



ADULT SOCIAL CARE AND COMMUNITY SAFETY SCRUTINY COMMITTEE

THURSDAY, 15 MARCH 2018

10.00 am CC2 - COUNTY HALL, LEWES

MEMBERSHIP - Councillor Angharad Davies (Chair)
Councillors Trevor Webb (Vice Chair), Charles Clark, Martin Clarke,
Nigel Enever, Jim Sheppard and John Ungar

A G E N D A

- 1 Minutes of the meeting held on 16 November 2017 (*Pages 3 - 8*)
- 2 Apologies for absence
- 3 Disclosures of interests
Disclosures by all members present of personal interests in matters on the agenda, the nature of any interest and whether the member regards the interest as prejudicial under the terms of the Code of Conduct.
- 4 Urgent items
Notification of items which the Chair considers to be urgent and proposes to take at the appropriate part of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgent.
- 5 Forward Plan (*Pages 9 - 16*)
The latest edition of the Forward Plan. The Committee is asked to make comments or request further information.
- 6 Care Quality Commission (CQC) Local Area Review (*Pages 17 - 38*)
- 7 Health and Social Care Connect Update (*Pages 39 - 44*)
- 8 Services to prisons (post Care Act) (*Pages 45 - 48*)
- 9 Reconciling Policy, Performance and Resources (RPPR) 2018/19 (*Pages 49 - 52*)
- 10 Scrutiny committee future work programme (*Pages 53 - 58*)
- 11 Any other items previously notified under agenda item 4

PHILIP BAKER
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7 March 2018

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ADULT SOCIAL CARE AND COMMUNITY SAFETY SCRUTINY COMMITTEE

MINUTES of a meeting of the Adult Social Care and Community Safety Scrutiny Committee held at County Hall, Lewes on 16 November 2017.

PRESENT Councillors Angharad Davies (Chair) Councillors Trevor Webb (Vice Chair), Charles Clark, Martin Clarke, Roy Galley, Jim Sheppard, and John Ungar

ALSO PRESENT Keith Hinkley, Director of Adult Social Care and Health
Kenny Mackay, Strategic Commissioning Manager (Mental Health)
Claire Lee, Senior Democratic Services Adviser

18 MINUTES OF THE MEETING HELD ON 14 SEPTEMBER

18.1 RESOLVED to agree the minutes.

19 APOLOGIES FOR ABSENCE

19.2 Apologies were received from Cllr Enever. Cllr Galley substituted.

20 DISCLOSURES OF INTERESTS

20.1 Cllr Webb declared a personal, non-prejudicial interest as an unpaid co-ordinator for the Many Voices project in Hastings.

21 URGENT ITEMS

21.1 There were none.

22 FORWARD PLAN

22.1 The Director of Adult Social Care and Health advised that items on Strengthening the East Sussex Better Together (ESBT) Alliance Arrangements (Cabinet) and Older People's Day Opportunities Strategy (Lead Member for Adult Social Care and Health) had been deferred to the new year to enable further information to be taken into account. It was noted that opportunities for the ESBT Scrutiny Board and the Scrutiny Committee to scrutinise these items prior to decision would also be rearranged.

22.2 RESOLVED to note the Forward Plan.

23 PREVENTION

23.1 The Chair invited the committee to engage in an exploratory discussion on the topic of prevention, based around issues outlined in the report. The following key points were raised in the discussion:

- **The importance of an evidence-based approach to identifying where best to invest to get a return in terms of outcomes and cost.** This approach involves: a good understanding of need via sources like the Joint Strategic Needs Assessment (JSNA); understanding current performance e.g. through benchmarking with other areas; and awareness of best practice such as targeted NHS initiatives. Much of this work is supported by Public Health. This range of information enables decisions to be made about priorities, particularly in relation to health inequalities, areas of poor performance, or the needs of our type of population. From this, service specifications are developed which are now more outcomes focused, and services commissioned from the NHS, or from the third sector via the Commissioning Grants Prospectus. Services are then monitored and evaluated with this information feeding back into the loop.
- **The challenge of investing in prevention in a climate of financial constraint and increasing demand for reactive services.** A particular challenge is the long-term nature of some preventative work which will not provide a payback for many years. However, the risk of focusing spending on current demand rather than prevention is that longer term demand will increase even further, storing up additional problems for the future. The payback period for prevention has always been an issue for the NHS which has predominantly remained a reactive, demand-led service. It is difficult to double-run services and there is a lack of money to invest in longer term prevention.
- **The importance of partnership working across agencies on prevention and the role of specialist vs mainstream services.** Thresholds are in place for referral to certain specialist services, such as support to families, so that resources are focused where need is highest. At a lower level preventative work is built into mainstream services via the 'Making Every Contact Count' approach which prompts staff in frontline services to use contacts with patients/clients to provide information or advice on other services or lifestyle issues. If a case becomes more complex or there is a lack of engagement staff have the option to refer to Health and Social Care Connect.
- **Risks related to the ringfencing of the Public Health grant to local authorities.** If the current ringfence (which runs to 2018/19) is not extended there is a risk to Councils' ability to maintain investment in preventative services due to pressures on other parts of the Council to meet statutory duties. The grant includes allocations for drug and alcohol misuse and for smoking cessation. The Public Health grant has seen reductions in recent years but these have been smaller than the overall reductions to the County Council budget and have been managed by recommissioning or re-specifying services.
- **Whether prevention can be viewed as an 'invest to save' approach or whether, by extending life expectancy and quality of life, it can actually increase social care and health costs.** It is clear that prevention is aiming to improve life outcomes, as well as make better use of resources. This may create additional costs in some areas, but these are likely to be offset by preventing more serious conditions which require acute interventions that are particularly expensive e.g. heart attacks, strokes. In addition, improvements in quality of life can create a virtuous circle where one improvement makes people more likely to make other positive changes such as exercising more.
- **The role of NHS health checks and evidence of their effectiveness.** These are now more targeted on certain groups and conditions e.g. diabetes and heart disease and are a relatively inexpensive approach. There is evidence of direct savings to the NHS, for example through use of statins preventing heart attacks which are very expensive to treat.

23.2 The committee drew the following conclusions and recommendations from the discussion:

- The importance of not losing sight of prevention in the context of the financial challenge, but a recognition that choices are becoming harder in the context of increasing demand for statutory services and reducing finances.
- An understanding that ESCC spending and investment decisions will be made through the Council's Reconciling, Policy, Performance and Resources (RPPR) process. More broadly, resourcing of prevention will be influenced by Public Health England and NHS England.
- Support for the Council's ongoing prevention campaigns and a recommendation that the department looks at ways to use existing communication resources such as the Your County magazine to support this work at low cost.
- The importance of co-ordinating work on prevention across agencies and across the county to make best use of resources.

23.3 RESOLVED to scope a table-top review of how preventative work is co-ordinated by Adult Social Care and for all Members to be involved in a one-off meeting with relevant officers in the New Year to explore this subject.

