



EAST SUSSEX HEALTH AND WELLBEING BOARD

TUESDAY, 23 APRIL 2019

2.30 PM COUNCIL CHAMBER - COUNTY HALL, LEWES

MEMBERSHIP -	<p>Councillor Keith Glazier, East Sussex County Council (Chair)</p> <p>Councillor Carl Maynard, East Sussex County Council</p> <p>Councillor John Ungar, East Sussex County Council</p> <p>Councillor Trevor Webb, East Sussex County Council</p> <p>Councillor Margaret Robinson, Eastbourne Borough Council</p> <p>Councillor Linda Wallraven, Lewes District Council</p> <p>Dr Elizabeth Gill, High Weald Lewes Havens CCG</p> <p>Dr Martin Writer, Eastbourne, Hailsham and Seaford CCG</p> <p>Jessica Britton, Hastings and Rother CCG</p> <p>Keith Hinkley, Director of Adult Social Care and Health, ESCC</p> <p>Stuart Gallimore, Director of Children's Services, ESCC</p> <p>Darrell Gale, Director of Public Health</p> <p>John Routledge, Healthwatch East Sussex</p> <p>Deborah Tomalin, NHS England South East, (Kent, Surrey and Sussex)</p> <p>Dr Adrian Bull, East Sussex Healthcare NHS Trust</p> <p>Siobhan Melia, Sussex Community NHS Trust</p> <p>Samantha Allen, Sussex Partnership NHS Foundation Trust</p>
INVITED OBSERVERS WITH SPEAKING RIGHTS	<p>Councillor Claire Dowling, Wealden District Council</p> <p>Councillor Ruby Cox, Hastings Borough Council</p> <p>Councillor John Barnes MBE, Rother District Council</p> <p>Becky Shaw, Chief Executive, ESCC</p> <p>Michelle Nice, Voluntary and Community Sector Representative</p> <p>Mark Andrews, East Sussex Fire and Rescue Service</p> <p>Katy Bourne, Sussex Police and Crime Commissioner</p>

AGENDA

- 1 Minutes of meeting of Health and Wellbeing Board held on 4 December *(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 Integrated Working with the NHS in East Sussex *(Pages 9 - 30)*
 - Report by the Director of Adult Social Care & Health
- 6 Care Quality Commission Local Area Review - Action Plan Progress Report *(Pages 31 - 70)*
 - Report by the Director of Adult Social Care & Health

- 7 Pharmacy consolidation application (*Pages 71 - 76*)
 - Report by the Director of Public Health
- 8 NHS Updates
 - High Weald Lewes and Havens Clinical Commissioning Group (CCG)
 - Eastbourne, Hailsham and Seaford CCG
 - Hasting and Rother CCG
- 9 Work programme (*Pages 77 - 80*)
 - Report by the Director of Adult Social Care and Health
- 10 Any other items previously notified under agenda item 4

PHILIP BAKER
Assistant Chief Executive
County Hall, St Anne's Crescent
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11 April 2019

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EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at Council Chamber - County Hall, Lewes on 4 December 2018.

PRESENT Councillor ; Councillors Keith Glazier (Chair), Carl Maynard,
John Ungar, Trevor Webb, Councillor Ruby Cox,
Ashley Scarff, Dr Martin Writer, Keith Hinkley,
Stuart Gallimore, Darrell Gale and John Routledge

ALSO PRESENT Councillor John Barnes, Becky Shaw, Catherine Ashton and Mark Matthews

17 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 18
SEPTEMBER

17.1 The minutes of the meeting held on 18 September were agreed as a correct record.

18 APOLOGIES FOR ABSENCE

18.1 Apologies for absence were received from the following Members of the Board:

- Dr Elizabeth Gill (substitute: Ashley Scarff)
- Jessica Britton
- Councillor Linda Wallraven
- Deborah Tomalin

18.2 Apologies for absence were received from the following invited observers with speaking rights:

- Mark Andrews (substitute: Mark Matthews)
- Councillor Claire Dowling
- Michelle Nice.

18.3 Reg Hooke, Independent Chair of the East Sussex Safeguarding Adults Board, also gave his apologies.

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

19.1 There were no disclosures of interest.

20 URGENT ITEMS

20.1 There were no urgent items.

21 EAST SUSSEX SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2017/18

21.1 The Board considered a report on the East Sussex Safeguarding Adults Board Annual Report for 2017/18.

21.2 In response to questions from the Board the following key points were raised:

- The Safeguarding Adults Board is monitoring closely the increase in the number of incidents of abuse in residential care homes and mental health hospitals. The current view is that the increases are not yet statistically significant, especially because of the low baseline number of incidents. The Adult Social Care Department (ASC) is also working with the care sector to ensure staff are aware of safeguarding duties including through conducting safeguarding reviews. The completion of some of these safeguarding reviews conducted at individual care organisations may also explain some of the increase in reporting of safeguarding breaches as they have made staff more aware of the signs of abuse.
- The Board is due to launch a new self-neglect procedure to highlight to professionals the symptoms of self-neglect and provide pathways of support that they can offer to individuals. The Board is also continuing to promote awareness and details of the referral process to organisations and individuals who are more likely to come into contact with signs of self-neglect, such as hoarding. e.g., the fire service, shop owners and carers.
- One of the challenges with benchmarking ASC data on abuse is that raising awareness of abuse leads to higher incidents of reporting. This makes it difficult to judge which local authority area is performing well. Consequently there is no national definition of the rate at which incidents of abuse should be reported. There is, however, regional and national networks that enable local authorities to discuss instances where particular safeguarding issues are increasing and compare best practice.

21.3 It was RESOLVED to note the report.

22 EAST SUSSEX LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2017/18

22.1 The Board considered a report on the East Sussex Local Safeguarding Children Board Annual Report for 2017/18.

22.2 In response to questions from the Board the following key points were raised:

- There will be future workshops held on the Impact of Parental Health on Children and Young People. The issue of the impact of a parent's mental health on children has been

a focus of the Local Safeguarding Children Board for a while given the severe impact it can have.

- The Core Offer still commits East Sussex County Council to fund safeguarding activities. The 19/20 budget identifies some potential savings for the Children's Services Department but they will not affect the safeguarding activity identified in the Annual Report.
- It is difficult to provide any link between poverty and the likelihood of safeguarding issues in children, due to there being so many other variables that contribute to safeguarding issues, for example, the quality of housing – which can lead to ill health through the presence of damp – and the amount of the household income spent on food for the child, e.g., the parents may choose to prioritise their child's diet over their own.
- The prevention of criminal exploitation of children, such as through drug trafficking, is being addressed in part by East Sussex County Council, the police, and NHS organisations conducting monthly panels where concerns are raised about particular children at risk of any form of exploitation and plans are put in place to protect them. There have also been a number of successful actions to break up child exploitation gangs, although this often leads to the children being placed in secure accommodation for their own protection due to their often close relationship with their exploiters.

22.3 It was RESOLVED to note the report.

23 PICTURE EAST SUSSEX - THE ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2018/19

23.1 The Board considered the Annual Report of the Director of Public Health for 2018/19.

23.2 In response to questions from the Board the following key points were raised:

- In order to try and equalise health outcomes across East Sussex, the CCGs and Public Health Team may commission providers to offer more support to individuals from more deprived populations. This is due to the increased likelihood that they will have co-morbidities and be less likely to seek assistance proactively. For example, they may be offered the opportunity to access additional services when they receive an NHS Health Check.
- Housing has been part of the public health remit in the past and housing clearly has an impact on health outcomes, for example, whether the housing is properly heated and mould-free; whether the house is located in an area of high crime; and whether it is located within walking distance of amenities can all have an impact on health outcomes. The Director of Public Health has shortlisted housing as a topic to be looked at in depth as part of next year's Report.
- Air Quality also plays a factor in health outcomes both outside and within buildings. Outside air can cause long-term health issues through pollution and short term issues during heatwaves, particularly on those with respiratory issues. Air quality within buildings is also important because people spend more time inside; lack of proper

ventilation and the presence of damp or mould can cause issues to people's health. More work will be done with colleagues in the district and borough environmental health teams and the Environment Agency to develop ways of tackling the issue, in consultation with the public.

- More investment is needed in preventative services across the health and care and wider public sector, for example, preventative services provided by East Sussex Fire and Rescue Service such as Home Safety Visits, can be very cost effective and successful in reducing accidental deaths. Generally, however, it is difficult to commit funding to preventative services when outcomes for such services are often measured over a long period of time; and because several different activities may have an impact on a health outcome, proving return on investment for a particular preventative activity is very difficult. The Public Health Team will be calculating the return on investment of the services it commissions over the next year to determine whether more funding should be put into preventative services.
- The Public Health Team is currently looking into the reason for the sudden spike in the rate of admissions to hospital for alcohol specific conditions in under 18 year old girls in Hastings with the assistance of a whole range of partners.

23.3 It was RESOLVED to

1) note the report; and

2) congratulate on the style and content of the Annual report of the Director of Public Health 2018/19.

24 HAVENS LISTENING TOUR REPORT

24.1 The Board considered a report on the East Sussex Healthwatch's Havens Listening Tour.

24.2 In response to questions from the Board the following key points were raised:

- Despite the heavy regulations and regular testing of the Newhaven Energy Recovery Facility (ERF), and the resulting improvement of the air quality in the vicinity (due to it replacing businesses carrying out polluting activities such as burning tyres), Healthwatch picked up on a perception from Newhaven residents that it was causing health issues. In addition there was a feeling of distrust of public authorities due to the placement of the facility in the town against the objections of local residents.
- Residents also expressed concerns about possible pollution caused by the Port Access Road and industrial developments at the East Quay affecting health outcomes. It is hoped, however, that this development, undertaken as part of the town being a designated enterprise zone, will bring greater employment opportunities thereby reducing levels of deprivation.
- High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG) has a good understanding of the health needs of patients in the Havens area. The CCG welcomes the approach taken by Healthwatch as it brings to life the data that the CCG has

collected over the years. The CCGs are also undertaking a number of measures to improve access to GPs, which was a major concern of residents, such as improving recruitment and retention of GPs and other healthcare staff; and greater access to appointments through the primary care extended access service. The CCG is also aware of concerns about mental health support for children and young people, another concern of residents, and a Sussex-wide independent review of children and young persons' emotional health and wellbeing services (including Child and Adolescent Mental Health Services (CAMHS)) is underway across the health, social care and community and voluntary sector.

24.3 It was RESOLVED to:

- 1) note the report; and
- 2) monitor progress on the report recommendations.

25 EAST SUSSEX HEALTH AND WELLBEING BOARD REVIEW

25.1 The Board considered a report on the outcomes of the Health and Wellbeing Board workshop held on 12 October and the recommended changes to the role and membership of the Board.

25.2 The Board proposed the following amendments or clarifications to the draft terms of reference:

- Clarify whether county councillors will be appointed to the Board according to political proportionality, noting that the Membership of the Board is determined by the Leader of the Council and not according to political proportionality legislation..
- That the Board's terms of reference are flexible enough to ensure that they take account of the evolving governance arrangements of the Clinical Commissioning Groups (CCGs).
- That oversight of the prevention agenda is included in the roles and functions of the Board.
- The terms of reference should take account of any potential conflict of interest arising from NHS providers now being full members of the Board and the Board potentially taking on commissioning functions of the East Sussex Better Together Strategic Commissioning Board (ESBT SCB).
- The Board's priorities would need to take account of the potential that CCGs may have nationally mandated priorities placed on them.

25.3 It was RESOLVED to endorse the proposed changes to the Health and Wellbeing Board, its operation and terms of reference as set out in paragraphs 2 and 4 of the report.

26 NHS UPDATES

27 26.1 The Board considered updates from the three NHS Clinical Commissioning Groups (CCGs).

Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG)/ Hastings and Rother CCG (HR CCG)

- All eight CCGs in the Sussex and East Surrey Sustainability and Transformation Partnership (STP) have a single accountable officer.
- The CCGs are likely to hit their financial control total for 2018/19 and receive their Commissioner Support Funding (CSF) and are working collaboratively with other East Sussex organisations to develop financial sustainability plans for 2019/20.

High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG)

- The CCG is expecting to hit its financial control total for 2018/19 and receive its CSF.
- The CCG is prioritising the management of health and care systems over the winter period and has been seeing the expected increase in demand on the system.
- The CCG is beginning to plan for the 19/20 financial year including how it manages contracts with providers, i.e., moving away from transactional 'payment by results' contracts and towards more outcomes-based contracts that incentivise health and social care organisations to work together to improve a patient's experience and provide better value for money.

The meeting ended at 4.20 pm.

Cllr Keith Glazier
Chair

Report to:	East Sussex Health and Wellbeing Board
Date of meeting:	23 April 2019
By:	Director of Adult Social Care and Health
Title:	Integrated Working between the County Council and NHS in East Sussex
Purpose:	To consider proposals for future partnership arrangements and priorities for integrated health and social care in East Sussex

RECOMMENDATIONS

The Health and Wellbeing Board is recommended to:

- **Endorse the approach being taken to resetting health and social care system governance, including agreeing to take forward a single joint programme across East Sussex;**
 - **Note that consideration is being given to replacing the East Sussex Better Together Strategic Commissioning Board from April 2019 with the new arrangements under the single East Sussex-wide joint programme, which will be subject to strategic oversight by the East Sussex Health and Wellbeing Board.**
 - **Endorse the scope and projects within the new integrated community health and care services joint programme (Appendix 5)**
-

1. Background

1.1 East Sussex County Council and the NHS remain committed to integrated working as this will enable us to deliver the best possible outcomes for local residents and achieve the best use of collective public resources in East Sussex. There is a strong national and international evidence base that demonstrates the value of integrated working in improving patient and client experience and outcomes, as well as better value for money. Integrated working has been progressed in recent years through the East Sussex Better Together (ESBT) programme and Connecting 4 You (C4Y).

1.2 The existing ESBT health and care governance structure has been suspended during 2018/19 to enable the NHS to focus on in-year financial recovery, as a result of some local NHS partners being in financial special measures and under legal directions. Work by NHS England (NHSE) and NHS Improvement (NHSI), and a series of consultancy reviews have focused on the need to establish financial sustainability moving forward. This has informed the revised approach to system governance for managing financial recovery, business as usual and delivering the strategic priority to integrate care.

1.3 The work on integration to date provides a firm foundation for the next steps as it has delivered:

- Health and Social Care Connect (HSCC)
- Joint Community Re-ablement Service (JCR)
- A comprehensive and co-ordinated range of preventative services
- On-going development of community health and social care services
- Strong whole system performance against the Better Care Fund targets

1.4 The key lesson from the NHSE, NHSI and consultants reviews about governance was the importance of establishing robust programme arrangements that are resourced to deliver change in services and new models of care. The challenge of delivering transformation through business as usual proved that there was insufficient management capacity or focus to deliver operational requirements and significantly progress integration. It is also clear, in line with national policy, that a greater level of collaboration is required between NHS commissioners and providers in planning and delivering transformation priorities and establishing whole system sustainability.

1.5 In addition to system plans for financial recovery, we are proposing to move to a single programme across the whole of East Sussex with all three Clinical Commissioning Groups (CCGs) and NHS providers. This will focus on delivering measurable progress over the next 12-18 month period, in the three core areas of urgent care, community services, and planned care. We will deliver the reset strategic programme by consolidating the existing ESBT and C4Y aims and objectives to deliver outcomes drawing on the recommendations and actions arising from the system diagnostic work of NHSI and NHSE, and the other consultancy reviews.

