisations Involved**

Brighton & Hove CCG

Surrey & Sussex LMCS

Brighton & Sussex University Hospitals NHS Trust

Healthwatch

Western Sussex Hospitals NHS Foundation Trust

Surrey and Borders Partnership Foundation Trust

High Weald Lewes Havens CCG

West Sussex County Council

Sussex Partnership NHS Foundation Trust

Sussex Community NHS Foundation Trust

Surrey County Council

Eastbourne Hailsham & Seaford CCG

Hastings and Rother CCG

Surrey and Sussex Healthcare NHS Trust

South East Coast Ambulance NHS Foundation Trust

Queen Victoria Hospitals NHS Foundation Trust

Horsham & Mid Sussex CCG

First Community Health Care

East Sussex Healthcare NHS Trust

East Sussex County Council

East Surrey CCG

CSH Surrey

Crawley CCG

Coastal West Sussex CCG

Brighton & Hove City Council

## **12. Conclusion and recommendation**

12.1. This report provides an update on the progress of the Sussex and East Surrey Sustainability and Transformation Plan. The Health and Wellbeing Board is recommended to consider and note the report.

**WENDY CARBERRY**

**Chief Officer, NHS High Weald Lewes havens CCG**

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## **BACKGROUND DOCUMENTS**

None

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

**Date of meeting:** 19 July 2016

**By:** Director of Adult Social Care and Health, East Sussex County Council;  
and Chief Officer, High Weald Lewes Havens Clinical Commissioning  
Group

**Title:** Connecting 4 You Programme

**Purpose:** To inform the Health and Wellbeing Board of the development of the joint health and social care Connecting 4 You programme, by High Weald Lewes Havens Clinical Commissioning Group and East Sussex County Council

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## **RECOMMENDATION:**

**The Board is recommended to consider and note the development of the Connecting 4 You programme**

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### **1 Background**

1.1 This report provides an update on the Connecting 4 You programme: a new transformation programme being created in partnership between the High Weald Lewes Havens Clinical Commissioning Group (HWLHCCG) and East Sussex County Council (ESCC). Connecting 4 You is being developed to address the specific population needs and geographical challenges to the delivery and sustainability of NHS and social care services in the High Weald, Lewes and Havens (HWLH) health and social care economy area.

1.2 The national picture for NHS and social care services is very challenging. The key issues are:

- Councils and NHS organisations are facing unprecedented financial challenges.
- People are living longer, and often with complex health conditions. Due to this, demand for NHS and social care services is increasing.
- People are expecting more from their NHS and social care services. They want to be able to choose what services they have, and how they are delivered.
- There are clear Government expectations that health and social care economies will transform and integrate; NHS and social care services will consolidate effort and that there will be a shift towards preventative approaches that support people to live independently in their own homes and communities for as long as they can.

1.3 The health economy area overseen by the HWLHCCG is very complex. It covers an area in the midst of three acute hospital systems, and adjoins four city and county boundaries (Brighton and Hove, West Sussex, Surrey and Kent).

1.4 HWLHCCG and ESCC are developing the Connecting 4 You programme in order to address the specific population needs, geographical challenges and arrangement of services in a way that recognizes the patient flows of the HWLH area.

1.5 HWLHCCG is also part of the broader NHS England Sustainability and Transformation Plan (STP) footprint area, which covers East and West Sussex, Brighton and Hove and East Surrey council areas. The purpose of the STP is to establish clinical and financial sustainability across its

footprint. It is intended that in future health strategy should be developed at the most appropriate geographical scale to meet local needs with provision better co-ordinated to make best use of collective resources and ensure common high standards of quality. A key element of the principles being applied to the Sussex and East Surrey STP is the role placed based leadership and whole systems working will play in delivering sustainable health and social care. It is expected the STP will influence the considerations of HWLHCCG in relation to the Connecting 4 You programme, and vice versa.