24 OVERVIEW OF COMMISSIONED COMMUNITY PROVISION (MENTAL HEALTH)

24.1 The Strategic Commissioning Manager (Mental Health) introduced the report, providing the following additional information:

- The Phase 1 services have been rolled into one contract to reduce overheads. The Wellbeing Centres already existed and there was a desire to continue these in an integrated way with new services.
- The Personality Disorder Service will operate six days a week and will be fully operational by mid-December 2017.
- The Crisis Cafes will open until 11pm each day and will link to other available services. The first café will open in Hastings and the model will then roll out to Eastbourne, with both aiming to be fully operational by Christmas 2017.
- East Sussex was an early adopter of supported employment which has been operational locally for 10 years. The local model is seen as best practice and helps around 200 people with long term mental health conditions back into work annually. The service works closely with crisis teams to help people retain employment.
- The Community Connector service is new but developed from two previous services. It aims to link people into mainstream services with support. The social prescribing aspect has been piloted in relation to welfare debt, housing, social and other support and saw a 60% reduction in people accessing GP appointments. The Community Connector service will target GP practices with high users of service.
- The 'hard to engage' service has traditionally been provided by Seaview – it aims to build trust with service users and supports access to other services.

24.2 Further points were made in response to questions from the committee as follows:

- Services expect to be supporting people with multiple needs and will link into drug and alcohol services.
- The Personality Disorder Service target of engaging with 75 clients per year is linked to the available resource but also how services are being used at the moment. There is currently high use of specialist services by the target group, with poor outcomes, and the new service has been set clear outcomes for clients which are also linked to the impact on other services. There will be wider benefits to a larger group of clients through building the personality disorder expertise of the less specialist services.

- The Crisis Cafes will operate until 11pm, seven days a week. There is expected to be a consequent reduction in instances of crisis and reduced impact on other services like A&E.
- The expectation for the Employment Support Service of engaging with 500 clients reflects the total number the service works with each year. This results in 200 (40%) going into employment which is in line with the target. This 40% are able to move away from services and rehabilitate in a different way in the community. The other 300 clients still get positive outcomes from their engagement such as opportunities for voluntary work.
- The newly commissioned services are funded in large part by different use of established budgets. The new services (Personality Disorder Service, Crisis Cafés and social prescribing) are all Clinical Commissioning Group (CCG) funded with strategic intent to save money elsewhere over the next 18 months. Of the total funding of £2.5m, Adult Social Care funding is £138k which represents a good value investment in terms of meeting Care Act responsibilities, reducing impact on social work and reduced care needs down the line. Some impact on other services is expected straight away but other benefits, particularly on use of acute beds, will materialise in later years and are reliant on changes in other areas.
- There are specific targets for the new services to reduce demand elsewhere in the system, for example a target saving (across a range of services) of c£680k for the Personality Disorder Service.
- In terms of financial sustainability, the CCGs which provide the bulk of the funding have financial challenges but there are national expectations on the NHS in relation to investment in mental health and achieving 'parity of esteem' with physical health services. This gives relative protection to MH services, spending on which is monitored nationally and also through the local Sustainability and Transformation Partnership.
- A proactive approach to engagement in local communities has been led by Wellbeing Centres over many years, linking to other services like GP surgeries and the troubled families programme. As a result, the numbers engaged have gone up considerably over time. There is a need to build greater awareness of the hubs in local areas and a suggestion with regard to engaging shopping centres was noted.
- There will be a need to work more to engage and embed services with street communities. It is important to be clear about the service offer and engage consistently but ultimately people have to make individual decisions to engage. The need to liaise with a proposed Link Worker in Eastbourne was noted.
- The locations of the mental health Wellbeing Centres were chosen 12 years ago based on demand and need, but there is flexibility in terms of building in mental health support to other mainstream health and wellbeing centres.

24.3 The Committee RESOLVED:

- (1) To welcome the range of newly commissioned services and to note the need to monitor their ongoing sustainability given the financial situation.
- (2) To request an evaluation of how the services are delivering against the original aims in April 2019.

25 RECONCILING POLICY, PERFORMANCE AND RESOURCES (RPPR) 2018/19 - NOVEMBER

25.1 The committee considered a report on the Reconciling Policy, Performance and Resources (RPPR) process which provided an update on proposed savings plans for 2018/19 and areas of search for savings in 2019/20 and 2020/21.

25.2 The following points were made in response to questions from the committee:

- The latest position in relation to the ESCC contribution to the East Sussex Better Together (ESBT) Strategic Investment Plan (SIP) will be reported through quarter 2 monitoring and the budget for 2018/19 determined through the usual RPPR process.
- The Adult Social Care outturn is currently projected to be a £1.1M overspend but it is expected that this will move closer to balance as the year progresses.
- The overall ESBT situation is affected by limited ability to move costs out of the acute sector quickly enough. The local NHS will overspend but is subject to a different financial and regulatory regime. It is expected that the NHS position will be released over the next month in line with their national timetable.
- More detail on the impact of proposed savings for 2018/19 will be available in time for the committee's RPPR Board meeting in December. This meeting will also be able to look at any impact on Adult Social Care from the NHS position.
- The savings requirement is calculated based on the overall budget, existing commitments, inflation and demographic pressures. As reflected in the earlier discussion on prevention, there will be choices around balancing services that support people in a preventative way versus the increasing emphasis on meeting statutory need. These choices will have an impact on demand in the future.
- The longer term areas of search for savings would see substantial impact on preventative services. The proposed areas are based on the expected loss of specific government grants but a longer term social care funding solution is awaited. The government proposals on social care have been delayed to spring 2018 and it is not expected that a new system would be in place until 19/20 onwards at the earliest.
- The Department has sought to minimise the impact of savings on services for vulnerable people such as Supporting People and refuges, but there are inevitably impacts from the significant cumulative savings which have been required over several years. Supporting People services still have a significant impact but, given their preventative nature, it is necessary to look at these services in terms of savings and be clear and open about what can be provided in future.
- Statutory services to meet critical and substantial need can't be cut but decisions have previously been taken to scale back care packages. It is not proposed to pursue this approach further due to the impact on meeting core needs. This means that other services must be targeted for savings.
- In relation to community safety there is discussion underway with the Police and Crime Commissioner with regard to commissioning on a Sussex-wide basis as opposed to grant funding to local partnerships. This has the potential to offer economies of scale and some benefits from working collectively on themes. The case is being made for maintaining the level of funding for East Sussex over next couple of years.

25.3 RESOLVED:

- (1) To note the report.
- (2) To note that the Committee's RPPR Board will be held on 21 December 2017.

26 SCRUTINY COMMITTEE FUTURE WORK PROGRAMME

26.1 The committee considered its future work programme and agreed to make the following amendments:

- To hold a Scrutiny Board in February, in advance of the Lead Member decision on Older People's Day Opportunities Strategy, to which all Members would be invited.
- To explore the possibility of visiting an older people's day service in advance of considering the Day Opportunities Strategy.

- To add the table-top review on co-ordination of preventative work to the work programme.
- To add an exploratory discussion on the theme of 'integration' to the agenda for March 2017.
- To add the Care Quality Commission review of the East Sussex health and care system as a potential item for scrutiny, depending on the outcomes of the review.
- To explore the possibility of visiting a Wellbeing Centre as a precursor to the April 2019 follow-up report on commissioned community mental health services.

26.2 RESOLVED to amend the work programme as outlined above.

The meeting ended at 12.17 pm.