1.6 There will be high level programme milestones, Key Performance Indicators (KPIs) and financial monitoring to enable the system to measure progress effectively. A Programme Management Office (PMO), as required by NHSE and NHSI, has also been set up to track measurable progress and benefits realisation across the three key programme workstreams, which will operate county-wide, and the financial recovery plan. This, and the oversight boards for the three workstreams, will report to an overarching East Sussex Health and Care Executive Group that will hold the system organisationally and collectively to account for delivery. This in turn will report to the Health and Wellbeing Board.

1.7 The following appendices are attached:

- Appendix 1 Proposed new East Sussex-wide health and social care system governance structure
- Appendix 2 Previous agreed ESBT system governance structure
- Appendix 3 Previous agreed C4Y governance structure
- Appendix 4 Terms of Reference for the East Sussex Health and Social Care Executive Group
- Appendix 5 Work programme for integrated community health and social care services
- Appendix 6 The NHS Long Term Plan – A Summary

2. Supporting information

New system governance structure

2.1 The proposed governance has been informed by the learning from the previous Alliance arrangements, as well as the results of the system diagnostic work and consultancy reviews. The refreshed system governance is designed to:

- ensure all partners have a tight grip on delivery, allowing risks and issues to be identified, escalated and tackled swiftly and resources to be allocated and reallocated appropriately, to achieve system objectives of financial recovery and integrated and sustainable health and care;
- ensure a clear focus on agreeing and implementing a small number of priority projects and programmes of change that will make a demonstrable difference in service delivery and performance;
- be streamlined to free up our organisational resources and capacity to implement the agreed projects through a programme approach;
- ensure a focussed approach to engagement and collaboration with staff, patients, clients and other key stakeholders to deliver key objectives. This will enable an inclusive approach but also will be practical, by shifting away from capacity intensive meeting cycles, instead

bringing together time-limited task meetings and workshops as needed, where there is a clear business need to support improvement and change in delivery;

- population need and patient, client, carer and stakeholder engagement at the core of our work

2.2 It is proposed that the collective arrangements improve whole system delivery and governance whilst ensuring clear oversight and reporting to our constituent organisations, who remain statutorily accountable. The sovereign organisations will therefore remain the responsible bodies for setting their respective priorities and budgets.

2.3 These proposals have been developed in the context of changes previously agreed to the role of the Health and Wellbeing Board (which has been recently reviewed through a separate exercise), the focus on East Sussex as the strategic unit of planning, and the return to having a single county-wide programme for health and social care. The CCGs Boards have been fully engaged in these developments and focus on the East Sussex programme, and any future proposals will also be considered by CCGs Boards. As the NHS commissioning governance continues to develop over 2019/20 it will be important to ensure this is properly reflected in the whole system arrangements, including CCG Board statutory accountability.

2.4 The proposals cover the whole population health and social care of East Sussex. This builds on the integration, as already stated, that has already taken place across East Sussex, including Health and Social Care Connect, Joint Community Rehabilitation and Integrated community Equipment Service. The work and initiatives carried forward from the ESBT programme will continue, most critically the joint management of community health and social care teams. Further work is required to determine the integration of services in the west of the county including primary care and Sussex Community Foundation NHS Trust (SCFT), which reflect patient flows out of county for acute care. Work will also be undertaken to map existing C4Y governance into the proposed whole East Sussex arrangements.

2.5 The proposal for a new system governance structure outlined in Appendix 1 combines financial recovery, strategic oversight of business as usual and the three key programmes of business change into a single, streamlined partnership approach.

2.6 The more streamlined approach proposed will ensure that there is clearer leadership to implement priority changes across the county, which will be collectively owned and overseen by NHS and council partners.

2.7 The East Sussex Health and Care Executive Group brings together the senior executives from all of the statutory commissioner organisations and provider trusts in East Sussex, to hold them organisationally and collectively accountable to the Health and Wellbeing Board for the delivery of agreed actions and priority programmes of change. The terms of reference for this group are set out in Appendix 4 for information. All officers on the Executive Group remain accountable to their respective organisations. The Health Overview and Scrutiny Committee role is unchanged in its oversight and scrutiny of NHS services in East Sussex.

2.8 The ESBT Strategic Commissioning Board (SCB) was established in March 2017 as a joint committee between the County Council, Eastbourne Hailsham Seaford CCG, and Hastings and Rother CCG. The revised approach means that key elements of the ESBT SCBs role can be undertaken through the Health and Wellbeing Board meetings. Consideration is therefore being given to by the partners to discontinuing the ESBT SCB. It is proposed that a further report is made to the Health and Wellbeing Board in July which will set out the outcome of this work and propose next steps for approval.

Reset work programme for integrated community health and care services

2.9 Appendix 5 contains a summary of the resulting projects and describes the further work that was agreed by the Community Oversight Board and ratified by the East Sussex Health and Care Executive Group. Together these linked projects make up Phase 1 of the programme of work

across community health and social care services that will deliver a more integrated model of working.

2.10 The programme represents pragmatic and realistic steps to be taken over the next 6 – 12 months to progress fuller integration of health and social care community services. In practice;

- Phase 1 of the work will be delivered in the short term. Further work is being undertaken to describe how integration will develop further over the next 2 to 3 years
- The respective partner organisations have agreed to promote and support the proposed integration initiatives as a key organisational priority over the next 12 – 18 months
- Detailed arrangements for single line management with authority and accountability for community health and social care provision across the County Council and East Sussex Healthcare NHS Trust (ESHT) will be put in place by May. Further work will also be undertaken with SCFT, as the providers of community health services in the west of the county to agree how integration will be taken forward
- Resources have been redeployed from within our system to support programme and project management, alongside the system PMO resource which will assist with the development and regular reporting of integrated KPIs and financial information
- The work with NHSI and NHSE reinforced the need for further investment in IT to enable community health staff to work more efficiently and to participate fully in integrated working initiatives

2.11 Attention is also being given to ensuring:

- Communications are effective, setting out clearly to all stakeholders how services will develop and what improvements will be delivered
- Financial and other risks related to integration, including delivering services on behalf of other statutory partners, are being managed
- Potential for co-location of staff, joint estates management, integration of workforces and IT and digital relationships
- Effective relationships with NHSE/ I and the Sustainability and Transformation Partnership (STP)
- Maintaining effective engagement with a broader range of stakeholders in the planning and delivery of services, including patients, clients, carers, Borough and District Councils, independent sector providers and the voluntary and community sector
- the County Council continues to act as “One Council” as well as working with the NHS and that full consideration is given to evolving the work focussed on Children and Public Health

NHS Long Term Plan and reform of primary and community healthcare

2.12 The NHS Long Term Plan was published on 7th January. The summary is included at Appendix 6. Alongside further direction on full integration of the health and social care system in line with the NHS Five Year Forward View and national policy to date, it sets out a new approach to primary medical and community health services. Supported by ring fenced growth in funding of at least £4.5bn by 2023-24, the Long Term Plan describes the core features of the reformed primary and community services model to be:

- Flexible teams working across primary care and local hospitals will deliver urgent response and recovery support;
- Using the new investment to create fully integrated community-based care by funding expanded community multidisciplinary teams aligned with new primary care networks based on neighbouring GP practices, that work together typically covering 30 – 50,000 people;
- Ensuring stronger links between primary care networks and their local care homes, and;

- From 2020/21 primary care networks will assess their local population by risk of unwarranted health outcomes to enable proactive care and targeted support with self-management.

2.13 Our plans and objectives for integration of community health and social care services align with the NHS Long Term Plan, and the plans set out for primary care networks will further strengthen the operational interface with General Practice as we move towards implementing further integration of community health and care services. This, as well the growing lobby for improvement to social care funding to improve long term care and support for older people (with further direction on health and social care integration also expected in the forthcoming Social Care Green Paper), suggests we are right to maintain our focus on transforming to the integrated community care delivery model to meet our population health and care needs and tackle the challenge of an ageing population, which we are at the forefront of in East Sussex.

3. Conclusion and reasons for recommendations

3.1 The reset programme will ensure that there is a clear focus on measurable progress and delivery of outcomes. It was agreed at the East Sussex Health and Care Executive Group that each partner organisation will take the proposed governance and programme arrangements through their governance processes in preparation for 2019/20. Once formally agreed a set of communications can then be shared more widely with stakeholders.

3.2 The three East Sussex CCGs, ESHT, Sussex Partnership NHS Foundation Trust (SPFT), and SCFT will be taking a similar report through their governance processes in the same time-frame.

KEITH HINKLEY

Director of Adult Social Care and Health

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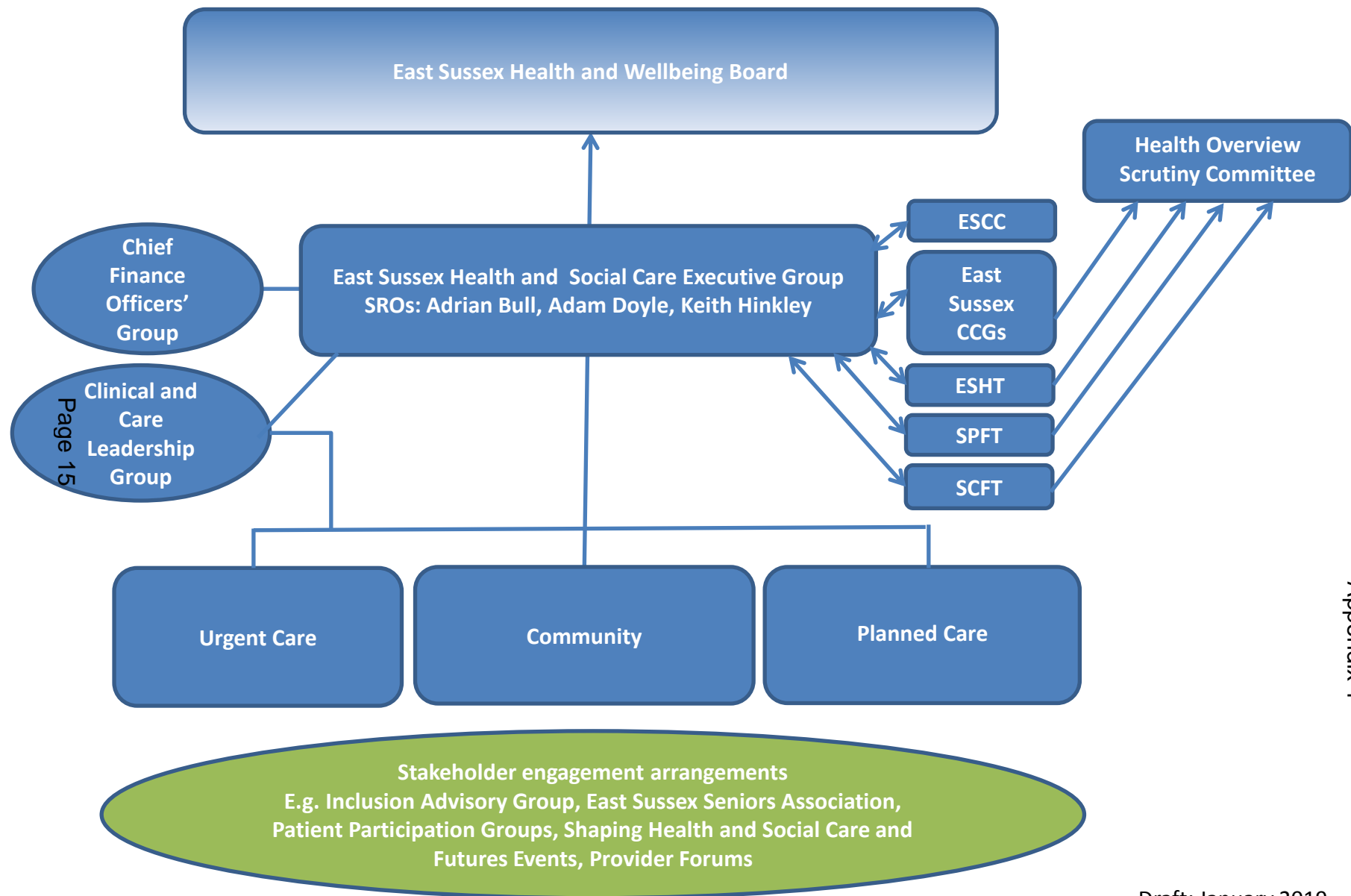
Email: Vicky.smith@eastsussex.gov.uk

[Background Documents](#)

None

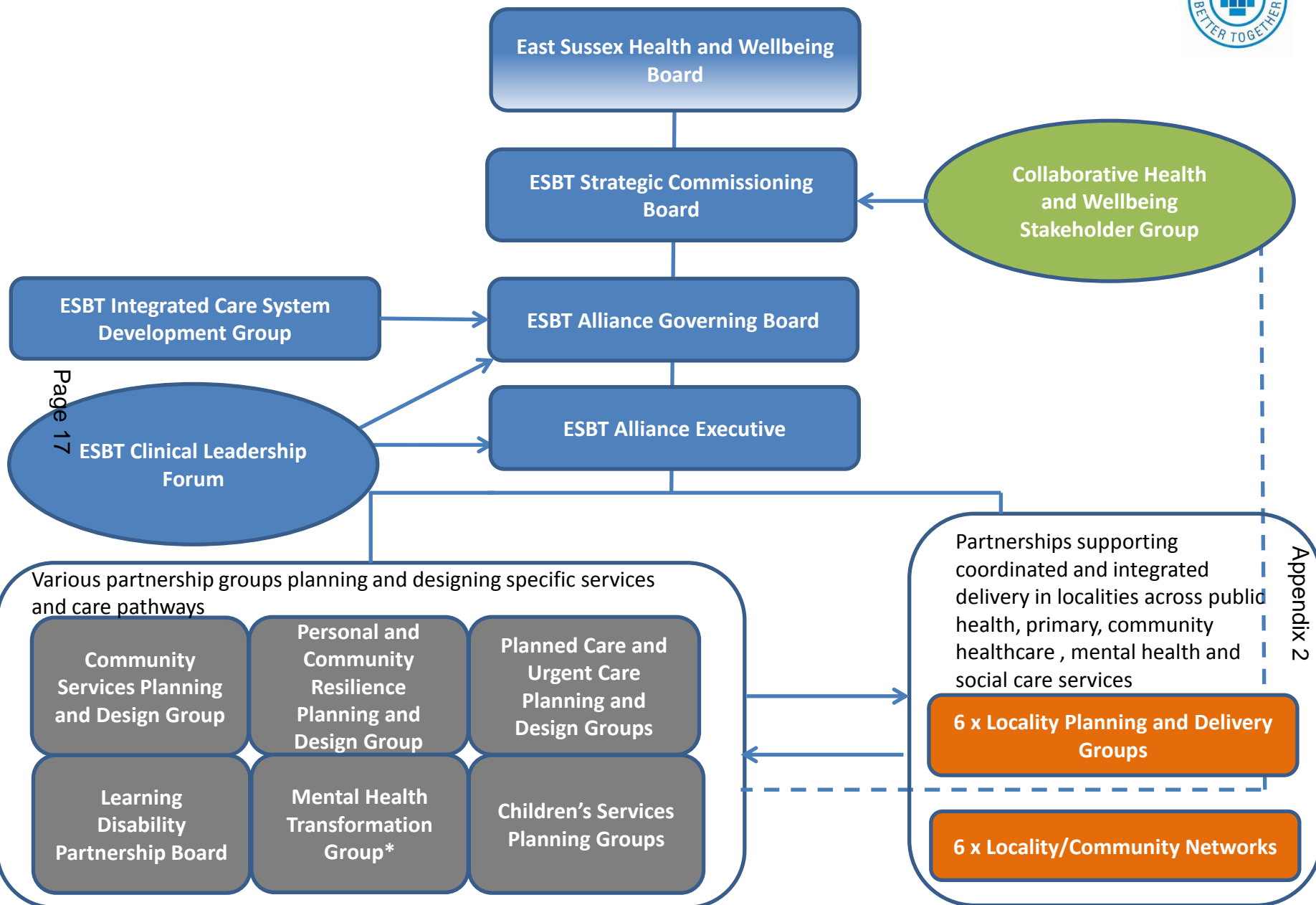
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DRAFT proposed East Sussex Health and Social Care System Governance