## **2 Financial information**

2.1 In 2015/16, the total annual NHS and adult social care spend in the HWLH area was £257.7m. In addition to this, just under £8.3m was spent in 2015/16 in HWLH on public health services. As noted, councils and NHS organisations are facing unprecedented financial challenges. **Appendix 1** shows the scale of the challenge for the HWLH health and social care economy, with the potential for an increased funding pressure of approximately 25% for the system by 2020/21. The Connecting 4 You programme will develop and implement service transformation that will help to address this challenge.

2.2 The developing programme will support the delivery of the requirements of the NHS Outcomes Framework, the five key domains of which are shown below.

- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people to recover from episodes of ill health or from injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

2.3 Delivery of these requirements through the developing programme will support HWLHCCG to meet the challenges of the local implementation of the NHS Five Year Forward View.

2.4 The developing programme will also address the ESCC priority outcomes:

### **Keeping vulnerable people safe**

- All vulnerable people in East Sussex are known to relevant local agencies and services are delivered together to meet their needs
- People feel safe at home
- People feel safe with support services

### **Helping people help themselves**

- Commissioners and providers from all sectors put people first when providing services and information to help them meet their needs
- The most vulnerable adults get the support they need to maintain their independence and this is provided at or close to home
- Individuals and communities are supported and encouraged to be responsible, help others and make the most of community capacity and assets

### **Making best use of resources**

- Applying strategic commissioning to ensure that resources are directed to meet local need
- Working in partnership to ensure that all publicly available resources are used to deliver maximum benefits to local people
- Ensuring we achieve value for money in the services we commission and provide

### 3 Supporting information

3.1 The Connecting 4 You programme will be delivered in partnership with Sussex Community Foundation Trust, Sussex Partnership NHS Foundation Trust and Brighton Sussex University Hospitals Trust. The programme will be developed with the full involvement of Healthwatch East Sussex, patients, clients, carers, independent sector and voluntary and community sectors.

3.2 At present, Connecting 4 You is at an early stage of development. The programme will build upon the progress that was achieved through the earlier involvement with the East Sussex Better Together programme, and where applicable this work will inform the focus on the specific needs of the HWLH population.

3.3 Key areas of work in the Connecting 4 You programme will be as follows:

- Develop community and personal resilience to promote health and wellbeing, and to prevent avoidable ill health.
- Coordinate supportive services, technology, equipment and accommodation-based solutions to enable people to live independently in their own homes and communities.
- Appraise the capacity and use of the community NHS and social care bed base
- Align and integrate local health and social care, based on four Communities of Practice: Newhaven and Peacehaven, Lewes, Uckfield and Crowborough areas
- Strengthen responsive joint services that help people to avoid unnecessary hospital admission, hasten discharge, and support people in times of need, e.g. intermediate care, re-ablement, crisis response, night support.
- Improve the urgent care system, through better use of community approaches and improved community based urgent care capacity and capability.

3.4 In addition, the Connecting 4 You programme will encompass the agreed East Sussex approaches to the improvement of Children and Young People services. The programme will also incorporate the development of a Mental Health Strategy for the HWLH population.

3.5 A programme structure highlighting key areas of work and showing linkages with existing activity is attached at **Appendix 2**. A diagram setting the model of care and key work streams is attached at **Appendix 3**. A detailed implementation plan will be developed. Public, staff and stakeholder engagement forms part of the programme, including Healthwatch East Sussex. It is planned that the implementation phase of the Connecting 4 You programme will commence in September 2016, and that the transformational programme of activity will take place over the next three to five years.

### 4. Conclusion and reasons for recommendations

4.1 The Health and Wellbeing Board is requested to consider and note the development of the Connecting 4 You programme, as set out in the report.

**WENDY CARBERRY**

**Chief Officer, High Weald Lewes Havens Clinical Commissioning Group**

**KEITH HINKLEY**

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#### LOCAL MEMBERS

This report directly affects Members who represent electoral divisions which fall within the High Weald Lewes Havens Clinical Commissioning Group area.