Councillor Angharad Davies
Chair

EAST SUSSEX COUNTY COUNCIL'S FORWARD PLAN

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

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

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

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

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

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

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

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

EAST SUSSEX COUNTY COUNCIL
 County Hall, St Anne's Crescent, Lewes, BN7 1UE

For copies of reports or other documents please contact the officer listed on the Plan or phone 01273 335274.

FORWARD PLAN – EXECUTIVE DECISIONS (including Key Decisions) –1 March 2018 TO 30 June 2018

Additional notices in relation to Key Decisions and/or private decisions are available on the [Council's website](#).

Cabinet membership:

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

Councillor David Elkin – Lead Member for Resources

Councillor Bill Bentley – Lead Member for Communities and Safety

Councillor Rupert Simmons – Lead Member for Economy

Councillor Nick Bennett – Lead Member for Transport and Environment

Councillor Carl Maynard – Lead Member for Adult Social Care and Health

Councillor Sylvia Tidy – Lead Member for Children and Families

Councillor Bob Standley – Lead Member for Education and Inclusion, Special Educational Needs and Disability

Date for Decision	Decision Taker	Decision/Key Issue	Decision to be taken wholly or partly in private (P) or Key Decision (KD)	Consultation	List of Documents to be submitted to decision maker	Contact Officer
6 Mar 2018	Cabinet	Council Monitoring: Quarter 3 2017/18 To consider the Council Monitoring report for Quarter 3, 2017/18.			Report, other documents may also be submitted	Jane Mackney 01273 482146
6 Mar 2018	Cabinet	Fair Funding Review Consultation Response To consider East Sussex County Council's response to the Secretary of State for Communities and Local Government consultation on the Fair Funding Review.			Report, other documents may also be submitted	Ian Gutsell 01273 481339

6 Mar 2018	Cabinet	Libraries Transformation Programme revised Libraries Strategic Commissioning Strategy To seek Cabinet approval of the revised Libraries Strategic Commissioning Strategy.	KD	12 week Public Consultation Local Members	Report, other documents may also be submitted	Nick Skelton 01273 482994
6 Mar 2018	Cabinet	Proposals for the creation of a Major Road Network - consultation response Cabinet is asked to review and approve the Council's response to the Government consultation on the creation of a Major Road Network.			Report, other documents may also be submitted	Jon Wheeler 01273 482212
16 Mar 2018	Lead Member for Communities and Safety	Road Safety Policies Update To consider a report regarding the updates to Road Safety Policies.			Report, other documents may also be submitted	Claire Scriven 0345 6080193
19 Mar 2018	Lead Member for Transport and Environment	Capital Programme for Transport Improvements 2018/19 To approve the list of transport schemes and associated expenditure in 2018/19 to be included in the programme	KD		Report, other documents may also be submitted	Andrew Keer 01273 336682
19 Mar 2018	Lead Member for Transport and Environment	East Sussex Statement of Community Involvement adoption The Statement of Community Involvement (SCI) and its accompanying publicity is a statutory requirement under the Planning and Compulsory Purchase Act 2004 and associated regulation	KD		Report, other documents may also be submitted	Sarah Iles 01273 481631

23 Mar 2018	Lead Member for Resources	Annual write off of debts Annual report to request formal approval to write-off debts over a certain value.	P KD		Report, other documents may also be submitted	Janyce Danielczyk 01273 481893
23 Mar 2018	Lead Member for Resources	Hailsham - Delivery of school sites Exercise of options in relation to two schools in Hailsham	KD	Local Members	Report, other documents may also be submitted	Graham Glenn 01273 336237
23 Mar 2018	Lead Member for Resources	Petition - to save the small separately fenced area at the far end of the Pells School site on Landport, Lewes for continued use as a forest school To consider the petition to save the small separately fenced area at the far end of the Pells School site on Landport, Lewes for continued use as a forest school, the area to be given into the care and ownership of the Landport Community Hub charity, or other suitable arrangements made by agreement with the lead petitioners to achieve the same end, that this tiny percentage of the site be kept for local children to have Forest School opportunities.		Lead Petitioner Local Members	Report, other documents may also be submitted	Kate Nicholson 01273 3396487
29 Mar 2018	Lead Member for Education and Inclusion, Special Educational Needs and Disability	Planned Admission Number (PAN) for Ninfield CE Primary School with effect from September 2019 The Lead Member is asked to determine the appropriate PAN for Ninfield CE Primary School following public consultation. This decision was deferred from the Lead	KD	Public consultation between 7 February and 21 March 2018.	Report, other documents may also be submitted	Jo Miles 01273 481911

		Member meeting in February as a result of the decision not to proceed with the building project at the school. This means that the school will be unable to accommodate more than fifteen children in each year group following withdrawal of the temporary classrooms currently on site.				
16 Apr 2018	Lead Member for Transport and Environment	Alexandra Park and St Helen's Road cycle route review To report the outcome of a feasibility study to consider an alternative route alignment on St Helen's Road, as requested by the Lead Member	KD	Hastings Borough Council information exercise June 2015 Local Members	Report, other documents may also be submitted	Tracey Vaks 01273 482123
16 Apr 2018	Lead Member for Transport and Environment	Proposed pedestrian crossing in Belgrave Road, Seaford To consider feedback received in response to a local consultation on a proposal to introduce a pedestrian crossing and determine whether the scheme should continue.		Local residents School Community Local Members	Report, other documents may also be submitted	Andrew Keer 01273 336682
24 Apr 2018	Cabinet	CQC Area Review Report and Action Plan Cabinet is asked to note and receive an update on the CQC Area Review Report and Action Plan.			Report, other documents may also be submitted	Samantha Williams 01273 482115 Bianca Byrne 01273 336656
24 Apr 2018	Cabinet	External Audit Plan 2017/18 To consider the work to be carried out by			Report, other documents may	Ola Owolabi 01273 482017

		the Council's External Auditors for the financial year 2017/18.	KD		also be submitted	
24 Apr 2018	Cabinet	Internal Audit Strategy and Annual Plan 2018/19 To consider the Internal Audit Strategy and Plan for 2018/19.			Report, other documents may also be submitted	Russell Banks 01273 481447
24 Apr 2018	Cabinet	Property Asset Disposal and Investment Strategy To approve the Property Asset Disposal and Investment Strategy for East Sussex County Council.	KD		Report, other documents may also be submitted	Tina Glen 01273 335819
26 Apr 2018	Lead Member for Communities and Safety	Update on East Sussex Road Safety Programme To note the progress made in the East Sussex Road Safety Programme to reduce Killed and Seriously Injured on East Sussex Roads			Report, other documents may also be submitted	Charlotte Marples 01273 482824
30 Apr 2018	Lead Member for Education and Inclusion, Special Educational Needs and Disability	Request to publish statutory notices regarding lowering the age range at Langney Primary School To seek Lead Member approval to publish statutory notices in respect of a proposal to lower the age range at Langney Primary School to enable the school to take 2 year olds in their current nursery provision		Local Members	Report, other documents may also be submitted	Jane Spice 01273 747425

21 May 2018	Lead Member for Transport and Environment	Allocation of the 2018/19 Community Match Funding to a number of community led local transport schemes To seek approval of the proposed allocation of match funding to a number of community led transport improvement schemes	<i>KD</i>	Draft circulated to all Members, and cross party Member Panel to consider draft schemes.	Report, other documents may also be submitted	Sarah Valentine 01273 335724
21 May 2018	Lead Member for Transport and Environment	Review of grass cutting policy and proposed reduction to urban grass cutting To consider the reduction of the minimum urban grass cuts from five to two per annum, and to seek approval for minor updates to the policy to reflect current best practice.		Local Members	Report, other documents may also be submitted	Dale Poore 01273 482207