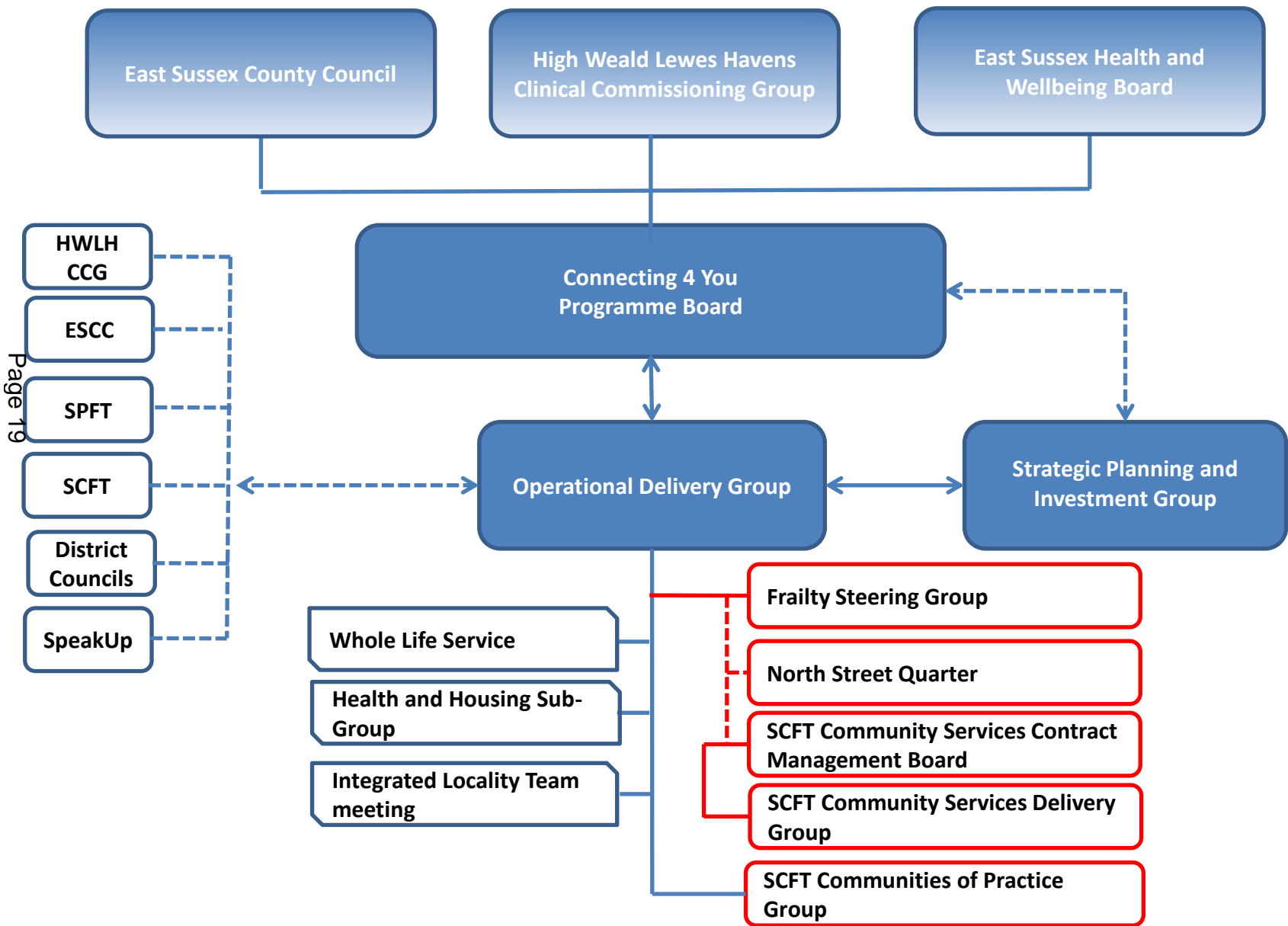
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Appendix 2 Previous ESBT system governance structure

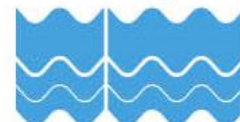


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Appendix 3 Previous Partnership Governance Structure (Connecting 4 You)



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East Sussex Health and Social Care Executive Group Terms of Reference

1. Purpose

The overall purpose of the East Sussex Health and Social Care Executive Group is to deliver the recovery, stabilisation and sustainability of our health and care system, and agree and oversee our local programmes of transformation that will support this. This includes identifying and resolving system, process and capacity issues affecting patient/client flow, with the aim of delivering high quality, effective care for the population covered by East Sussex.

In order to support financial recovery, stabilisation and the future sustainability of our health and care system, through a partnership approach the Health and Social Care Executive Group will have the following key roles:

1. Steering the programme of work set out in the 3+2 financial recovery plan and other cross system projects (including the interdependency with social care);
2. Agreeing and overseeing delivery of priority programmes of transformation in three core areas of urgent care, community services, and planned care;
3. Collectively tackling the issues and challenges we face as a system, including work prioritisation and the allocation or reallocation of resources, and;
4. Assuring the delivery of our KPIs and break through metrics in the context of the wider integrated Outcomes Framework.

In the context of our strong history of partnership working, including recently agreed changes to the role of the Health and Wellbeing Board, the focus on East Sussex as the strategic unit of planning and the return to having a single county-wide transformation programme for health and care, the East Sussex Health and Social Care Executive Group brings together the senior executives from all of the statutory commissioning organisations and provider Trusts in East Sussex, to hold them organisationally and collectively accountable to the Health and Wellbeing Board for the delivery of agreed actions and priority programmes of change.

2. Responsibilities

The East Sussex Health and Social Care Executive Group will:

- Oversee the performance of our system in relation to delivering financial recovery and key system strategy, efficiency and quality indicators, including monitoring agreed critical indicators, and the link between activity and flows resulting in benefits realisation, supported by the system PMO;
- Oversee delivery of strategic programmes of service change and transformation to ensure a shift to prevention and proactive care in community-based settings in line with priorities and objectives;
- Ensure that all transformation plans and programmes of work reflect the health and social care needs of the whole population of East Sussex, and appropriately take into account patient pathways and financial flows outside of the East Sussex system;

- Drive the development of clinical strategies and quality frameworks for the continued development and transformation of services;
- Oversee the development of integrated care pathways to reduce variation and increase standardisation in line with evidence-based best practice;
- Enable an active role for General Practice and accountability in all arrangements as key delivery partners;
- Empower front line managers across the health and social care system to deliver performance improvement and issue resolution through the removal or reconfiguration of organisational and process barriers and obstacles;
- Identify and resolve any immediate and underlying system, process and capacity issues that negatively impact on the timely flow of patients through all elements of the health and social care system;
- Use and allocate the available collective resources to flexibly deliver integrated locality based services at the lowest level of effective care;
- Support further strategic planning activity to develop the appropriate future Integrated Care System and Partnership for East Sussex. This includes testing through learning the balance of services that might be directly provided within a future model, and how the remaining services will be commissioned, and over which geographical footprints this makes sense.

3. Membership

The Joint System Senior Responsible Officers (SROs) will each chair the meetings on their collective behalf for a six month period on a rotating basis. The proposed membership of the East Sussex Health and Social Care Executive Group is as follows:

Representative	Organisation
Dr Adrian Bull	Chief Executive, ESHT and Joint System Senior Responsible Officer (SRO)/Chair
Adam Doyle	Chief Executive Officer, Sussex and East Surrey (SES) CCGs and Joint System SRO/Chair
Keith Hinkley	Director of Adult Social Care and Health, ESCC and Joint System SRO/Chair
Niki Cartwright	Interim Director of Commissioning EHS CCG and HR CCG and SRO for the Planned Care workstream
Joe Chadwick-Bell	Chief Operating Officer, ESHT and SRO for the Urgent Care workstream
Mark Stainton	Assistant Director (Operations) Adult Social Care, ESCC and SRO for the Integrated Community Health and Care Services workstream
David Cryer	Strategic Finance Director, SES CCGs
Dr Stephen Dickson	Director, South Downs Health and Care Limited, GP Federation collective representative of East Sussex GP Federations (pending the development of Primary Care Networks)
Jonathan Reid	Chief Finance Officer, ESHT
Dr Elizabeth Gill	Chair, HWLH CCG and Clinical Commissioning collective representative for the East Sussex CCGs
Catherine Ashton	Director of Strategy Improvement and Innovation, ESHT
Jessica Britton	Managing Director, EHS CCG and HR CCG
Simone Button	Chief Operating Officer, Sussex Partnership NHS Foundation Trust

Wendy Carberry	Managing Director South, CSESCA
Vikki Carruth/Mandy Catchpole (alternate representatives)	Director of Nursing, ESHT/Head of Nursing and Quality EHS and HR CCGs
Siobhan Melia	Chief Executive, Sussex Community NHS Foundation Trust
Dr David Walker	Medical Director and Consultant Cardiologist, ESHT
Lesley Walton	Portfolio Lead – System PMO
<i>tbc</i>	System Transformation Programme Director

Other members can be co-opted as required.

4. **Governance Structure**

The East Sussex Health and Social Care Executive Group will adopt the attached governance structure to deliver its responsibilities.

Members of the East Sussex Health and Social Care Executive Group will each be accountable to their individual organisational governance structures and collectively to the Health and Wellbeing Board.

5. **Meeting proceedings**

East Sussex Health and Social Care Executive Group members will commit to ensuring their attendance at meetings, or to nominate a deputy as appropriate, in order to ensure collective and timely action. In instances where members may have been unable to attend meetings the Executive Group will ensure discussion takes place outside of the meeting in order to progress shared goals.

6. **Attendance**

The East Sussex Health and Social Care Executive Group may invite other senior managers as required from the constituent organisations and services to support the work of the Executive Group.

7. **Administration**

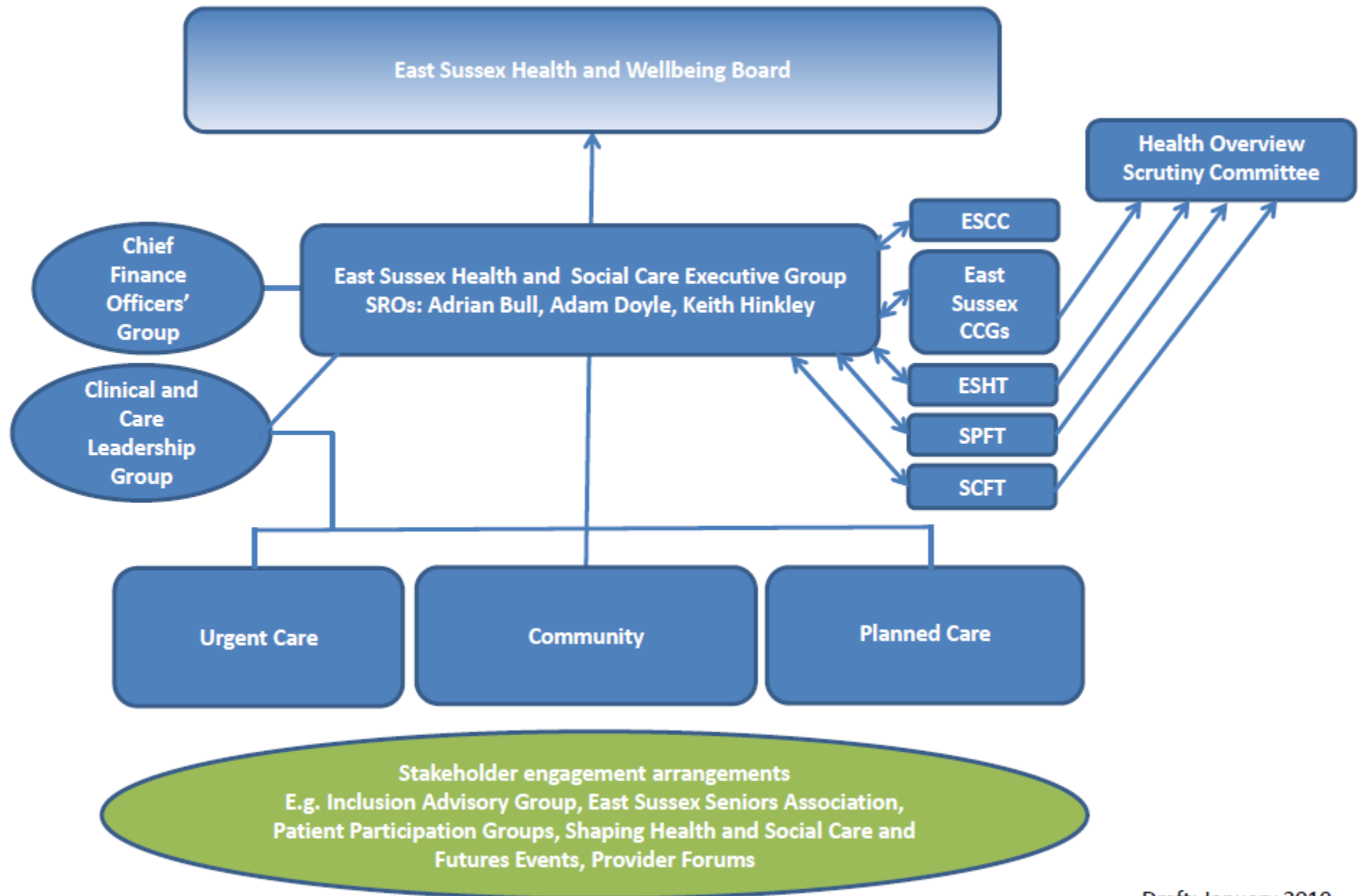
It has been agreed that Andy Lane (the CCGs' Governance & Corporate Services Officer) will provide administrative support for the ongoing meetings of the East Sussex Health and Social Care Executive Group.

8. **Frequency**

The East Sussex Health and Social Care Executive Group will meet at least once a month and not less than eight times a year.