#### BACKGROUND DOCUMENTS

None

	2015/16		Cumulative Funding Pressures (HWLH area)			
	Outturn		2017/18	2018/19	2019/20	2020/21
	£'000		£'000	£'000	£'000	£'000
High Weald Lewes Havens (HWLH) area	220,000		10,000	20,000	30,000	40,000
<i>East Sussex County Council</i>						
<i>(HWLH area allocation)</i>						
Adult Social Care	37,715		4,314	10,675	13,096	15,599
Public Health	8,265		0	0	0	0
Children's Services	7,981		724	1,509	1,598	1,704
	<b>53,961</b>		<b>5,038</b>	<b>12,184</b>	<b>14,694</b>	<b>17,303</b>
<b>Total</b>	<b>273,961</b>		<b>15,038</b>	<b>32,184</b>	<b>44,694</b>	<b>57,303</b>

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## **Connecting 4 You – Programme Structure**

### **Background**

- 1.1.1 On Friday 13 May 2016, East Sussex County Council (ESCC) and High Weald Lewes Havens Clinical Commissioning Group (HWLHCCG) held a facilitated away half day session to discuss and plan for the Connecting 4 You programme: the joint health and social care transformation programme between the two organisations and their partners in the High Weald, Lewes and the Havens patch of East Sussex.
- 1.2 The Connecting 4 You programme will be developed in partnership with Sussex Community Foundation Trust and Sussex Partnership NHS Foundation Trust. As the work develops, it will involve other NHS trust partners, including Brighton Sussex University Hospitals, Maidstone and Tunbridge Wells and East Sussex Hospitals. The programme will fully involve Healthwatch East Sussex, patients, clients, carers and partners from the voluntary and independent sectors.
- 1.3 The attendees of the away half day considered the range of priorities and imperatives that their own organisations and the High Weald Lewes Havens (HWLH) health and social care economy need to consider, and then discussed which of these required a partnership approach. The group determined that the priorities that required a joint response were to be included in Connecting 4 You programme.
- 1.4 The Connecting 4 You Programme priorities are:
  - Joint HWLH area mental health strategy
  - Integrated community health and social care teams
  - Joint model for streamlined point of access
  - Joint urgent out-of-hospital care approach and interface with locality work
  - Review children's services, including plans for SEND, services for autism, role of community paediatricians and CAMHS
  - Strategy for nursing and dementia care homes, considering community hospitals and broader estates issues
  - Agreed approach to self-management
  - Planning of workforce and capacity
  - Design of integrated planning and locality planning: with decisions on how to devolve to the local level, wherever possible
- 1.5 In addition, a range of projects and programmes already in place will continue within the Connecting 4 You programme, subject to review when the implications of the Sustainability and Transformation Plan are fully understood. These are:
  - Integrated Community Equipment Service

- Joint Community Rehabilitation team (JCR)
- Single Point of Advice (SPoA) for children and families
- Integrated delivery of services for children aged 0-5
- Integrated Night Service (INS)
- Community and personal resilience programme

1.8 The following core principles will underpin the development of the Connecting 4 You Programme:

- Connecting 4 You is based upon the principles of system leadership
- Community services should be:
  - Local
  - Responsive
  - Integrated – seamless and coordinated
  - High quality
  - Easy for the public to understand
- The programme should adopt a positive approach and address barriers to progress
- The partnership should be:
  - Open, respectful, considerate to the pressures and restrictions on others
  - Prepared to consider transformational solutions to current challenges
- Transformational activity should be considered in the context of whole system implications, with the primary goal being whole system financial balance
- Public and stakeholder engagement underpinning the work should be as broad as possible

## 2. Connecting 4 You Community Programme - model of care

2.1 The diagram attached at **Appendix 3** sets out a model of care which focuses support at the lowest level of intervention and cost required to deliver the agreed outcomes. Instead of the present situation, where activity tends to gravitate towards the higher end of the scale of acuity (emergency services and acute sector services), the new model of care will focus more on the community: a shift of activity, capacity and resource to enable the community to offer the same level of responsiveness and support as people presently seek through Urgent Care systems.