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Report to: Adult Social Care and Community Safety Scrutiny Committee
Date of meeting: 15 March 2018
By: Director of Adult Social Care & Health
Title: Care Quality Commission (CQC) Local Area Review
Purpose: To provide the Committee with the East Sussex Health & Wellbeing Board report summarising the outcomes of the CQC Local Area Review

RECOMMENDATIONS:

The Committee is recommended to note the Health & Wellbeing Board report detailing the outcomes of the CQC Local Area Review report and corresponding action plan

1 Background Information

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

2 Supporting Information

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

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

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

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

3 Conclusion and Reasons for Recommendations

3.1 ASC Scrutiny Committee is recommended to note the Health & Wellbeing Board report detailing the outcomes of the CQC Local Area Review report and corresponding action plan.

KEITH HINKLEY
Director of Adult Social Care & Health

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Report to: East Sussex Health and Wellbeing Board

Date of meeting: 13 March 2018

By: Director of Adult Social Care & Health

Title: Care Quality Commission (CQC) Local Area Review

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

RECOMMENDATIONS:

The Board is recommended to:

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

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

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

1.3 The final report was subsequently received by the system on 24 January¹. The report acknowledges the strength of our shared vision and purpose, maturity of relationships, and focus on prevention and support for people to maintain their wellbeing. Areas for further work

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

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

2. Supporting information

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

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

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

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

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

3. Conclusions and recommendations

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

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

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

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BACKGROUND DOCUMENTS

None

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30th January

East Sussex CQC Local Area Review Summit

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

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

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

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East Sussex Local Area Review Action Plan:

February 2018

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

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

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

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

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

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

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

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

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

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

Area for Improvement 3: Work is required to ensure that there is a JSNA for older people which is fit for purpose and can be used to inform strategic commissioning of services across East Sussex					
Action		Outcome	Action owner	Timescale	Assurance
3.1	Produce an on-line Older People's briefing to signpost people to all the relevant JSNA products	<ul style="list-style-type: none"> Facilitate ease of access to Older People's JSNA products 	Director of Public Health	June 2018	Older Peoples JSNA products are used to inform strategic commissioning of services across East Sussex Older People's Briefing signposts to all the relevant products to facilitate ease of access
3.2	Review the structure of the East Sussex JSNA website to ensure Older Peoples products are clearly referenced within the Needs Assessment section of the website Ensure the Older Peoples needs assessment information links to Mental Health and Dementia JSNA	<ul style="list-style-type: none"> Facilitate ease of access to Older People's JSNA products 	Director of Public Health	June 2018	
3.3	Identify and respond to commissioning requirements for additional / different older peoples JSNA products to inform strategic commissioning	<ul style="list-style-type: none"> Ensure JSNA products are designed to meet strategic commissioning needs for older peoples services across East Sussex 	Director of Public Health	June 2018	

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Area for Improvement 4: There needs to be a system-wide response to effectively managing and shaping an affordable nursing home market and increasing domiciliary care					
Action		Outcome	Action owner	Timescale	Assurance
4.1	System review of market provision of beds to ensure bed profile and capacity better reflects demand Scope of review to include access; waiting times; assessments; need (including ABI, Mental Health, stroke) and costs Provider forums and planning and partnerships stakeholder group to be directly involved in the review	<ul style="list-style-type: none"> Improved bed capacity to meet complex needs Improved bed capacity to meet short term / complex needs Improved commissioning arrangements to meet changing demand and complexity 	Martin Hayles, Assistant Director Strategy, Commissioning and Supply Management	Sept 2018	Support to improve CQC ratings of Adult Social Care Services provided by the Market Support Team Maintain the rate of A&E attendances from care homes per 100,000 population (65+) below the national average
4.2	Improve patient / family / staff information relating to choice (Ref actions 7.4 and 10.4)	<ul style="list-style-type: none"> Improved understanding of the system for patients, carers and families. 	ESBT and C4Y communications and	July 2018	

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

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

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

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

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

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

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

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

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

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

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

	(INS) and Crisis Response to ensure 24/7 access for admission avoidance <ul style="list-style-type: none"> Mental Health to be in scope of the work 		Meeting		Maintain % of emergency admissions within 30 days of discharge (65+) below the national average
8.2	Implementation of Rapid Response service (HWLH)	<ul style="list-style-type: none"> Improved access to services Improved outcomes for patient, family, carers 	Hugo Luck, High Weald Lewes Havens CCG	July 2018	Well established voluntary sector services including Home from Hospital. Community sector embedded in discharge planning. Extended access and bookable appointments included in the planning of primary care streaming services
8.3	Review medical model based commissioning arrangements for weekend Intermediate Care admissions (ref also Area for Improvement 5)	<ul style="list-style-type: none"> Increased capacity for weekend discharges from acute to community / intermediate care beds Improved discharge planning and patient experience 	Hugo Luck, High Weald Lewes Havens CCG	Sept 2018	
8.4	Engagement with the market to explore sustainable service models to enhance OOH capacity (in addition to Trusted Assessor pilot)	<ul style="list-style-type: none"> Improved access to services Improved outcomes for patient, family, carers 	Head of Policy & Strategic Development, ASC&H, ESCC	July 2018	
8.5	Produce a staff and public narrative to explain out of hour's service availability.	<ul style="list-style-type: none"> Clarity about what is available and when 	ESBT and C4Y communications and engagement leads	Sept 2018	
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Area for Improvement 9: Work should be undertaken to share learning between staff across the system rather than at an organisational level

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

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

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

	Action	Outcome	Action owner	Timescale	Assurance
Page 36	10.1 Ward focused Discharge Pathway workshop to include Professionals; Patients (and Healthwatch); Providers (including patient transport)	<ul style="list-style-type: none"> • Improved patient / family / staff information and communications • One version of the truth for professionals • Lead professional for each complex discharge • Discharge checklist 	Jo Chadwick-Bell, Chief Operating Officer ESHT Chris Ashcroft , Chief Operating Officer BSUH	July 2018	Patient / user / carer feedback mechanisms Maintain performance of 'the proportion of people who use Adult Social Care services who find it easy to find information about support' above the national average (East Sussex: 79.8%; England 75.4%)
	10.2 Mental Health inpatient workshop to mirror workshop in 10.1 above	<ul style="list-style-type: none"> • Improved patient / family / staff information and communications • One version of the truth for professionals • Lead professional for each complex discharge • Discharge checklist 	John Childs, SPFT	July 2018	Maintain performance of 'the proportion of carers who report that they have been included or consulted in discussion about the person they care for' above the national average (East Sussex: 71.3%; England 68.6)
	10.3 ESHT Community Services workshop	<ul style="list-style-type: none"> • Improved patient / family / carer / staff information and communications • One version of the truth for professionals • Lead professional for each complex discharge • Discharge checklist 	Abi Turner, ESHT Chris Ashcroft , Chief Operating Officer BSUH	July 2018	Reduce length of hospital stay (aged 65+) for emergency admissions to meet or exceed the England average
	10.4 Develop patient / family / staff communications to support outcomes of workshops	<ul style="list-style-type: none"> • Improved patient / family / carer / staff information and communications 	ESBT and C4Y Comms and Engagement	July 2018	

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

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Report to: Adult Social Care and Community Safety Scrutiny Committee

Date of meeting: 15 March 2018

By: Director of Adult Social Care and Health

Title: Health and Social Care Connect update

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

RECOMMENDATIONS

The Committee is recommended to:

- 1) Note the current performance of Health and Social Care Connect.
 - 2) Note the proposals regarding the future of the service, in relation to the development of NHS111 and other Urgent Care initiatives.
-

1 Background

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

1.2 HSCC operates 8am to 10pm seven days a week including Bank Holidays, and is available to GPs, community health services, social care, hospitals, care homes, SECAMB, other statutory agencies, the voluntary, community and independent sectors, and the public.