Author(s)	A Bull / V Smith
East Sussex Health and Social Care Executive Group review	6 th December 2018, 29 March 2019
Executive Group review due	September 2019
Version	3.0 (incorporating comments and amendments made as a result of discussions at the Executive Group meetings on 6/12/18, 16/01/19 and 29 March 2018)

DRAFT proposed East Sussex Health and Social Care System Governance



Draft: January 2019

Appendix 5

Community Oversight Board - Initial Programme of Work

1. Summary of Integrated Community Health and Social Care Programme of Work

- 1.1 The projects included within the Integrated Community Health and Care Programme (ICHCP) are based upon a revised target operating model attached as Appendix A. At this stage, the model is not intended to bring about 'total integration'; rather it is a pragmatic programme of work that takes account of the current local conditions and progress to date. The model proposes a phased approach to creating the conditions, *systemically*, for improved joint working across community services. The projects are designed to be deliverable within relatively short timescales and to realise benefits quickly.
- 1.2 The design principles that underpin the target operating model are:
- **Patient/client at centre**
 - **Simplify** – remove artificial / organisation barriers where they make no sense. Consolidate services wherever possible i.e. less condition specific services / specialisms. This proposal starts to consolidate services e.g. therapy services but further work may be required in phase 2, for example, to bring about more a more consolidated nursing offer in the community.
 - **Standardise** – for example, re-emphasising HSCC as the single route into services.
 - **Integrate** - organisationally agnostic, the optimum model for patients/clients is the paramount driver
 - **Savings** - cashable and/or by creating capacity through efficiencies
- 1.3 The 4 main projects within the Phase 1 ICHCP are summarised below:
- i) **Locality Working Pilot (Eastbourne Locality)** – Co-location of Community Nursing service and Social Care staff to facilitate better day-to-day working and develop structured pathways to support joint working and to develop Care Coordination. This project will have particular emphasis on engaging with local primary care, mental health and voluntary services to develop an integrated locality working model.
 - ii) **JCR and OT (Eastbourne, Hailsham and Seaford)** – Develop and implement integrated working between the ASC OT and JCR Team and the ESHT JCR Therapy team– sharing skills and good practice and creating capacity so that the joint service is in a better position to deliver the required services across the System. For example, the initial pilot of HomeFirst Pathway 1 showed very positive results when a patient was discharged to their own home and assessed by an OT; assessed in their home environment the patient exhibited a far higher level of independence and functioning than when assessed in an acute setting. The ability to generate more OT capacity to assess in the community will be essential to the larger scale roll-out of HomeFirst.
 - iii) **Home First Pathways 1 and 4** – Developing and embedding the 'Home First' ways of working. Pathway 1 is characterised by assessing and supporting people at home (rather than assessing within acute settings);

Pathway 4 is the local 'Interim Beds' model whereby people spend less time in acute settings and can be discharged into a (private sector) nursing bed and provided with extra support e.g. Physiotherapy and/or Occupational Therapy as an interim placement pending the identification of the best longer term option; this may be a permanent nursing home placement but, with the additional recovery time and therapy input, need may be reduced. The patient might then be placed in a residential home or even return to their own home.

- iv) **Rapid Response - Hospital Avoidance and Discharge** – Undertaking an audit of staff and their skillsets across the system and then, where necessary, re-deploying staff to create an integrated Health and Social Care Service that can respond within 2 hours of a referral being made in order to directly avoid a hospital admission or to support a hospital discharge. The team would provide assessment (wherever possible in the person's own home) and short-term nursing and care services as well as arranging equipment and on-going care and support if necessary. This integrated team would play a key role in delivering Home First¹ and the 5 Pathways initiative

2. Further work

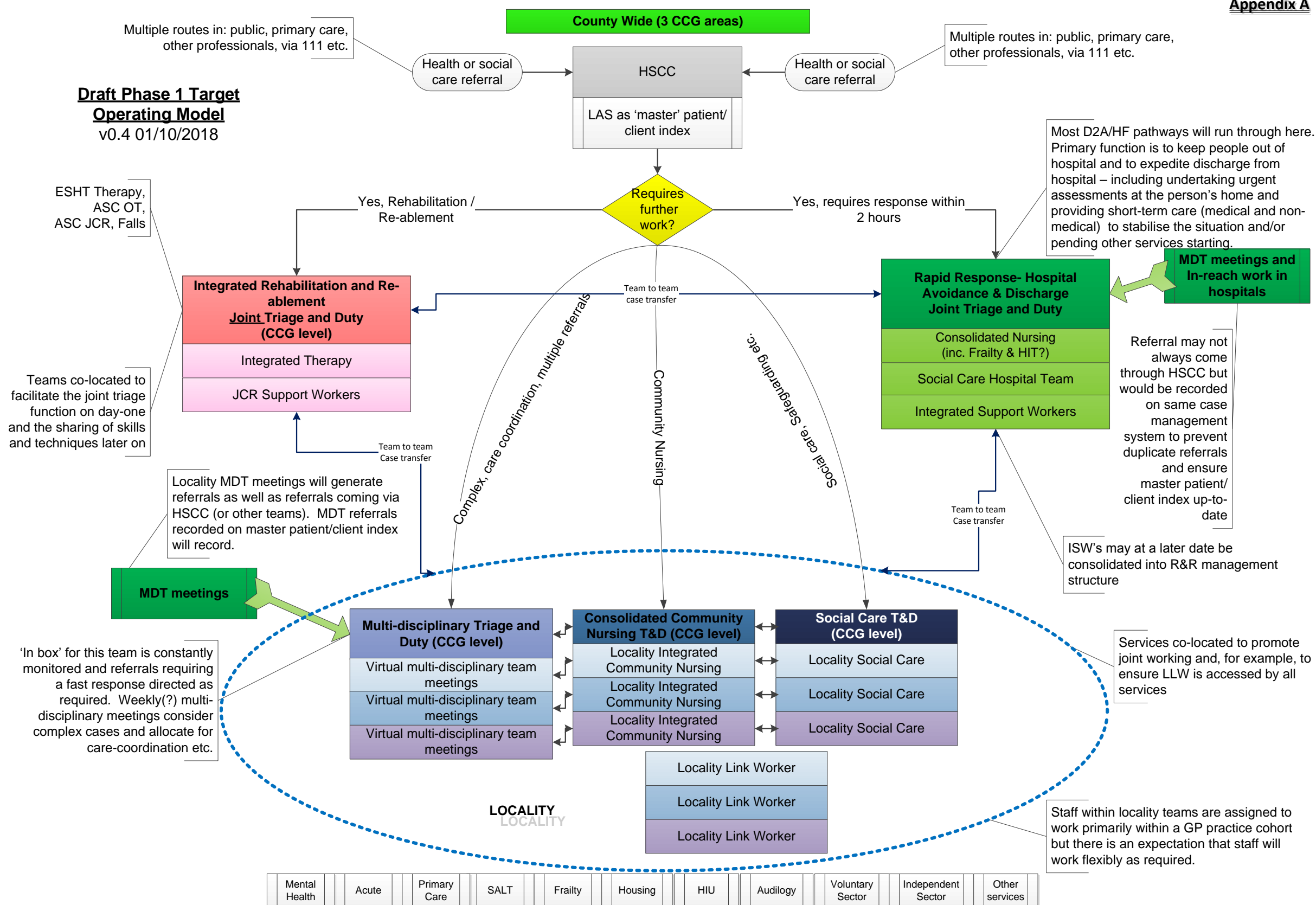
- 2.1 Further work will be undertaken on the current target operating model (which will also feed into the future target operating model, see below) as to the precise scope of the services included. For example, there has been considerable discussion around rationalising the nursing offer in order to simplify and standardise pathways and deploy the available workforce flexibly and efficiently. However, it is also recognised that there are likely to be some areas of specialist nursing that should continue to be delivered as a discreet team(s). Proposals specifying the consolidation of services will be presented in the next financial year.
- 2.2 An organogram will be produced showing the managerial and professional accountability for health and social care staff within the integrated community services model.
- 2.3 The current target operating model is badged as 'Phase 1'. Therefore, as requested by the Community Health and Care Services Board, further work will be undertaken to develop the blue print for service delivery in c. 3 years' time. This will include a narrative that clearly articulates the outcomes and benefits for local people.
- 2.4 Further developing the interface with Primary Care in Locality areas. As well as developing an integrated approach to Care Coordination across the System the work is also likely, for example, to involve looking at the interface between community nursing and practice nursing; with a view, as per the design principles of the target operating model, to developing ways of working that put the patient at the centre through simplifying service pathways.
- 2.5 Further work on social prescribing with the voluntary and community sector. Obviously this is a System wide initiative that can be beneficial across the whole of community and primary care – but we will specifically seek to ensure that it is a key part of developing Locality working and Care Coordination. The Locality Link Worker will be a key point of liaison for local community and voluntary support.
- 2.6 The lack of dedicated resources for the programme of work has already become an impediment to progress at the pace and scale necessary. Resources, from within the existing staffing establishments, will be identified as a matter of urgency to work on this programme.

¹ Noting that part of integrating the Home First approach will be emphasising that Home First is not a team but is a way of working that requires staff from across the entire System to contribute.

- 2.7 We will build on the initial work undertaken with the NHSI&E to better understand demand, capacity and the financial effects of the projects within the target operating system. In some instances this will be more straightforward as there are obvious measures that will indicate success. In others, it will be less straightforward as the initiative, as acknowledged by the NHSI, is about changes that position us to start realising day-to-day efficiencies and savings rather than bringing about immediate direct savings. For example, we have identified measures around reducing waiting times for the OT/JCR initiative which will clearly evidence benefits to patients; and we can also collect data that will evidence that therapy capacity has been released into the System to where we believe it can make the greatest difference. These measures are essential in order to support the roll-out of HomeFirst pathways which have the potential to deliver significant financial savings to the System as the evidence shows² that Home First can have a .
- 2.8 We will therefore work closely with the System PMO to assist them in scoping a piece of work that will baseline the current position in order to be able to quantify the impact of the changes we are making. The baseline will describe:
- the services provided in the integrated community model
 - the outcomes sought from the services
 - the capacity of services (this will indicate where it is necessary to develop and share skillsets)
 - the anticipated level of demand on services
 - the financial data associated with the current model

This will support the development of KPIs and financial targets for the programme of work.

² In addition to the national evidence about the success of the Home First approach the two pilots run in East Sussex in November estimated a saving of c. 4 bed days per patient.



The NHS Long Term Plan – a summary

Find out more: www.longtermplan.nhs.uk | **Join the conversation:** [#NHSLongTermPlan](https://twitter.com/NHSLongTermPlan)

Health and care leaders have come together to develop a Long Term Plan to make the NHS fit for the future, and to get the most value for patients out of every pound of taxpayers' investment.

Our plan has been drawn up by those who know the NHS best, including frontline health and care staff, patient groups and other experts. And they have benefited from hearing a wide range of views, whether through the 200 events that have taken place, and or the 2,500 submissions we received from individuals and groups representing the opinions and interests of 3.5 million people.

This summary sets out the key things you can expect to see and hear about over the next few months and years, as local NHS organisations work with their partners to turn the ambitions in the plan into improvements in services in every part of England.

What the NHS Long Term Plan will deliver for patients

These are just some of the ways that we want to improve care for patients over the next ten years:

Making sure everyone gets the best start in life

- reducing stillbirths and mother and child deaths during birth by 50%
- ensuring most women can benefit from continuity of carer through and beyond their pregnancy, targeted towards those who will benefit most
- providing extra support for expectant mothers at risk of premature birth
- expanding support for perinatal mental health conditions
- taking further action on childhood obesity
- increasing funding for children and young people's mental health
- bringing down waiting times for autism assessments
- providing the right care for children with a learning disability
- delivering the best treatments available for children with cancer, including CAR-T and proton beam therapy.

Delivering world-class care for major health problems

- preventing 150,000 heart attacks, strokes and dementia cases
- providing education and exercise programmes to tens of thousands more patients with heart problems, preventing up to 14,000 premature deaths
- saving 55,000 more lives a year by diagnosing more cancers early
- investing in spotting and treating lung conditions early to prevent 80,000 stays in hospital
- spending at least £2.3bn more a year on mental health care
- helping 380,000 more people get therapy for depression and anxiety by 2023/24
- delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24.

Supporting people to age well

- increasing funding for primary and community care by at least £4.5bn
- bringing together different professionals to coordinate care better
- helping more people to live independently at home for longer
- developing more rapid community response teams to prevent unnecessary hospital spells, and speed up discharges home.
- upgrading NHS staff support to people living in care homes.
- improving the recognition of carers and support they receive
- making further progress on care for people with dementia
- giving more people more say about the care they receive and where they receive it, particularly towards the end of their lives.

How we will deliver the ambitions of the NHS Long Term Plan

To ensure that the NHS can achieve the ambitious improvements we want to see for patients over the next ten years, the NHS Long Term Plan also sets out how we think we can overcome the challenges that the NHS faces, such as staff shortages and growing demand for services, by:

1. **Doing things differently:** we will give people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, as 'primary care networks', to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.
2. **Preventing illness and tackling health inequalities:** the NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.
3. **Backing our workforce:** we will continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships. We will also make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.
4. **Making better use of data and digital technology:** we will provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.
5. **Getting the most out of taxpayers' investment in the NHS:** we will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS' combined buying power to get commonly-used products for cheaper, and reduce spend on administration.

What happens next

Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs), which are groups of local NHS organisations working together with each other, local councils and other partners, now need to develop and implement their own strategies for the next five years.

These strategies will set out how they intend to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of the communities they serve – building on the work they have already been doing.

This means that over the next few months, whether you are NHS staff, a patient or a member of the public, you will have the opportunity to help shape what the NHS Long Term Plan means for your area, and how the services you use or work in need to change and improve.



To help with this, we will work with local Healthwatch groups to support NHS teams in ensuring that the views of patients and the public are heard, and Age UK will be leading work with other charities to provide extra opportunities to hear from people with specific needs or concerns.

Find out more

More information is available at www.longtermplan.nhs.uk, and your local NHS teams will soon be sharing details of what it may mean in your area and how you can help shape their plans.

Report to: East Sussex Health and Wellbeing Board

Date of meeting: 23 April 2019

By: Director of Adult Social Care & Health

Title: Care Quality Commission Local Area Review – Action Plan Progress Report

Purpose: To present the final progress report against actions identified following the Care Quality Commission Local Area Review

RECOMMENDATIONS:

The Board is recommended to:

1. Note progress against the CQC Action Plan;
 2. Agree the proposal to close completed actions; and
 3. Note outcome of CQC monitoring report - January 2019.
-

1. Background

1.1 Following the Care Quality Commission (CQC) Local Area Review that took place from October 2017 – January 2018, health and care partners in East Sussex collaborated to develop a system action plan in response to the findings and recommendations from the review.

1.2 The action plan was signed off by the East Sussex Health and Wellbeing Board (HWB) on 23 February 2018, and the Board agreed to receive quarterly reports against progress. This is the final of those reports, and provides a summary of progress, issues and activity.

1.3 The CQC was asked in October 2018 to report on 9 of the first 12 local authority areas subject to review by conducting a monitoring exercise to establish how local systems have progressed since their review. East Sussex was reviewed November – December 2018.