2.2 The diagram illustrates the following requirements.

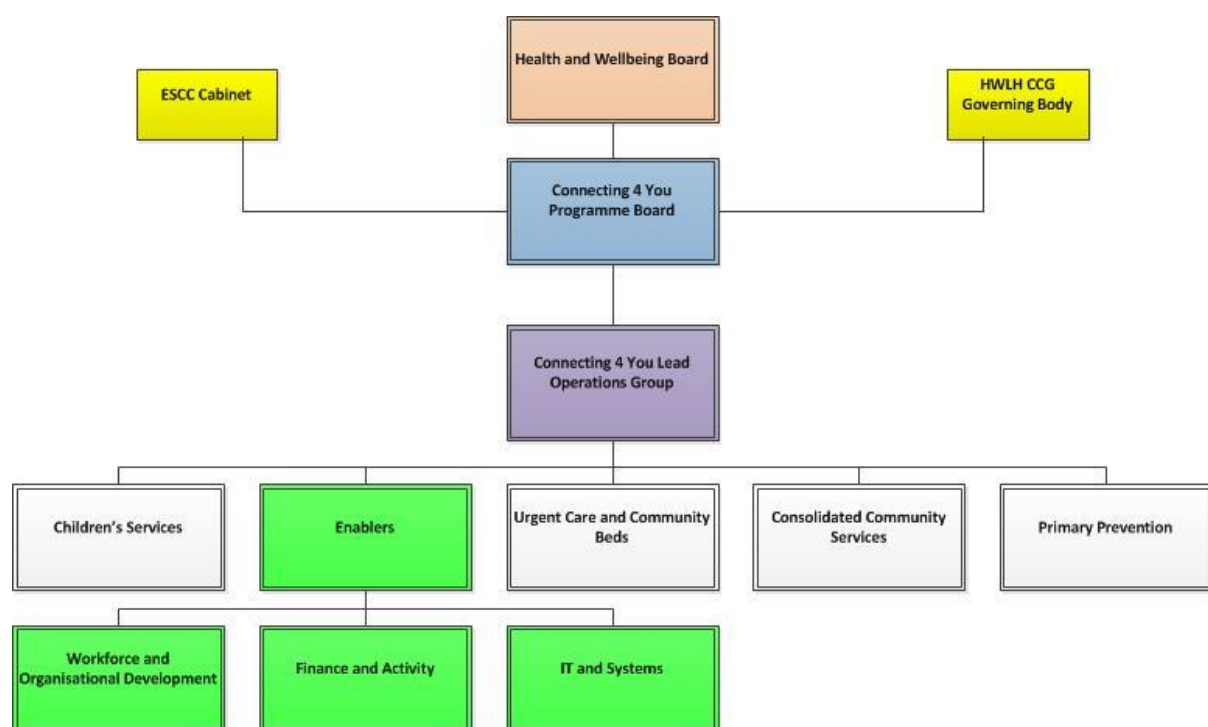
- a. The three primary outcomes that must be achieved in order to create a whole system of community services that best meets the developing needs of the population of HWLH area and delivers sufficient efficiencies to meet the existing and upcoming financial challenges:

- Strong emphasis on primary prevention
- Improved community capacity, and reduced reliance on Urgent Care
- Reliable and efficient emergency services for those who need them