1.3 HSCC's key functions are:

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

2 Supporting information

Context

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

2.2 HSCC has been created by fully integrating into a single service three separate existing services: ICAP (Integrated Community Access Point), which managed community health referrals; CAT (Contact and Assessment Team), which undertook social care assessments; and Social Care Direct, which provided a public adult social care helpline.

2.3 HSCC operates 8am to 10pm seven days a week.

Performance

2.4 HSCC has experienced a busy and challenging year during 2017, with significant increases in contacts and referrals since April 2017, handled within the same staffing resources.

2.5 Key Performance Indicators since April - December 2017:

APPENDIX 1 sets out in detail the relevant graphs that relate to the Key Performance Indicators (KPIs):

- **KPI 1: Contacts Received Year to date:** as at December 2017, HSCC handled 95,674 contacts, an increase of 10% overall from December 2016. 63% of these contacts were telephone contacts via the Access hub.
- **KPI 2: Services Requested and Progressed onto:** within the Health Hub, just fewer than 23,000 referrals were made to Community Nursing Services, a 15% increase from the previous year. This reflects the increased focus on ensuring that patients' needs are met as much as possible via community healthcare services, avoiding acute hospital admissions wherever possible.
- **KPI 12a: Average Speed of Answer - Access:** despite an increase in total contacts coming into HSCC, current performance stands within the target response of 30 seconds at 25 seconds. Although most calls that are answered meet this target, the higher overall call volume has resulted in a higher rate of abandoned calls at 10%
- **KPI 12b: Average Speed of Answer - Health:** for urgent and high priority referrals and contacts in health, despite a 15% increase in activity average speed of answer remains well within the target of 30 seconds at 16 seconds, with abandoned calls also within the target threshold.
- **KPI 17: Staff Vacancy Rates:** HSCC employs 86.9 FTEs out of 95.5, maintaining a low vacancy rate of 7% within the target rate of 9%. This has been particular challenge to maintain given the service operates 7 days per week and out of office hours, but a robust induction and training programme, with the introduction of Competencies for all levels of staff within HSCC has assisted in ensuring that staff turnover has been kept to a minimum.
- **Safeguarding Contacts and Enquiries:** Since June 2017, HSCC Access has taken on the role of screening and triaging all new safeguarding concerns/enquires from the public and professionals, ensuring there is a consistent approach to how these concerns are then allocated to the various locality Assessment Teams across the County. This has resulted in HSCC processing an average of 130 Safeguarding concerns per week. The final graph in Appendix 1 sets out the top 10 allocations of safeguarding concerns that required further intervention from those teams.

Council Plan Measures:

- **Measure:** Percentage of Health and Social Care Connect contacts that are appropriate and effective (i.e. lead to the provision of necessary additional services). Target 98%- current performance 97.6%.
- **Measure:** Percentage of Health and Social Care Connect referrals triaged and progressed to required services within required timescales. Target 90% - current performance 91%.

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

Future direction

2.7 From April 2017, HSCC began to develop a programme of work to become the Local Clinical Hub call handling service for East Sussex in relation to the re-procurement of NHS111 from April 2019. However, this has changed following the decision via NHS England to re-procure the CAS (Clinical Assessment Service) alongside 111 on a sustainability and transformation partnerships (STP) footprint which will be the Sussex and East Surrey STP. It is anticipated this

may still require HSCC to extend its services potentially to open 24 hours by April 2019. Developments are in the very early stages.

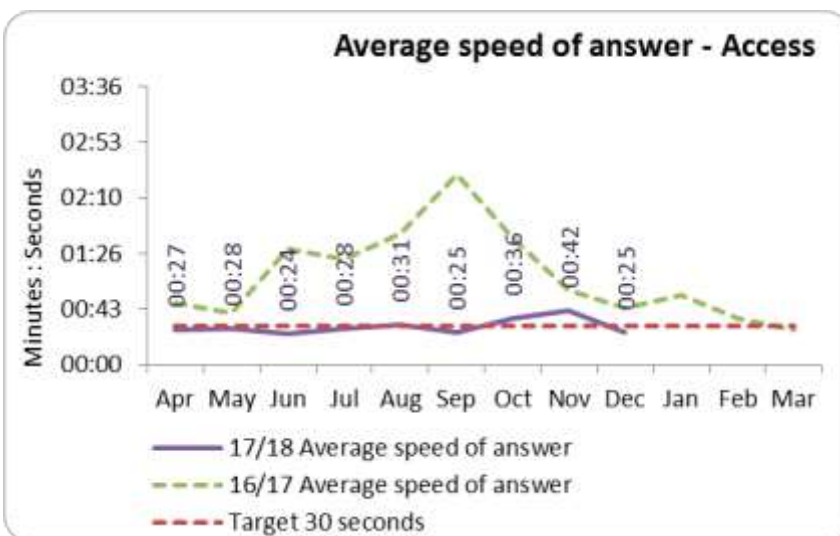
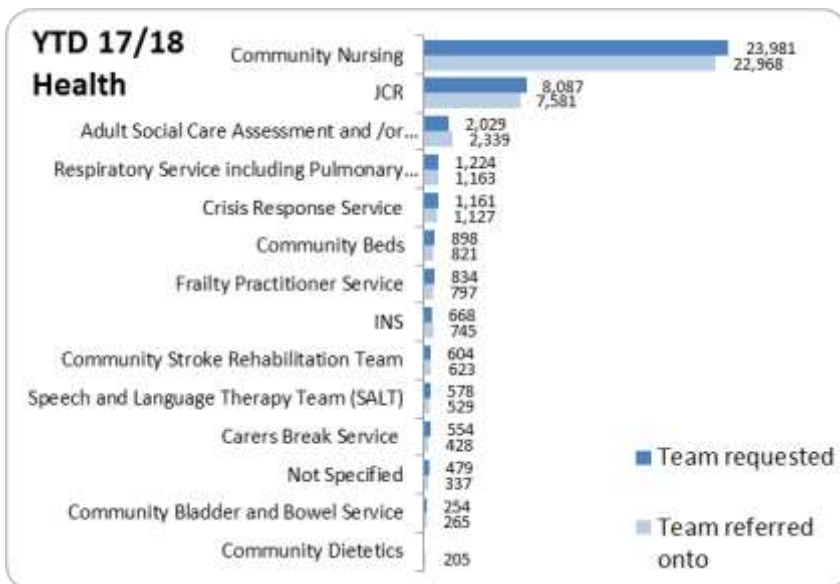
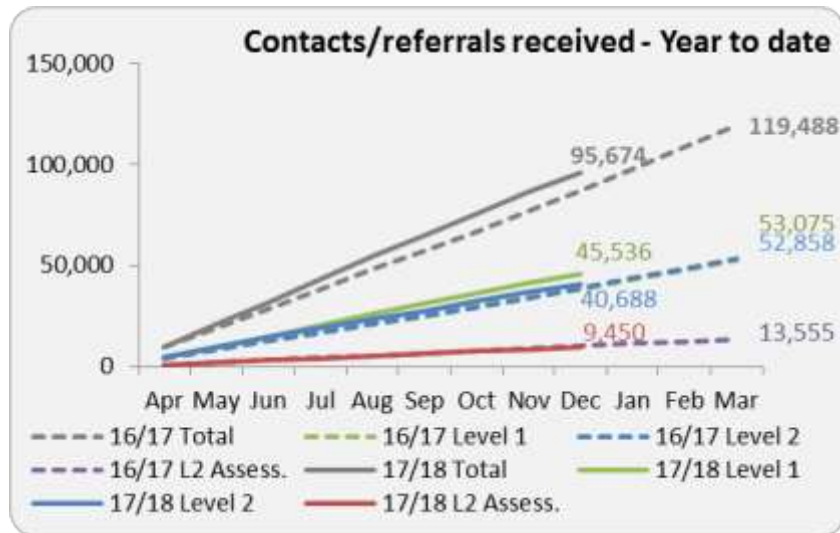
3. Conclusion and reasons for recommendations