2. Supporting information

2.1 The remaining actions have now been concluded in accordance with the timeframe for delivery, and it is proposed that these are now closed:

No	Action	Progress Report
1.1, 2.1, 2.2, 2.3	Review of Health and Wellbeing Board to provide a robust whole system approach to transformation, improved health and wellbeing outcomes for local people.	The proposals for the revised Health & Wellbeing Board Terms of Reference were endorsed by the current Health & Wellbeing Board on 4 December and the East Sussex County Council Governance Committee on 5 March 2019. They were then approved by Full Council on 26 March 2019. The first meeting of the revised Health & Wellbeing Board will take place on 23 April.
4.1	System review of market provision of beds to ensure bed	The System Review of Beds Task and Finish Group has been undertaking analysis to estimate the five and ten year future need for residential and nursing beds in East Sussex for the funded 65+ population.

	profile and capacity better reflects demand	<p>Initial findings indicate: <i>Table 1: Estimated numbers of additional residential and care beds required by 2023 and 2028</i></p> <table><tr><th colspan="2" rowspan="2">Scenario</th><th colspan="2">2023</th><th colspan="2">2028</th></tr><tr><th>Res</th><th>Nur</th><th>Res</th><th>Nur</th></tr><tr><td>S1</td><td>Simple pop growth</td><td>100</td><td>70</td><td>240</td><td>160</td></tr><tr><td>S2</td><td>Age specific pop growth</td><td>160</td><td>110</td><td>340</td><td>240</td></tr><tr><td>S3a</td><td>Needs based - optimistic</td><td>170</td><td>110</td><td>340</td><td>220</td></tr><tr><td>S3b</td><td>Needs based - pessimistic</td><td>220</td><td>150</td><td>450</td><td>290</td></tr></table> <p>Whilst capacity in the residential market currently is sufficient to meet this increase (due to the level of vacancies), a range of options will need to be considered to stimulate these capacity in the nursing home market.</p> <p>Recommendations will be taken forward by next phase of development on the bedded care strategy.</p>	Scenario		2023		2028		Res	Nur	Res	Nur	S1	Simple pop growth	100	70	240	160	S2	Age specific pop growth	160	110	340	240	S3a	Needs based - optimistic	170	110	340	220	S3b	Needs based - pessimistic	220	150	450	290
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S3b	Needs based - pessimistic	220	150	450	290																															
4.2	Improve patient / family / staff information relating to choice (Ref actions 7.4 and 10.4)	<p>New policy and process in place. Adult Social Care Department (ASC) provides first choice letter and offer transitional bed for those awaiting placement or package of care.</p> <p>A YouTube video explaining the NHS Let's Get You Home initiative to patients and the public across Sussex and East Surrey has been launched and available on Healthcare Trust and Clinical Commissioning Groups' (CCGs) websites. Across East Sussex information available for patients and families which explains the initiative, the conversations that will take place, and the options available for local people outside of hospital.</p> <p>The East Sussex Better Together (ESBT) and Connecting 4 You (C4Y) communications and engagement meetings have now been merged so that we can take an East Sussex wide approach to communications and engagement.</p>																																		
4.3	Evaluate the IC24 roving GP model and assess whether this approach can be rolled out more broadly across the system	<p>Initial review indicates service has contributed to managing demand from care homes at weekends. Service will continue in East Sussex, longer term aspect will be considered with development of new bases and dedicated roving cars for OOH.</p>																																		
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	<p>ASC Market Support Officers continue to work closely with local CQC inspectors to ensure that appropriate targeted support can be offered to independent sector care providers.</p> <p>A Partnership Quality Working Group with representation from CQC, ASC, CCG and Healthwatch has been established. This has enabled data and market intelligence to be shared between the key agencies.</p> <p>The East Sussex Market Oversight Panel (MOP) meets bi-weekly. As part of this meeting service suspensions, adult safeguarding, provider improvement plans are regularly reviewed within a risk management and business continuity framework.</p>																																		
4.5	Develop the Commissioning Intentions and Market Position Statement to include the whole East	<p>Commissioning intentions and market position statement will be published April-May 2019.</p> <p>System wide approach to commissioning voluntary and community sector services is being developed. Services to be recommissioned from October</p>																																		

	Sussex Health and Social Care system	2019. This includes ASC; Public Health; Children's Services Department; CCGs. Two voluntary sector engagement sessions were held in November and December to inform this approach.
5.1	Review admission criteria across the system to ensure clarity regarding entry requirements and access across the county (see also 8.3)	<p>Hastings & Rother CCG – Bexhill Irvine Unit & Rye - continued focus on reducing Length of Stay (LOS) at both units</p> <p>Eastbourne, Hailsham and Seaford CCG – Transfer of services from Firwood to Milton Grange is completed with continued focus on reducing LOS.</p> <p>Work is planned during 2019/20 to develop an integrated discharge function, which aims to simplify and clarify pathways to facilitate hospital discharge. Governance for this will sit with the Community Oversight Board going forward.</p>
6.3	Reduce manual inputting of multi-agency referrals by Health and Social Care Connect (HSCC)	Initial requirements have been scoped. Further requirements may emerge from the Community Services work stream in the coming months. Future development will be overseen by the Community Oversight Board.
6.4	Primary Care access to E-Searcher and East Sussex Healthcare NHS Trust (ESHT) access to EMIS to share patient medical records (To support delivery of Area for Improvement 10)	Data is now available in an acute setting and further work is ongoing regarding presentation to key clinicians. Practices have access to e-Searcher, though use is varied.
7.1	<p>Continuing Health Care (community and acute)</p> <ul style="list-style-type: none"> • Process improvements • Culture • Performance and outcomes • Sustainability & Transformation Partnership 	<p>The East Sussex CCGs have achieved and sustained the national target of less than 15% of Continuing Health Care (CHC) assessments being undertaken in an Acute bed since October 2017. For EHS and HWLH CCGs there was an improvement of 1% in May 2018, achieving 12% and 11% respectively compared to April 2018. In HR CCG the target was met at 14% but increased by 3% higher compared to April 2018.</p> <p>There is a national target for 80% or more of CHC Assessments to be undertaken within 28 days of request. This target is reported quarterly. All the East Sussex CCGs exceeded the 28 day target considerably in Quarter 4 of 2017/18 demonstrating a significant improvement during 2017/18, resulting in 97% achievement in EHS, 91% in HR and 93% in HWLH.</p> <p>HR CCG and EHS CCG have been asked to lead a Sussex and East Surrey Sustainability and Transformation Partnership (STP) wide review of CHC with the ambition to develop a common approach to managing CHC assessments across eight CCGs and three local authorities including East Sussex. In order to ensure that any new approach can be implemented in line with other local authorities we have given notice on our current arrangements.</p>
7.2	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	<p>Pathway 1 has been launched with an initial focus on supporting discharge from gateway wards. ASC, CCGs and ESHT working with NHS England/NHS Improvement to review and discuss further roll-out.</p> <p>3 month winter funding was agreed by the A&E Development Board (AEDB) to support the bedded pathway (4) to be in place before Christmas.</p>

	wards	
7.3	Evaluate Enhanced Discharge Control arrangements currently in place within ESHT	Evaluation has been undertaken and demonstrated value of Enhanced Discharge Control arrangements. Furthermore, ESHT now has single information system in place to monitor all stranded patients, which will support streamlined arrangements going forward.
7.4	Patient Choice Embed System wide Choice Policy – ‘Let’s Get You Home’	<p>New policy and process in place. ASC provides first choice letter and offer transitional bed for those awaiting placement or package of care</p> <p>A YouTube video explaining the NHS Let’s Get You Home initiative to patients and the public across Sussex and East Surrey has been launched and is available on Healthcare Trust and CCG websites. Across East Sussex there is information available for patients and families which explains the initiative, the conversations that will take place, and the options available for local people outside of hospital.</p>
7.5	Trusted assessor development	<p>All intermediate care beds operate a Trusted Assessor model.</p> <p>STP-wide review of CHC services underway. This will enable the service to understand the ask for Trusted Assessor model implementation.</p>
8.1	Creation of 24 hour crisis response service (ESBT)	<p>There are no current plans to extend crisis response to 24 hours or to fully integrate it with Integrated Night Service (INS), however, between them they do provide 24/7 cover.</p> <p>In addition, as part of the CCGs’ Financial Recovery Plans, funding has been agreed for over-night HSCC cover to take referrals from South East Coast Ambulance NHS Foundation Trust (SECamb) etc. during 10pm and 8am for services to start the following morning.</p>
8.2	Implementation of Rapid Response service (HWLH)	Rapid response, though not a discrete service, is part of the overall Community Services Contract with Sussex Community NHS Foundation Trust (SCFT) and in place across the CCG area.
8.3	Review medical model based commissioning arrangements for weekend Intermediate Care admissions (ref also Area for Improvement 5)	In place
8.5	Produce a staff and public narrative to explain out of hour’s service availability.	<p>From 1 April 2019, NHS111 for North West Kent, Medway and Sussex will continue to be provided by SECamb on a new one-year interim contract, whilst we run a joint procurement for an enhanced NHS111 and Clinical Assessment Service (CAS). The one-year interim contract with SECamb will support the delivery of an enhanced NHS111 telephony service, as well as start to develop a CAS, which is set out in the national specification. The CAS will offer patients better access to clinical advice, enabling them to be treated with a single call, known as ‘consult and complete’.</p> <p>Our CCGs are now out to procurement for an enhanced NHS111 service and CAS for Sussex, Kent and Medway. The advert went live on 8 February 2019 and will close on 14 April. Future progress will be reported through Health Overview and Scrutiny Committee (HOSC).</p>
10.3	ESHT Community Services workshop	Embedded within the Discharge Planning and Improvement approach
10.4	Develop patient / family / staff communications to support outcomes of workshops (10.1,10.2,10.3) to include:	A YouTube video explaining the NHS Let’s Get You Home initiative to patients and the public across Sussex and East Surrey has been launched and is available on Healthcare Trust and CCG websites. Across East Sussex there is information available for patients and families which explains the initiative, the conversations that will take place, and the options available for local people outside of hospital.

	<ul style="list-style-type: none"> • Pathway information • Lets Get you Home / Choice • SAFER 	<p>Patient choice information has been reviewed and updated on the ESBT website.</p> <p>Patients in East Sussex can now book or change their appointment online for most first outpatient hospital or clinic appointments.</p> <p>The ESBT and C4Y communications and engagement meetings have now been merged so that we can take an East Sussex wide approach to communications and engagement.</p>
10.5	<p>Review Hospital Transport booking process to reduce the number of bookings made with less than 24 hours' notice</p> <p>Review access for Mental health patients</p>	<p>Embedded within the Discharge Planning and Improvement approach</p>

2.2 The full progress report against all actions is attached at Appendix 1 for further information.

CQC monitoring report

2.3 Ian Trenholm, Chief Executive of the CQC wrote to East Sussex County Council on 10 October requesting an update on the CQC Action Plan. The update was provided by the requested deadline (31 October), and follow-up phone calls with identified staff across the system took place in December.

2.4 The local system review monitoring report for East Sussex is attached at Appendix 2. No further actions were identified following the review.

Next steps for integration and whole system working

2.5 During 2018/19 as part of financial recovery we have been working closely with NHS England (NHSE) and NHS Improvement (NHSI) on our plans for more sustainable health and social care services. As a result, we are in the process of resetting the ESBT strategic transformation programme and moving to a single programme across East Sussex focused on delivering measurable progress over the next 12-18 month period in the three core areas of urgent care, community services, and planned care.

2.6 The intention is to return to delivering a strategic transformation programme through consolidating the existing ESBT and C4Y aims and objectives to deliver outcomes at the lowest level of effective care, with the recommendations and actions arising from the system diagnostic work of NHSI and NHSE, and the other independent reviews that they instigated. We will also ensure that our plans for integration align with the local implementation of the NHS Long Term Plan, and the plans for primary care networks and closer working with GPs.

2.7 Better coordinated care, and bringing together a range of care professionals into locality teams that can proactively identify and support people with long term health and care needs, are both part of a community services model that can best meet the needs of our population in East Sussex. We are putting in place appropriate governance arrangements to support this and hold our health and social care system organisationally and collectively to account. This will report to the HWB which will provide strategic oversight of our plans to meet the health and social care needs of our population and how these are delivered.

3 Conclusions and recommendations

3.1 Good progress has been made against the remaining actions identified in the CQC Action Plan, with all now proposed for closure. Continued development of integrated working for the benefit of our local population will be supported by the developing East Sussex single transformation programme.

3.2 The Board is recommended to:

- Note progress against the CQC Action Plan;
- Agree the proposal to close completed actions;
- Note outcome of CQC monitoring report - January 2019.

3.3 Following agreement to the above by the Board, the progress report will be sent for information to the Social Care Institute for Excellence and Department of Health.

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

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BACKGROUND DOCUMENTS

None

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	CQC Progress Report March 2019
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	<p>March 2019</p> <p><i>(revised timescale, as agreed, HWB 17 July)</i></p>	<p>Arrangements agreed by all relevant Governing Bodies and Councils</p> <p>Complete</p>	<p>The proposals for the revised Health & Wellbeing Board Terms of Reference were endorsed by the current Health & Wellbeing Board on 04 December and the ESCC Governance Committee on 05 March 2019. They were then approved by Full Council on 26 March 2019.</p> <p>The first meeting of the revised Health & Wellbeing Board will take place on 23 April.</p> <p>Recommend this action is closed at next HWB</p>
1.2	<p>Review system representation and associated accountabilities on STP Board and workstreams</p> <p><i>(action completed and closed, as agreed, HWB 17 July)</i></p>	<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	<p>The STP governance review has been completed, with:</p> <ol style="list-style-type: none"> 1) A refreshed steering group in place with key agreed outcomes for 2018/19 2) A new core operational group established to coordinate and ensure oversight of all STP agreed workstreams, including the four place based plans

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	CQC Progress Report March 2019
2.1	<p>Review the role and purpose of the HWB to:</p> <ul style="list-style-type: none"> streamline and rationalise 	<ul style="list-style-type: none"> Clarity of purpose and decision making function 	Becky Shaw, Chief Exec ESCC	<p>March 2019</p> <p><i>(revised</i></p>	<p>Arrangements agreed by all relevant Governing</p>	<p>The proposals for the revised Health & Wellbeing Board Terms of Reference</p>

	whole system governance arrangements <ul style="list-style-type: none"> Establish the system leadership role of the Board 	<ul style="list-style-type: none"> Whole System leadership and accountability 		timescale, as agreed, HWB 17 July)	Bodies and Councils <i>Complete</i>	were endorsed by the current Health & Wellbeing Board on 04 December and the ESCC Governance Committee on 05 March 2019. They were then approved by Full Council on 26 March 2019.
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	March 2019 (revised timescale, as agreed, HWB 17 July)	Reconstituted Board convened with revised terms of reference and membership	The first meeting of the revised Health & Wellbeing Board will take place on 23 April.
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	March 2019 (revised timescale, as agreed, HWB 17 July)	<i>Reconstituted Board meeting 23 April</i>	Recommend this action is closed at next HWB

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	CQC Progress Report March 2019
3.1	Produce an on-line Older People's briefing to signpost people to all the relevant JSNA products <i>(action completed and closed, as agreed, HWB 17 July)</i>	<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	A specific Older Peoples Profile has been completed for the county. This document contains links to, and information on, a range of JSNA products relating to the health and wellbeing of Older People at different geographical and administrative boundary levels. The document can be found at: http://www.eastsussexjsna.org.uk/briefings
3.2	Review the structure of the East Sussex JSNA website to ensure Older Peoples products are clearly referenced within the	<ul style="list-style-type: none"> Facilitate ease of access to Older People's JSNA products 	Director of Public Health	June 2018		The Older People's section under the A to Z search has been reviewed to ensure that it contains links to the key older people's resources, such as the Dementia

	Needs Assessment section of the website Ensure the Older Peoples needs assessment information links to Mental Health and Dementia JSNA <i>(action completed and closed, as agreed, HWB 17 July)</i>				Complete	Needs Assessment and Older People's Profile: http://www.eastsussexjsna.org.uk/Site-Index.aspx?index=0 Comprehensive Needs Assessments on the site have all been reviewed, and those that are now out-of-date have been removed.
3.3	Identify and respond to commissioning requirements for additional / different older peoples JSNA products to inform strategic commissioning <i>(action completed and closed, as agreed, HWB 17 July)</i>	<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		Public Health are reviewing how the JSNA as a whole can be further developed and improved. Commissioners are being directly consulted in this process to ensure products meet their needs. It is envisaged that a greater array of products will more flexibly and responsively inform commissioning priorities.