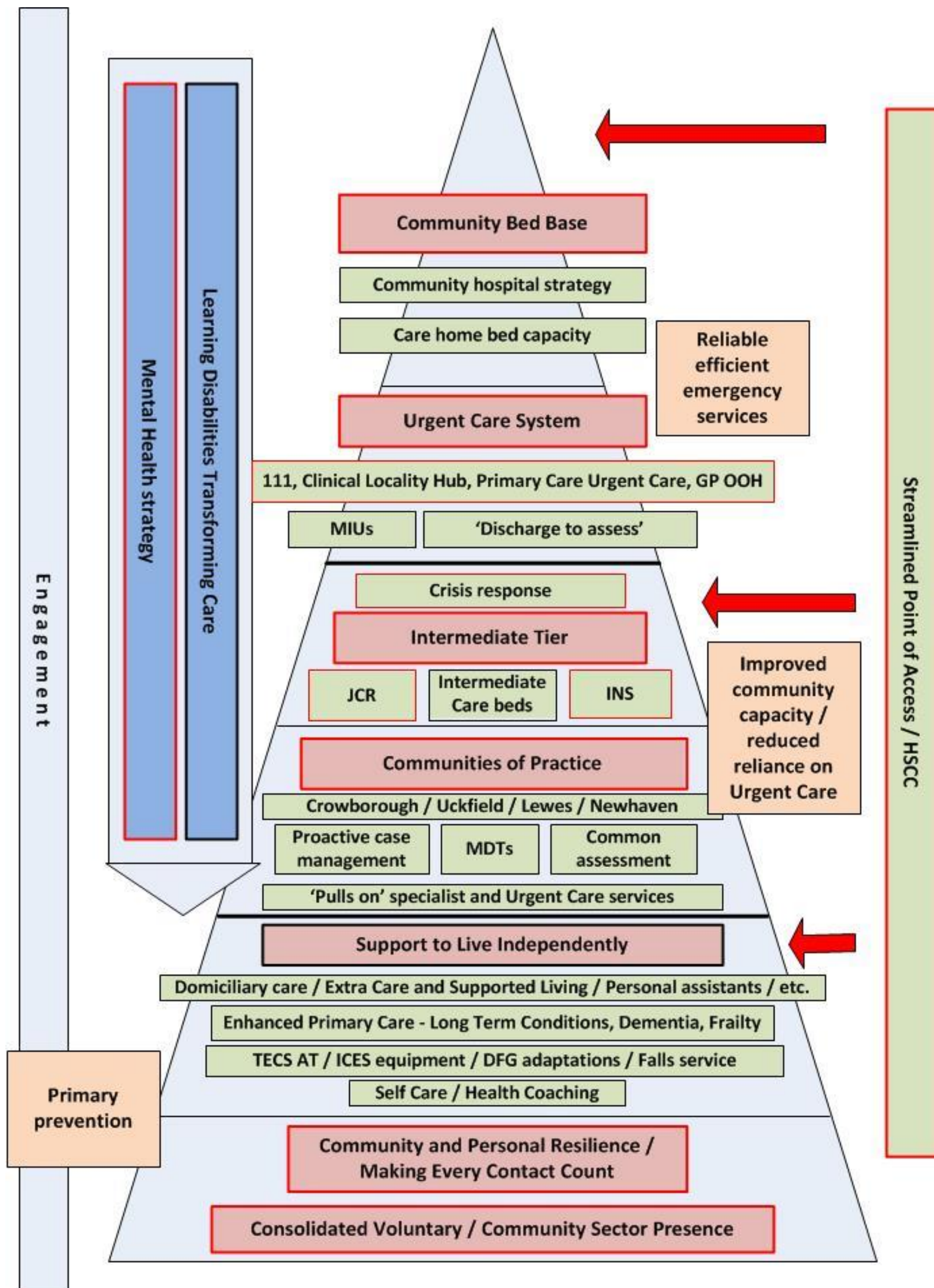
The focus on these outcomes is to address the key requirements of sustainable services and financial balance.

All of the work undertaken through the Connecting 4 You programme will engage fully with all stakeholders.

### 3. Connecting 4 You Programme Governance Structure:



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**Connecting 4 You Community Model of Care**

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