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

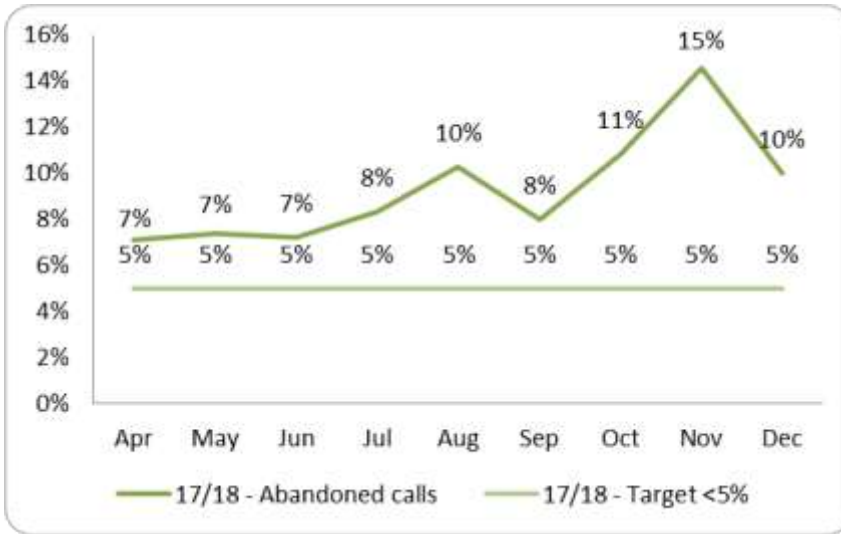
KEITH HINKLEY
Director of Adult Social Care and Health

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Tel. No. 01273 481116
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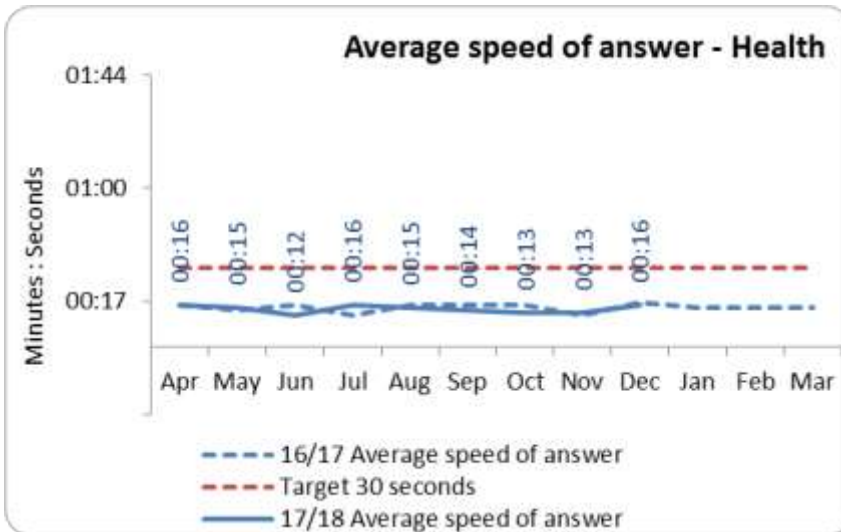
APPENDIX 1: HSCC Key Performance Indicators April - December 2017:



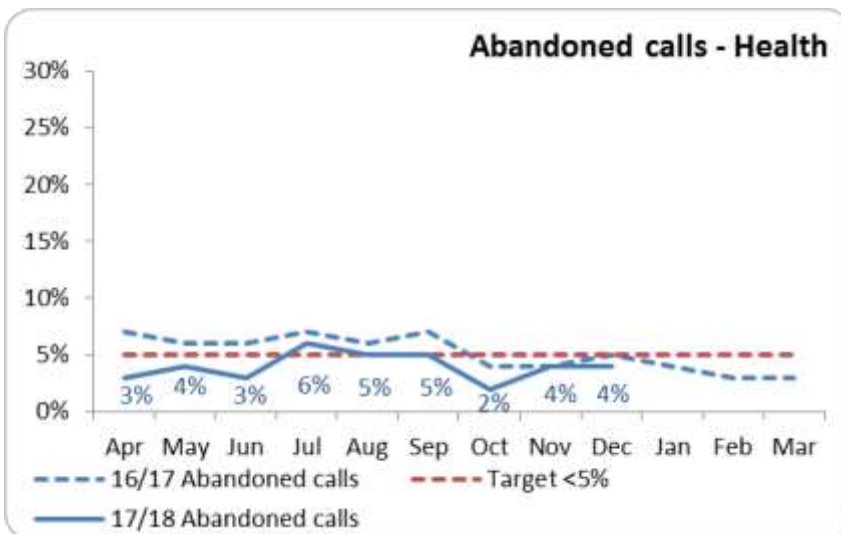
Abandoned Calls - Access

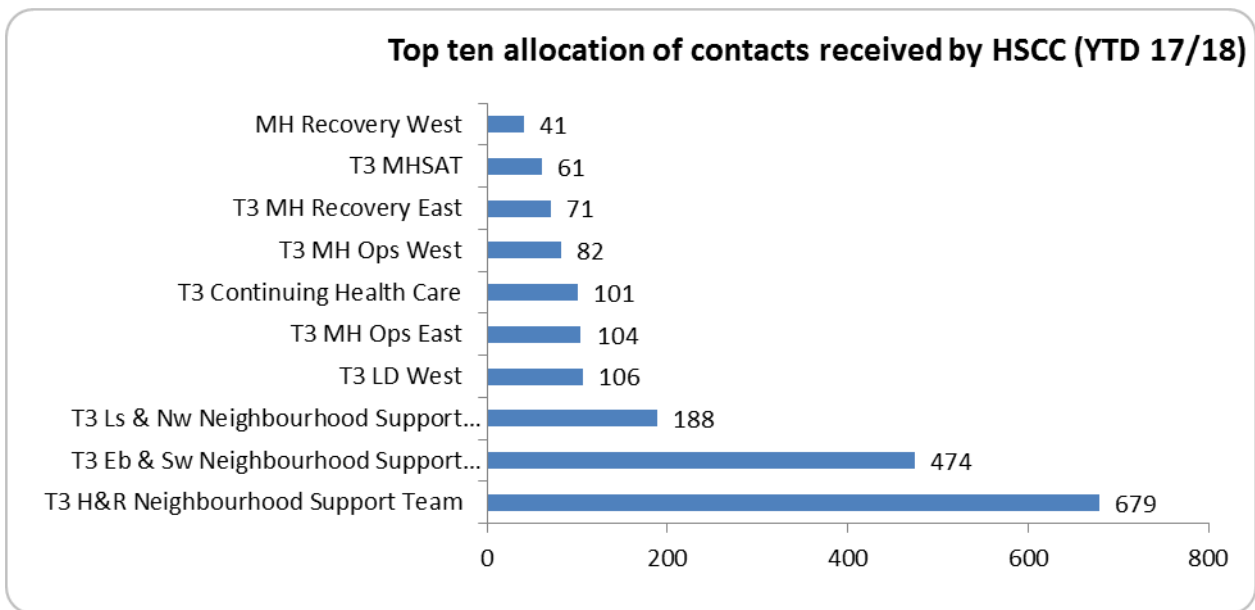
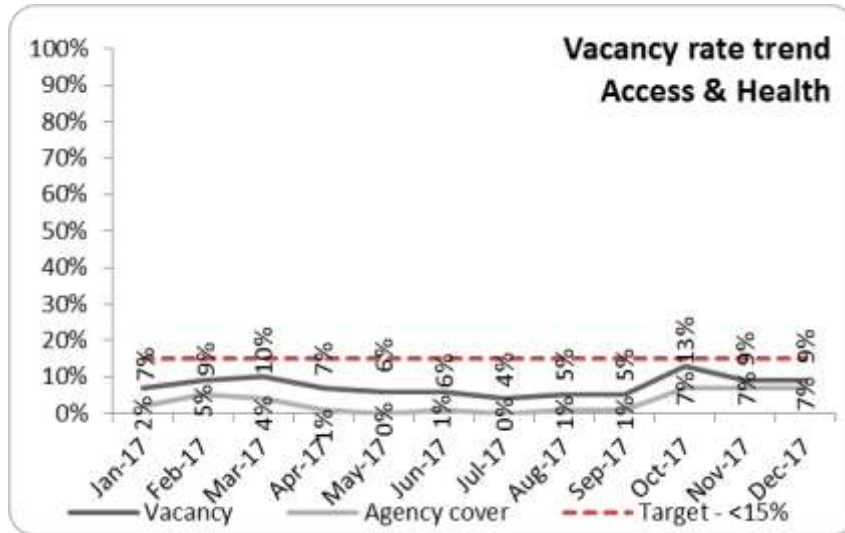


Average speed of answer - Health



Abandoned calls - Health





Report to: Adult Social Care and Community Safety Scrutiny Committee
Date of meeting: 15 March 2018
By: Director of Adult Social Care and Health
Title: Services to prisons (post Care Act)
Purpose: To update the Committee on activity relating to social care services to prisons

RECOMMENDATIONS

The Committee is recommended to:

- 1) consider and comment on the update report for services to prisons;**
 - 2) accept this as a final update on services to prisons activity. The activity will continue to be monitored and reported to the Committee on an exception basis.**
-

1. Background

1.1 From April 2015 local authorities have been responsible for assessing and meeting the social care needs of adult prisoners (not just on discharge from prison but also while they are in custody), under Section 76 of the 2014 Care Act. All adults within those prisons and approved premises will be treated as if they are resident in that local authority's area for purposes of the Care Act for as long as they reside in that establishment.

1.2 Since April 2015, East Sussex County Council Adult Social Care and HMP Lewes have had in place a Memorandum of Understanding (MOU) and Information Sharing Agreement for the provision of Social Care in Prisons. This agreement sets out the shared strategic intent and joint commitment of HMP Lewes and East Sussex County Council to work together to ensure people in HMP Lewes have access to appropriate social care support.

1.3 HMP Lewes ensure that East Sussex County Council is informed when an adult the prison believes has care and support needs arrives at their establishment or when the prison becomes aware of a prisoner's need for care and support during their time in custody.

1.4 Adult Social Care staff will undertake the assessment. In some instances the person may have more complex needs or a need for a specialist service such as Occupational Therapy (OT) equipment, sensory services or autistic spectrum services. Following a social care assessment, if the prisoner has eligible needs then the assessor, other relevant professionals and the prisoner will prepare a care and support plan which sets out how the identified needs will be met.

1.5 Prisoners will be subject to a financial assessment to determine how much (if anything) they may be required to pay, as they would be in the community, towards the cost of their care and support. Prisoners' earnings from work in prison are exempt from consideration during financial assessments. Adult Social Care is responsible for determining and undertaking financial assessment.

2. Activity

2.1 Table 1 below shows the level of activity between Adult Social Care and HMP Lewes over the last two years. The table shows similar numbers of assessments over the two year period, with small numbers of prisoners requiring ongoing low level support and two prisoners in 2017 having eligible needs which are being met through ongoing long term support.

Table 1

HMP Lewes	Jan - Dec 2016	Jan - Dec 2017
Number of prisoners assessed for care and support	18	16
Of those assessed - no services required	15	8
Of those assessed - needs were met only by advice and information / signposting	0	2
Of those assessed - needs were met by ongoing low level support	2	2
Of those assessed - short term support to maximise independence provided	1	1
Of those assessed - needs were met by other short term support	0	1
Of those assessed - long term support (eligible needs)	0	2

3. Operational delivery of the service

3.1 Social Care is provided to HMP Lewes by the ESCC Joint Community Rehabilitation (JCR) Team. Our preference would be to commission this support via the independent sector, however provider interest in this work is not currently forthcoming.

3.2 The level of provision of social care to HMP Lewes is relatively low, however it does require close management and monitoring given the operational challenges of this work, including:

- Access to and exit from the prison is often restricted e.g. when prisoners are out of their cells. This affects our ability to provide the service.
- Frequently the client is not there to receive their care (prisoners maybe elsewhere in prison and it is personal choice as to whether they accept the care). JCR wait but often have to abandon the call due to other service pressures.
- To ensure staff safety, all calls are double-ups (i.e. two members of staff attend).

4. Conclusion and reasons for recommendations

4.1 The level of assessment activity relating to social care provision in HMP Lewes has remained consistent over the last two years, with low numbers of prisoners requiring ongoing long term support

4.2 The MOU and information sharing agreement in place between East Sussex County Council and HMP Lewes are robust and fit for purpose; confirming process, roles and responsibilities.

4.3 The level of activity relating to social care provision in HMP Lewes is manageable within current resources and processes are well established.

4.4 The Committee is recommended to consider and comment on this report. It is also recommended to consider this the final update on services to prisons activity, although the activity and data will continue to be monitored and reported to the Committee on an exception basis.