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	CQC Progress Report March 2019
4.1	<p>System review of market provision of beds to ensure bed profile and capacity better reflects demand</p> <p>Scope of review to include access; waiting times; assessments; need (including ABI, Mental Health, stroke) and costs</p> <p>Provider forums and planning and partnerships stakeholder</p>	<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	<p>Support to improve CQC ratings of Adult Social Care Services provided by the Market Support Team</p> <p>Market Support continues to provide support, advice to services and providers to improve and sustain their</p>	The System Review of Beds Task and Finish Group has been undertaking analysis to estimate the five and ten year future need for residential and nursing beds in East Sussex for the funded 65+ population. Initial findings indicate an increase in the number of beds required by ASCH funded clients by somewhere between a 10-20% by 2023 and a 20-45% increase by 2028. Whilst capacity in the residential market currently is sufficient to meet this increase (due to the level of vacancies),

	group to be directly involved in the review				<i>CQC rating, Market Support approach has resulted in marked increase in services ratings improving. Over the last year CQC rated services within East Sussex rated Good or above have increased from 64% to 79.2 %.</i>	<p>a range of options will need to be considered to stimulate these capacity in the nursing home market.</p> <p>Recommendations will be taken forward by next phase of development on the bedded care strategy.</p> <p>Recommend this action is closed at next HWB</p>
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. Staff are better equipped to manage patient / family / carer expectations 	ESBT and C4Y communications and engagement leads	July 2018	<p>Maintain the rate of A&E attendances from care homes per 100,000 population (65+) below the national average</p> <p>Delivery of bedded care strategy to maximise capacity across the system</p>	<p>New policy and process in place. ASC provide first choice letter and offer transitional bed for those awaiting placement or package of care.</p> <p>A You Tube video explaining the NHS Let's Get You Home initiative to patients and the public across Sussex and East Surrey has been launched and available on Healthcare Trust and CCG websites. Across East Sussex information available for patients and families which explains the initiative, the conversations that will take place, and the options available for local people outside of hospital.</p> <p>The ESBT and C4Y communications and engagement meetings have now been merged so that we can take an East Sussex wide approach to communications and engagement.</p> <p>Recommend this action is closed at next HWB</p>
4.3	Evaluate the IC24 roving GP model and assess whether this approach can be rolled out	<ul style="list-style-type: none"> Maintain lower rates / further reduce A&E attendances from 	Garry East	October 2018		Initial review indicates service has contributed to managing demand from care homes at weekends. Service will

	more broadly across the system	care homes <ul style="list-style-type: none"> Reduction in emergency admissions 		<i>(revised timescale, as agreed, HWB 17 July)</i>		continue in East Sussex, longer term aspect will be considered with development of new bases and dedicated roving cars for OOH. <i>Recommend this action is closed at next HWB</i>
4.4 Page 43	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		ASC Market Support Officers continue to work closely with local CQC inspectors to ensure that appropriate targeted support can be offered to independent sector care providers. A Partnership Quality Working Group with representation from CQC, ASC, CCG and Healthwatch has been established. This has enabled data and market intelligence to be shared between the key agencies. The East Sussex Market Oversight Panel (MOP) meets bi-weekly. As part of this meeting service suspensions, adult safeguarding, provider improvement plans are regularly reviewed within a risk management and business continuity framework. <i>Recommend this action is closed at next HWB</i>

<p>4.5</p> <p>Page 44</p>	<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 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. 	<p>Head of Policy & Strategic Development, ASC&H, ESCC</p>	<p>October 2018</p> <p><i>(revised timescale, as agreed, HWB 17 July)</i></p>		<p>Commissioning intentions and market position statement will be published April – May 2019.</p> <p>System wide approach to commissioning voluntary and community sector services is being developed. Services to be recommissioned from October 2019. This includes Adult Social Care; Public Health; Children’s services; CCGs. Two voluntary sector engagement sessions were held in November and December to inform this approach.</p> <p><i>Recommend this action is closed at next HWB</i></p>
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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	CQC Progress Report March 2019
5.1	Review admission criteria across the system to ensure clarity regarding entry requirements and access across the county (see also 8.3)	<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	<p>Review complete by December 2018</p> <p><i>(revised timescale, as agreed, HWB 17 July)</i></p>	<p>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%)</p> <p><i>Performance for</i></p>	<p>H&R – Bexhill Irvine Unit & Rye - continued focus on reducing LOS at both units</p> <p>EHS – Transfer of services from Firwood to Milton Grange is completed with continued focus on reducing LOS.</p> <p>Work is planned during 2019/20 to develop an integrated discharge</p>

					<p><i>2017/18 (based on discharges between October and December 2017, as per the ASCOF definition was 90.7%, performance continues to be consistently above 90% (Nov 18 – 92.6%)</i></p>	<p>function, which aims to simplify and clarify pathways to facilitate hospital discharge. Governance for this will sit with the Community Oversight Board going forward.</p> <p>Recommend this action is closed at next HWB</p>
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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	CQC Progress Report March 2019
6.1 Page 45	<p>Review East Sussex Better Together Digital Strategy ‘Tactical Work’ workstream to ensure opportunities to support operational staff through improved IT interconnectivity are prioritised:</p> <p><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></p> <p><i>(action completed and closed, as agreed, HWB 17 July)</i></p>	<ul style="list-style-type: none"> Improved efficiency for staff Improved multi-agency working 	Simon Jones, ESBT Informatics Programme Lead	July 2018	<p>Integrated teams experiencing improved interconnectivity and associated efficiencies</p> <p>The ESBT Digital Governance model aligns with that of the STP. There are strong working relationships between Digital leads across the STP.</p>	<p>The Operational Digital Steering Group (ODSG) was set up in January 2018 to generate specific focus on those tactical pieces of work that enable better joint working through system integration. This group meets monthly to identify and prioritise this work and has membership from across ESBT operational teams (Health and Social Care) as well as digital leadership.</p>
6.2	Review IT requirements to address barriers to interconnectivity across	<ul style="list-style-type: none"> Improved efficiency for staff Improved multi- 	Simon Jones, ESBT Informatics Programme Lead	July 2018		Underway and ongoing – both under the aegis of the ODSG and through individual pieces of work with specific IT teams.

	integrated teams, e.g. HSCC and JCR <i>(action completed and closed, as agreed, HWB 17 July)</i>	agency working				
6.3	Reduce manual inputting of multi-agency referrals by HSCC	<ul style="list-style-type: none"> Improved efficiency for staff Improved multi-agency working 	Simon Jones, ESBT Informatics Programme Lead	December 2018 <i>(revised timescale, as agreed, HWB 17 July)</i>		<p>Initial requirements have been scoped. Further requirements may emerge from the Community Services work stream in the coming months. Future development will be overseen by the Community Oversight Board.</p> <p>Recommend this action is closed at next HWB</p>
6.4 Page 46	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	December 2018		<p>Data is now available in an acute setting and further work is ongoing regarding presentation to key clinicians. Practices have access to e-Searcher, though use is varied.</p> <p>Recommend this action is closed at next HWB</p>

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	CQC Progress Report March 2019
7.1	Continuing Health Care (community and acute) <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 	<ul style="list-style-type: none"> Improved patient experience from reduced waiting times; whole system approach Improved outcome and performance management arrangements 	Garry East, Hastings and Rother CCG, Eastbourne, Hailsham and Seaford CCG A&E Delivery Board	Sept 2018	Maintain improved performance in delays due to awaiting nursing home and domiciliary care packages: (Locally collected data through weekly SITREP's (snapshot	The East Sussex CCGs have achieved and sustained the national target of less than 15% of continuing health care assessments being undertaken in an Acute bed since October 2017. For EHS and HWLH CCGs there was an improvement of 1% in May 2018, achieving 12% and 11% respectively compared to April 2018. In HR the target

	<p>assessment & review backlog</p> <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Improved multi-agency working through development of whole system approach to CHC provision 			<p>count on a Thursday)</p> <p><i>An average 4.3 people delayed per week awaiting nursing home in February 2019 (this has improved from 10.5 per week in July 2017)</i></p> <p><i>An average 7.0 people delayed per week awaiting domiciliary care packages in February 2019 (this has improved from 18.8 per week in July 2017).</i></p> <p>365 Day access to Service Placement Team to reduce delays in sourcing and brokerage for discharges.</p>	<p>was met at 14% but increased by 3% higher compared to April 2018.</p> <p>There is a national target for 80% or more of CHC Assessments to be undertaken within 28 days of request. This target is reported quarterly. All the East Sussex CCGs exceeded the 28 day target considerably in Quarter 4 of 2017/18 demonstrating a significant improvement during 2017/18, resulting in 97% achievement in EHS, 91% in HR and 93% in HWLH.</p> <p>Hastings and Rother CCG and Eastbourne, Hailsham and Seaford CCG have been asked to lead an STP wide review of CHC with the ambition to develop a common approach to managing CHC assessments across eight CCGs and three local authorities including East Sussex. In order to ensure that any new approach can be implemented in line with other local authorities we have given notice on our current arrangements.</p> <p>Recommend this action is closed at next HWB</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 	A&E Delivery Board	Sept 2018	<p><i>In place</i></p> <p>Full implementation of Stranded Patient Review (over 7 days) Process</p> <p><i>In place</i></p>	<p>Pathway 1 has been launched with an initial focus on supporting discharge from gateway wards. ASCH, CCGs and ESHT working with NHSE/I to review and discuss further roll-out. 3 month winter funding was agreed by the AEDB to support the bedded pathway (4) to be in place before Christmas.</p> <p>Recommend this action is closed at next</p>

					System wide implementation of a significantly strengthened choice (no choice in acute) policy. <i>In place</i>	HWB Evaluation has been undertaken and demonstrated value of Enhanced Discharge Control arrangements. Furthermore, ESHT now has single information system in place to monitor all stranded patients, which will support streamlined arrangements going forward. Recommend this action is closed at next HWB	
7.3	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	<ul style="list-style-type: none">Improved system-wide understanding of patients approaching discharge, enabling early discharge planningReduction in Stranded patient numbers	A&E Delivery Board	Sept 2018			
7.4	Patient Choice Embed System wide Choice Policy – ‘Let’s Get You Home’ <ul style="list-style-type: none">Ongoing involvement of key clinicians to support potentially difficult conversations with patients and families.Focus on embedding at front door to help manage patient, carer and family expectationsDevelop 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.	<ul style="list-style-type: none">Improved patient experienceMore consistent approach to patient choice across the system	A&E Delivery Board	August 2018			New policy and process in place. ASC provide first choice letter and offer transitional bed for those awaiting placement or package of care A You Tube video explaining the NHS Let’s Get You Home initiative to patients and the public across Sussex and East Surrey has been launched and is available on Healthcare Trust and CCG websites. Across East Sussex there is information available for patients and families which explains the initiative, the conversations that will take place, and the options available for local people outside of hospital. Recommend this action is closed at next HWB
7.5	Trusted Assessor <ul style="list-style-type: none">Professional ‘trusted assessor’ arrangements in	<ul style="list-style-type: none">Improved patient, family, carer experience resulting	A&E Delivery Board	Sept 2018			All intermediate care beds operate a Trusted Assessor model.

	place in key services such as crisis response. Continued implementation of trusted social care + equipment assessor training for NHS staff. <ul style="list-style-type: none"> 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 	from a consistent system wide approach and more timely assessments				STP wide review of CHC services underway. This will enable the service to understand the ask for Trusted Assessor model implementation. <i>Recommend this action is closed at next HWB</i>
7.6	Seven day working – please see Area for Improvement 8: 8.3 and 8.5	N/A	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	CQC Progress Report March 2019
8.1	Creation of 24 hour crisis response service (ESBT): <ul style="list-style-type: none">Optimise crisis response capacityMerger of Integrated Night Service (INS) and Crisis Response to ensure 24/7 access for admission avoidanceMental Health to be in scope of the work	<ul style="list-style-type: none">Improved access to servicesImproved outcomes for patient, family, carers	Integrated Community Operations Management Meeting	December 2018 <i>(revised timescale, as agreed, HWB 17 July)</i>	Maintain rate of emergency admissions per 100,000 population (65+) (DH measure), below the national average. <i>East Sussex continues to perform comparatively well and has a lower rate</i>	There are no current plans to extend crisis response to 24 hours or to fully integrate CR with INS however between them they do provide 24/7 cover. In addition as part of the CCG Financial Recovery Plans, funding has been agreed for over-night HSCC cover to take referrals from SECAMB etc. during 10pm and 8am for services to start the following morning. <i>Recommend this action is closed at next HWB</i>

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	October 2018 <i>(revised timescale, as agreed, HWB 17 July)</i>	<i>(better) of emergency admissions of those age 65 and over per 100,000 population than both the comparator group and national average. From data for the period of April 2017 and March 2018, East Sussex was ranked 22nd in this area, therefore amongst the best performing areas.</i>	Rapid response, though not a discrete service, is part of the overall Community Services Contract with SCFT and in place across the CCG area. Recommend this action is closed at next HWB
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		In place Recommend this action is closed at next HWB
8.4 Page 50	Engagement with the market to explore sustainable service models to enhance OOH capacity (in addition to Trusted Assessor pilot) <i>(action completed and closed, as agreed, HWB 17 July)</i>	<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	<p>Maintain % of emergency admissions within 30 days of discharge (65+) below the national average</p> <p>Well established voluntary sector services including Home from Hospital. Community sector embedded in discharge planning.</p> <p>Extended access and bookable appointments</p>	<p>Initial work with providers of last year's interim beds indicates range of issues which need to be resolved to support sustainable OOH service models:</p> <ul style="list-style-type: none"> Ensuring adequate medial cover for care homes is available to support 7 day working and short term admission. Establishing a multi-disciplinary team to support assessment process and care planning Establishing a single point of access to manage patient flow, provide daily management information and manage relationships with the care home provider. <p>This work will now be progressed through the Discharge to Assess workflow.</p>

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	April 2019	included in the planning of primary care streaming services	<p>From 1 April 2019, NHS111 for North West Kent, Medway and Sussex will continue to be provided by SECamb on a new one-year interim contract, whilst we run a joint procurement for an enhanced NHS111 and Clinical Assessment Service (CAS). The one-year interim contract with SECamb will support the delivery of an enhanced NHS111 telephony service, as well as start to develop a CAS, which is set out in the national specification. The CAS will offer patients better access to clinical advice, enabling them to be treated with a single call, known as 'consult and complete'. We are now out to procurement for an enhanced NHS111 service and Clinical Assessment Services for Sussex, Kent and Medway. The advert went live on 8 February 2019 and will close on 14 April. Future progress will be reported through HOSC.</p> <p>Recommend this action is closed at next HWB</p>
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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	CQC Progress Report March 2019
9.1	<p>Develop and implement system-wide mechanisms for evaluating pilot schemes / joint initiatives</p> <p>Develop communications plans aligned to activity</p>	<ul style="list-style-type: none"> Shared learning outcomes System-wide perspectives inform evaluations and future commissioning / service 	PMO and ESBT Strategic Workforce Group; HWLH workforce lead	July 2018	<p>Staff feedback mechanisms</p> <p>Training and development activity is evaluated across organisations</p>	<ul style="list-style-type: none"> System-wide evaluations will be undertaken when opportunities arise. This area of work is ongoing. Organisation development capacity has been increased within existing resources through the OD Practitioners Programme and

	<i>(action completed and closed, as agreed, HWB 17 July)</i>	developments			System wide communications in place	<p>Masterclasses.</p> <p>Communication plans are being aligned to activity e.g. Urgent Care workstream</p>
9.2	<p>Continue to embed our approach to joint training and development opportunities including:</p> <ul style="list-style-type: none"> • Safeguarding and domestic abuse, Self -neglect • softer skills such as coaching to improve performance <p><i>(action completed and closed, as agreed, HWB 17 July)</i></p>	<ul style="list-style-type: none"> • multi-agency training supports the workforce to deal with the complexity of cases they manage • improved service delivery and integrated working • Improved outcomes for patient, family, carers 	ESBT Strategic Workforce Group; HWLH workforce lead	July 2018		<ul style="list-style-type: none"> • This work is ongoing. • Range of training opportunities are offered across health and social care staff. <p>The integrated training offer continues to be developed including a joint induction programme for Integrated Support Workers; Locality Team Manager Development Programme.</p>
9.3	<p>Continue to develop reflective practice approaches in integrated locality teams</p> <p><i>(action completed and closed, as agreed, HWB 17 July)</i></p>	<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		<ul style="list-style-type: none"> • OD Practitioners Programme and Masterclasses. 21 participants from across health and social care (ESBT) to develop OD capacity and support reflective practice activity. • Range of development opportunities for integrated locality team managers and other staff to attend including leadership lab; resilience in challenging times. <p>This work is ongoing and developmental.</p>

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	CQC Progress Report March 2019
10.1	Ward focussed Discharge Pathway workshop to include Professionals; Patients (and Healthwatch); Providers (including patient transport) <i>(action completed and closed, as agreed, HWB 17 July)</i>	<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 	<p>Jo Chadwick-Bell, Chief Operating Officer ESHT</p> <p>Chris Ashcroft , Chief Operating Officer BSUH</p>	July 2018	<p>Patient / user / carer feedback mechanisms</p> <p>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%)</p> <p>2017/18 - East Sussex: 78.6%; National average 73.4%</p> <p>Maintain performance of 'the proportion of carers who report that they have been included or consulted in discussion about</p>	A range of approaches are being taken through the Urgent Care Trust program including a review and update of documentation to include discharge checklist and criteria lead discharge, and a ward place discharge improvement group focusing on ward based discharges.
	10.2	Mental Health inpatient workshop to mirror workshop in 10.1 above	John Childs, SPFT	July 2018		An adult mental health patient flow workshop was held 12 June, facilitated by the Trust's Patient Flow Programme

	<i>(action completed and closed, as agreed, HWB 17 July)</i>	communications <ul style="list-style-type: none"> • One version of the truth for professionals • Lead professional for each complex discharge • Discharge checklist 			the person they care for' above the national average (East Sussex: 71.3%; England 68.6) <i>Preliminary results from the latest Carers Survey (18/19) shows East Sussex performance of 76.2%</i>	Manager and planned jointly with Adult Social Care & Health. Attendance from social care, health and colleagues from districts and borough housing departments.
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	Embedded within the Discharge Planning and Improvement approach Recommend this action is closed at next HWB
10.4	Develop patient / family / staff communications to support outcomes of workshops (10.1,10.2,10.3) to include: <ul style="list-style-type: none"> • Pathway information • Lets Get you Home / Choice • SAFER 	<ul style="list-style-type: none"> • Improved patient / family / carer / staff information and communications 	ESBT and C4Y Comms and Engagement Leads	July 2018	<i>Although East Sussex continues to perform comparatively less well and has a higher rate (worse) of 90th percentile of length of stay for emergency admissions than both the comparator group and national average,</i>	A You Tube video explaining the NHS Let's Get You Home initiative to patients and the public across Sussex and East Surrey has been launched and is available on Healthcare Trust and CCG websites. Across East Sussex there is information available for patients and families which explains the initiative, the conversations that will take place, and the options available for local people outside of hospital. Patient choice information has been reviewed and updated on the ESBT website. Patients in East Sussex can now book or change their appointment online for most

					<i>performance has shown an improvement.</i>	<p>first outpatient hospital or clinic appointments.</p> <p>The ESBT and C4Y communications and engagement meetings have now been merged so that we can take an East Sussex wide approach to communications and engagement.</p> <p><i>Recommend this action is closed at next HWB</i></p>
10.5	<p>Review Hospital Transport booking process to reduce the number of bookings made with less than 24 hours' notice</p> <p>Review access for Mental health patients</p>	<ul style="list-style-type: none"> Improved service delivery resulting in better patient experience 	<p>Pauline Butterworth, ESHT; Kalvert Wells; South Central Ambulance Service</p>	<p>July 2018</p>		<p>Embedded within the Discharge Planning and Improvement approach</p> <p><i>Recommend this action is closed at next HWB</i></p>

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Local system reviews

Progress monitoring

East Sussex

Introduction



Following CQC's programme of 20 local system reviews, we were asked by the Department of Health and Social Care and Ministry for Housing, Communities and Local Government to provide an update on progress in the first 12 areas that received a local system review.

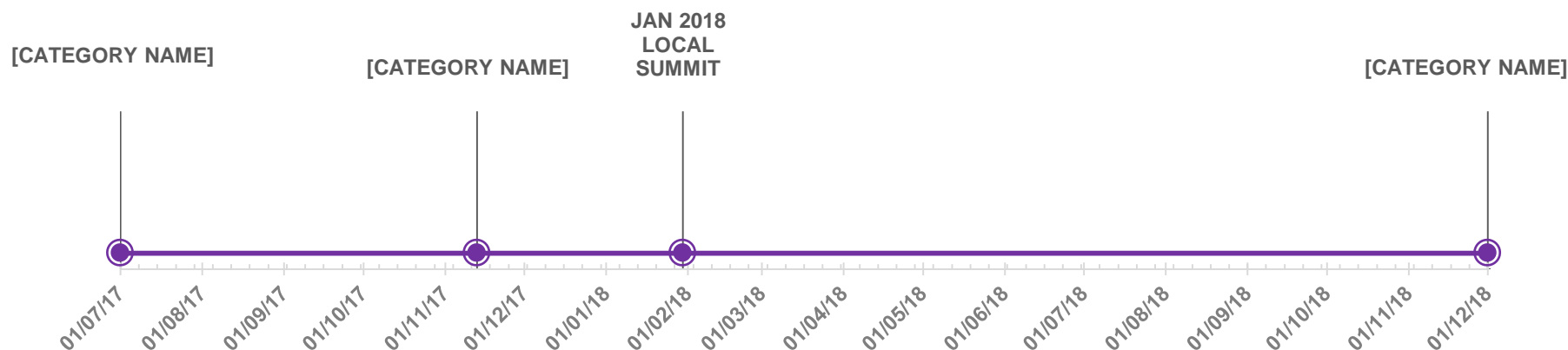
East Sussex's local system review took place in November 2017 (report [here](#)) and the system produced an action plan in response to the findings. This progress update draws on:

- East Sussex's self-reported progress against their action plan (at 31.10.2018).

Our trend analysis of performance against the England average for six indicators. With the exception of DToC, the data goes up to end 2017/18. DToC data goes up to July 2018.

- Telephone interviews with six system leaders involved in delivering and overseeing the action plan.

Timeline of activity



Overview progress against indicators



[A&E attendances \(65+\)](#)

Remained below England average throughout 2017/18. Slight increase but no significant change

[Emergency admissions \(65+\)](#)

Remained below England average throughout 2017/18. Increasing but no significant change

[Emergency admissions from care homes \(65+\)](#)

Increased slightly to be just above England average by end of 2017/18. However no significant change against own average

[Length of stay \(65+\)](#)

Reduced over 2017/18 to be just below the England average

[Delayed transfers of care](#)

Reduced since our fieldwork and from end of 2017 to July 2018 were in line with national average

[Emergency readmissions \(65+\)](#)

Remained below England average throughout 2017/18. Slight increase but no significant change

Overview reported progress against action plan



Leadership and governance	<p>Review of system representation and associated accountabilities on STP Board and workstreams has been completed. Work has been undertaken to review the role and membership of the health and wellbeing board with the reviewed HWB due to meet for first time in April 2019.</p>
<div>Page 60</div> Commissioning and market shaping	<p>A specific Older Peoples Profile has been completed for the county providing links to JSNA products and signposting to older people's resources. Consultation is in progress with commissioners to design JSNA products that meet their strategic commissioning needs.</p> <p>System review of market provision of beds was undertaken to estimate the five and ten year future need. While the residential market has enough capacity, the nursing care market will need stimulation.</p> <p>A new patient choice policy has been developed, along with improved communications.</p> <p>The roving GP model has been reviewed with initial findings suggesting that it has helped to manage demand from care homes at the weekend.</p> <p>Commissioning Intentions and Market Position Statement will be published in early 2019.</p>
Sharing learning across the system	<p>There is ongoing work to develop and embed joint training approaches across health and social care. For example, organisational development capacity has been increased within existing resources through the OD Practitioners Programme and Masterclasses.</p>

Overview reported progress against action plan



Access to step-down, reablement & intermediate care	Step down services have an increased focus on reducing length of stay. Bed capacity and discharge to assess capacity has been increased over winter.
Information sharing	The Operational Digital Steering Group (ODSG) was set up in January 2018 to focus on tactical work that enable better joint working through system integration. The interconnectivity of integrated teams is being reviewed. Primary Care access to E-Searcher and ESHT access to EMIS has been delayed.
<div data-bbox="98 651 131 772" data-label="Page-Header">Page 61</div> <div data-bbox="131 751 340 858" data-label="Section-Header">Implementing high impact changes</div>	<p>Continuing healthcare (CHC) performance for national targets has improved locally and an STP wide review of CHC processes is taking place.</p> <p>Discharge to assess and trusted assessor models continue to be implemented. All intermediate care beds operate a Trusted Assessor model. Discharge to assess is being supported with winter funding. New patient choice policy and processes are in place.</p> <p>Enhanced Discharge Control arrangements in ESHT have been evaluated and shown value.</p>
Seven day working	<p>Crisis response will not be extended to 24h, but provides cover. Commissioning arrangements for weekend Intermediate Care admissions have been reviewed.</p> <p>Engagement with providers of last year's interim beds indicates range of issues that need to be resolved to support sustainable OOH service models- this need to be progressed.</p> <p>NHS 111/Clinical Assessment Service procurement has been stopped and next steps being agreed.</p>
Communication around discharge	Workshops have taken place with staff. Patient choice information has been reviewed and a You Tube video explaining the NHS Let's Get You Home initiative to patients and the public across Sussex and East Surrey has been launched.

Stakeholder reflections



Overall progress

Since the Local System Review in 2017 the revamped Health and Wellbeing Board (HWB) is forging stronger relationships with the STP. Having one STP Accountable Officer is helping promote consistent approaches and has increased focus across the system.

Using measures recently agreed to support financially challenged NHS partners the HWB governance and monitoring arrangements are increasingly focused on promoting integration. System-wide it is acknowledged that delivering integration at a faster pace will lead to long term cost savings. Highlighted NHS financial constraints did initially prevent integration of services from developing at the pace needed, however performance didn't slip and helped galvanise focus and delivery.

Partners are using the updated JSNA to inform and drive integrated planning approaches and identify systems and services needed to support local communities based on actual need.

Early and robust planning has resulted in winter pressure monies being used to commission 41 additional nursing beds. The funds will also be used to help deliver a transitional service targeting 16 villages across the county by adopting an urgent response high care model. The approach is based on structured planning and capacity modelling and will help alleviate system flow and DToc pressures.

Engagement with providers has helped stabilised the local home care market and increased capacity to support demand in relation to hospital discharge.

The Health and Social Care Connect service is helping promote seven-day 24hr coverage across the county and provides the public and professionals a single point of access for adult health and social care enquiries, assessments, services and referrals. The system does however acknowledge that further work is required to ensure seven-day 24hr coverage is comprehensive.

Direction of travel

The system is confident it will deliver its action plan. Some areas of activity contain a locally agreed extended delivery date. These were adopted so that additional work could be undertaken to ensure outputs are sustainable and effective in the long term.

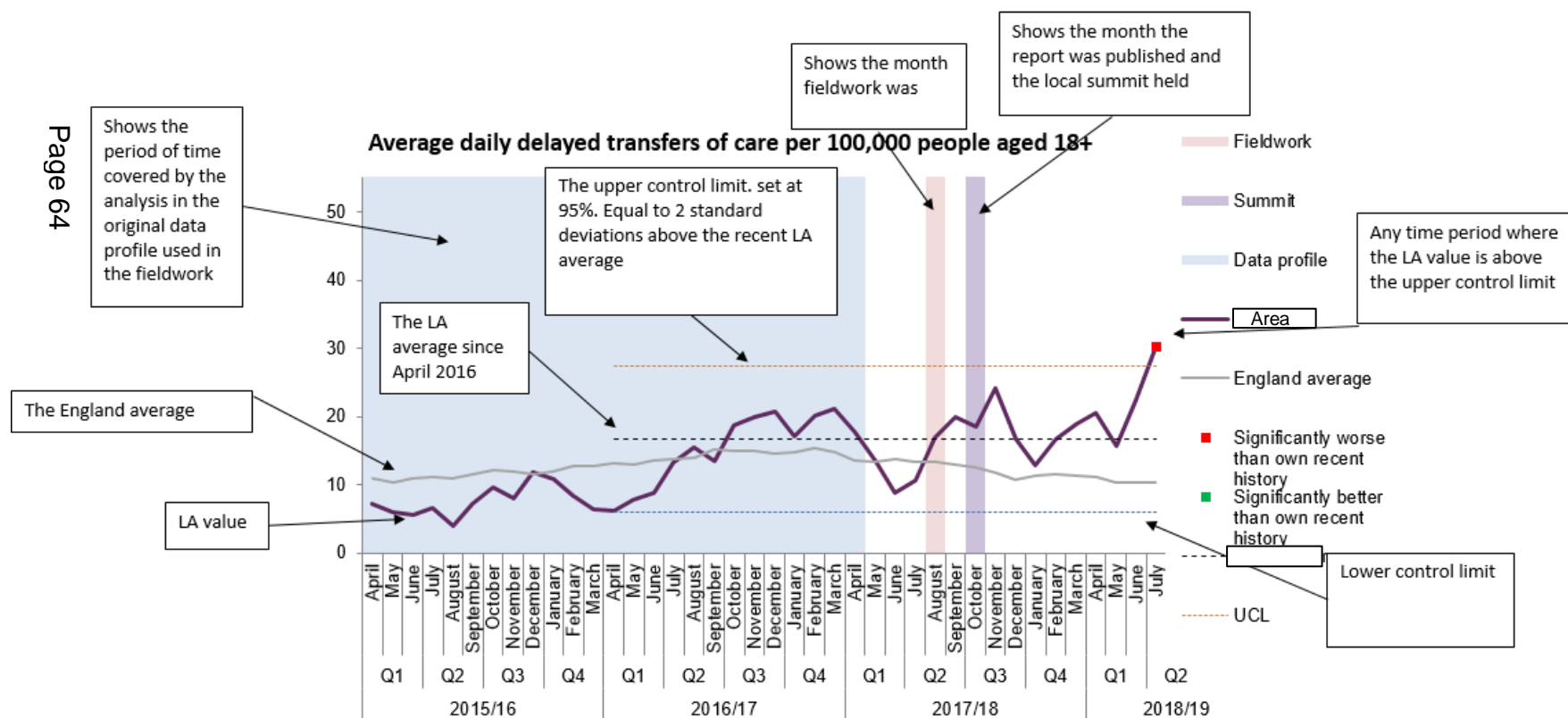
The system wide approach to commissioning voluntary and community sector services is being developed and services will be recommissioned from October 2019 with an increased emphasis on outcome based community interventions.

Work is also ongoing to develop and model the residential care market to meet increasing demand for community based care and support. Recent local intelligence indicates the level of people who fund their own care choosing a residential care home as a care option is reducing in favour of community based options. The system is supporting and encouraging care providers in the local market to change current care models to support community based approaches.