KEITH HINKLEY
Director of Adult Social Care and Health

Contact Officer: Samantha Williams, 01273 482115

Lewes Prison Support Review 29th January 2018

1. Package of Care:
45min -1hr daily - double up call 7 x days

Care needs:

CH is 71 year old man who is chronically overweight and has bariatric needs, bariatric bed in place cell.

Requires support with his personal care and he usually has a strip wash on his bed, he is able to sit with a help of a lifting pole which is also supplied, Support workers will usually wait for the other prisoner to move CH's furniture in order for CH to support himself on walking frame when standing up by his bed. Staff will then support him to strip and continue supporting him with a strip wash. This takes most of the visit 30-40 minutes. CH is able to reach some areas on his upper body but not able to reach his groin area and legs. Staff do apply cream to his legs and inspect the dressing on his lower legs which gets changed by the prison health team. Support Workers also strip and change CH's bed when required.

2. Package of Care:
15 min call daily 7 - days

Care Needs:

RT is a 74 year old man who spends most of his time in bed in his cell, he requires support with applying cream to his legs which at times can be itchy which prompts RT to scratch them causing open wounds to his lower legs. Observed during visit - RT was visibly tired and sleepy; he was not able to move without experiencing pain when transferring from his bed to his chair. Support Workers report he has not/would not be able to apply cream to his feet

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Report to: Adult Social Care and Community Safety Scrutiny Committee

Date of meeting: 15 March 2018

By: Chief Executive

Title: Reconciling Policy, Performance and Resources

Purpose: To review scrutiny's input into the Reconciling Policy, Performance and Resources process during 2017/18.

RECOMMENDATIONS

The Committee is recommended to:

- 1) Review its input into the Reconciling Policy, Performance and Resources process.
 - 2) Identify any lessons for improvement of the process in future.
-

1 Background

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

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

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

2.1 In September 2017 each scrutiny committee considered extracts from the *State of the County* report and the existing departmental savings and Portfolio Plans. Requests for further information or reports were made to help the scrutiny committee gain a full understanding of the context for budget and service planning.

2.2 The scrutiny committees established scrutiny boards to provide a more detailed input into the RPPR process. These met in December 2017 to consider the draft 2018/19 Portfolio Plans and the impact of proposed savings. The boards:

- considered any amendments to the Portfolio Plans and how priorities were reflected against the proposed key areas of budget spend for the coming year;
- assessed the potential impact of proposed savings on services provided to East Sussex County Council customers.
- made comments and recommendations to Cabinet on the budget proposals for 2018/19.

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

3. Conclusion and reasons for recommendations

3.1 The committee is recommended to review its input into the RPPR process and to establish whether there are lessons for improvement for the future. Where relevant, comments relating to the RPPR process will also be fed into the ongoing review of scrutiny arrangements in East Sussex.

BECKY SHAW
Chief Executive

Contact Officer: Claire Lee

Tel. No. 01273 335517

Email: claire.lee@eastsussex.gov.uk

LOCAL MEMBERS

ALL

BACKGROUND DOCUMENTS

NONE

Adult Social Care and Community Safety Scrutiny Committee Reconciling Policy, Performance and Resources (RPPR) Board
21 December 2017

Attendees: Councillors Angharad Davies (Chair), Martin Clarke, Nigel Enever, Jim Sheppard, John Ungar and Trevor Webb (Vice-Chair)

Comments to Cabinet

The Board received a number of clarifications and assurances in relation to the identified savings and agreed to highlight the following key points to Cabinet:

- The scale of the challenge for ESCC and Adult Social Care is very significant and is recognised by the Board, as is the requirement for the Council as a whole to live within its means.
- It is no longer possible to continue to protect preventative services which impact on demand. This means that savings are likely to have impacts elsewhere in the system and / or in future years.
- The impacts of proposed savings are significant and opportunities for mitigation are now limited.
- Officers should be encouraged to continue to mitigate the impact of savings as far as possible through reprioritising and recommissioning services, taking any available opportunities to modernise and improve the way services work through this process.
- The Board has been assured that specific service changes will be subject to consultation, Equality Impact Assessment and further executive decision as appropriate in accordance with legal requirements, and that opportunities for mitigation will be examined thoroughly through this process.
- It will be essential for the Council to engage positively with the anticipated Green Paper on social care during 2018/19 to influence the longer term settlement for Adult Social Care.

The Board's overall conclusions were as follows:

- Cllrs M Clarke, Davies, Enever and Sheppard regretted that the Council is in the position of having to make the proposed savings. In that context, they were assured that process for identifying savings has been rigorous and that every effort had been made to minimise the impact on service users. They welcomed the approach being taken in relation to reshaping and recommissioning services and have been assured that back office savings are being achieved.
- Cllrs Ungar and Webb did not support the savings proposals as set out and expressed the view that savings should be examined more widely across the Council, including the proportion of savings allocated to Adult Social Care.
- Cllr Webb expressed particular concern in relation to savings in Supporting People services, carers' services and the Discretionary East Sussex Support Scheme.

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Work Programme for Adult Social Care and Community Safety Scrutiny Committee



Future work at a glance

Updated: **7 March 2018**

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

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

Future Committee agenda items		Author
21 June 2018		
Safeguarding Peer Review	A report on the Association of Directors of Adult Social Services (ADASS) peer review of safeguarding in East Sussex.	Keith Hinkley, Director of Adult Social Care and Health
Annual Review of Safer Communities Performance, Priorities and Issues	To update the Committee on performance in relation to safer communities in 2017/18 and the priorities and issues for 2018/19 that will be highlighted in the Partnership Business Plan.	Keith Hinkley, Director of Adult Social Care and Health
27 September 2018		
Safeguarding Adults Board Annual Report and Strategic Plan	<p>The Safeguarding Adults Board (SAB) Annual Report outlines the safeguarding activity and performance in East Sussex during the previous financial year, as well as some of the main developments in place to prevent abuse from occurring.</p> <p>The Strategic Plan sets out the aims and objectives of the SAB for 2015-18 and is refreshed each year.</p> <p>To include a breakdown of safeguarding concerns by sector and by the agency making the referral.</p>	Independent Chair, East Sussex Safeguarding Adults Board (SAB)
Reconciling Policy, Performance and Resources (RPPR) 2019/20	The Committee will start the process of examining the Departmental Portfolio Plans and budget for the 2019/20 financial year.	Becky Shaw, Chief Executive

Current scrutiny reviews and other work underway		Indicative dates
East Sussex Better Together (ESBT)	Joint Scrutiny Board established with representatives from two other scrutiny committees to consider the ESBT programme and specific policy and service developments arising from it.	Board met 7 March 2018
Connecting 4 You (C4Y)	Joint Scrutiny Board established with representatives from two other scrutiny committees to consider the C4Y programme and specific policy and service developments arising from it.	Board met 19 December 2017

Potential future scrutiny work

(Proposals and ideas for future scrutiny topics appear here to be prioritised in due course)

- **Overview of Commissioned Community Provision (Mental Health)** - request an evaluation of how the services are delivering against the original aims in April 2019 – to include a potential visit to a Wellbeing Centre

Enquiries: Member Services (Democratic Services and Scrutiny)

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