System tools are now able to track patient flow to highlight system pressures and areas of activity that could be managed earlier and more effectively with primary care input. Having access to this level of data will help support commissioning intentions to promote community based outcomes for people and reduce costly and avoidable acute care.

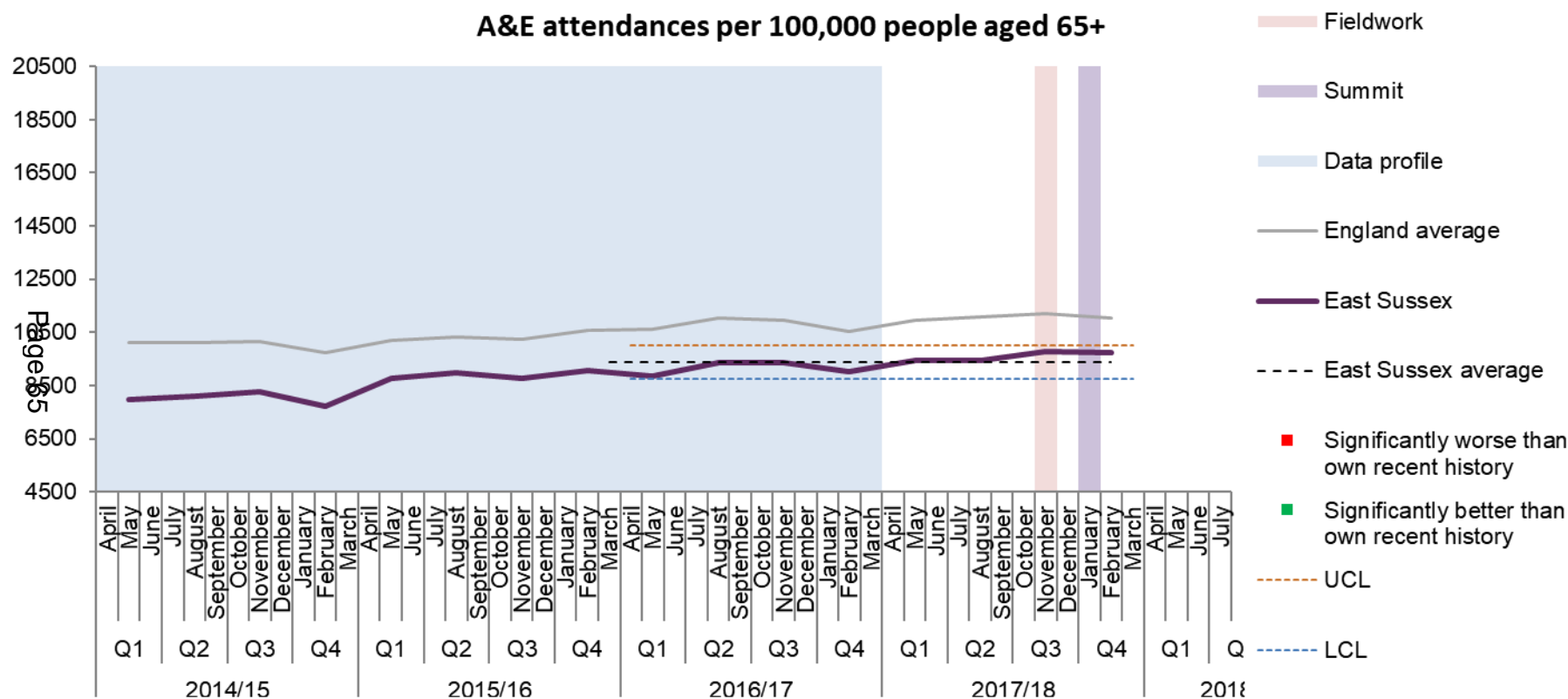
Appendix: Trend analysis introduction

The following slides present a trend analysis for six indicators. The **sample** diagram below shows how to interpret the graphs.



Appendix: A&E attendances

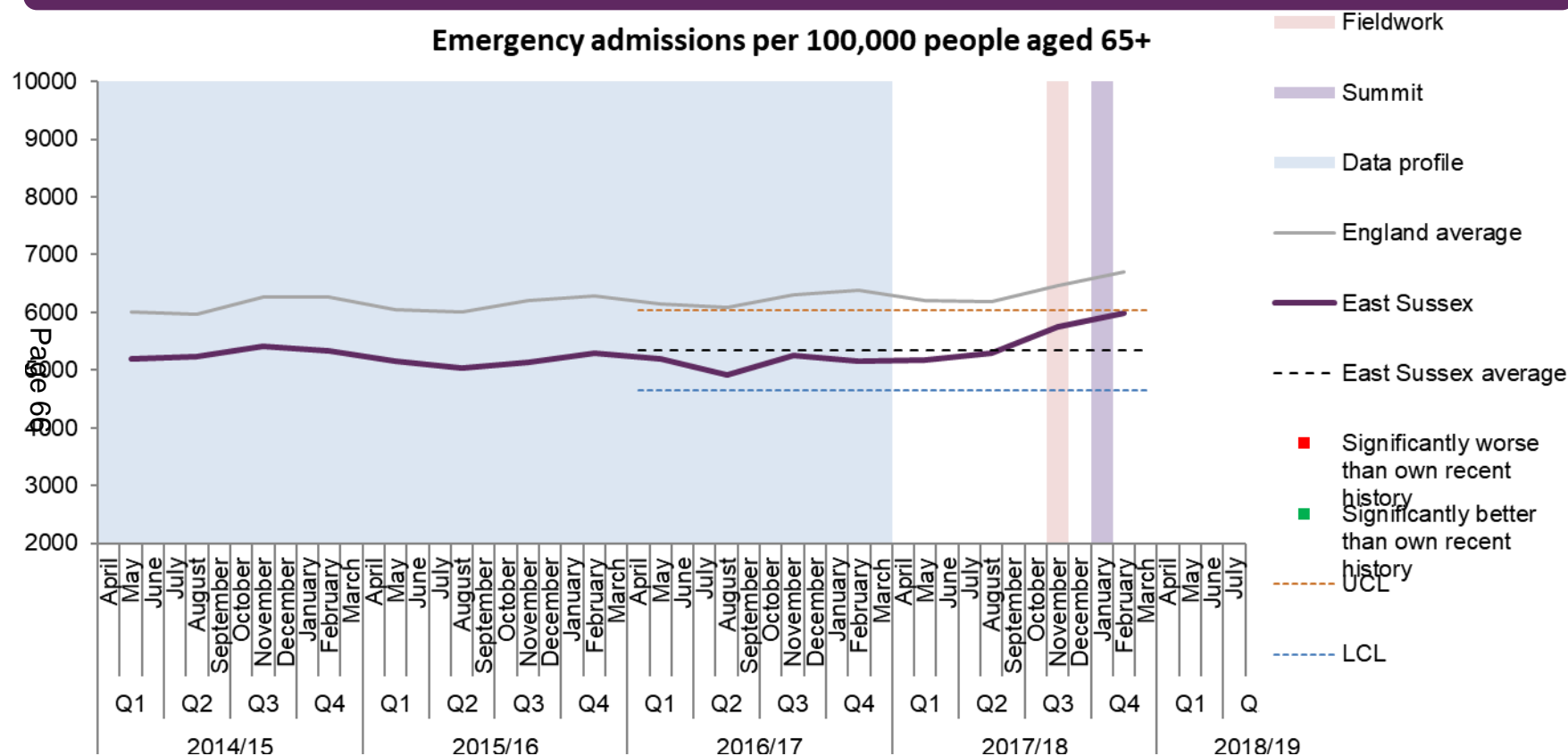
A&E attendances per 100,000 people aged 65+



Since we produced the data profile for the original local system review, East Sussex's performance for A&E attendances (65+) has remained consistently below the England average. Although the rate has increased slightly, it has not changed significantly over the last 2 years - they have consistently performed within the upper and lower limits of their average rate.

Appendix: Emergency admissions

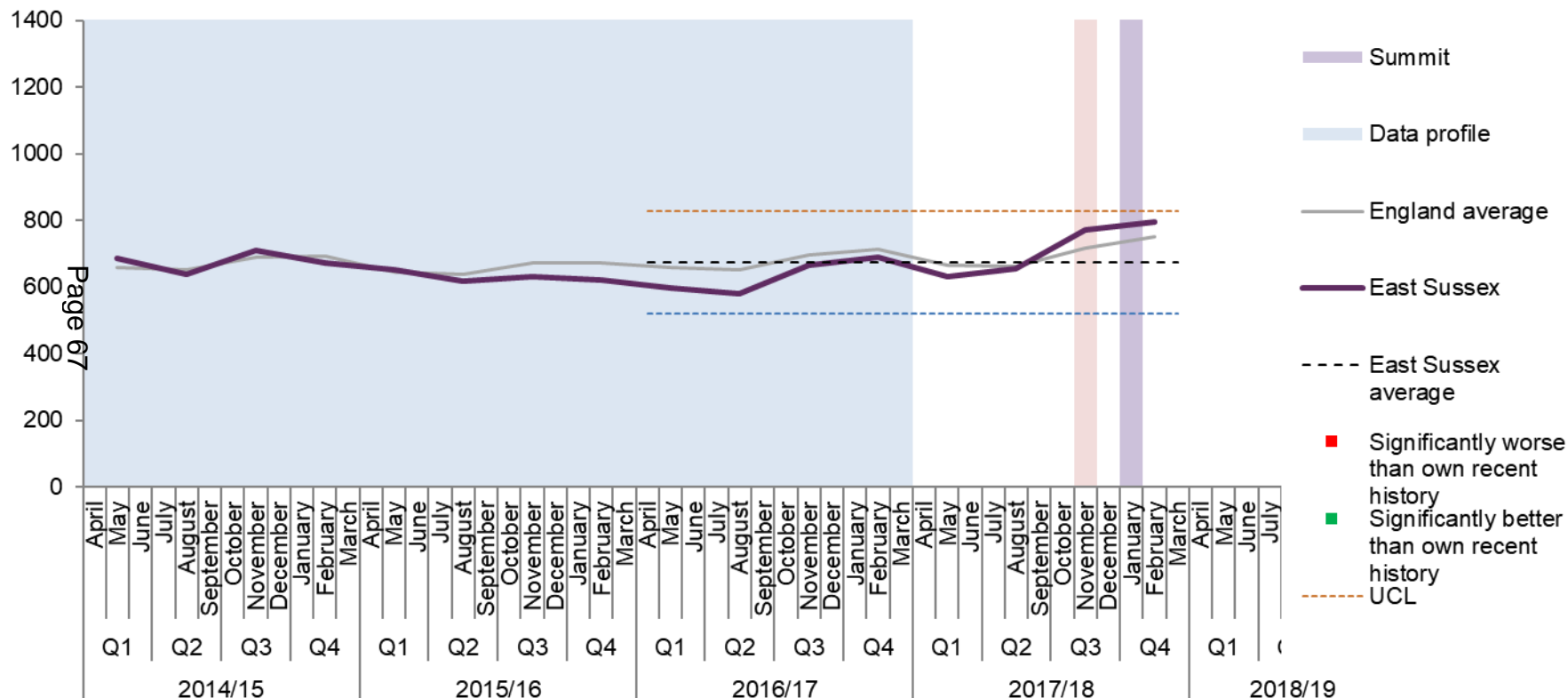
Emergency admissions per 100,000 people aged 65+



Since we produced the data profile for the original local system review, East Sussex's performance for emergency admissions(65+) has remained consistently below the England average. Although the rate has increased, it has not changed significantly over the last 2 years- they have consistently performed within the upper and lower limits of their average rate.

Appendix: Emergency admissions from care homes

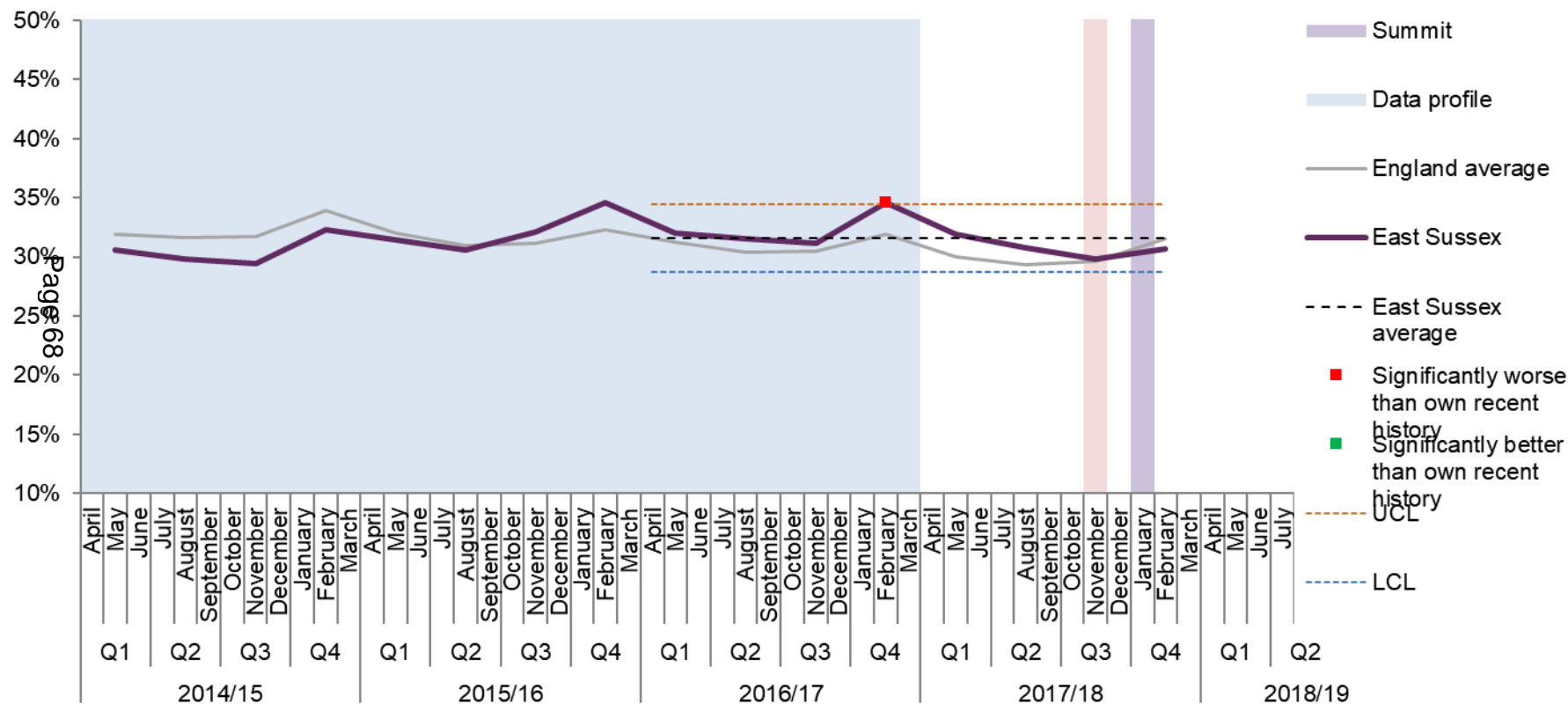
Emergency admissions from care homes per 100,000 people aged 65+



Since we produced the data profile for the original local system review emergency admissions from care homes (65+) in East Sussex have increased from being just below the England average to being just above. However performance has not changed significantly over the last 2 years - they have consistently performed within the upper and lower limits of their average rate.

Appendix: Lengths of stay over 7 days

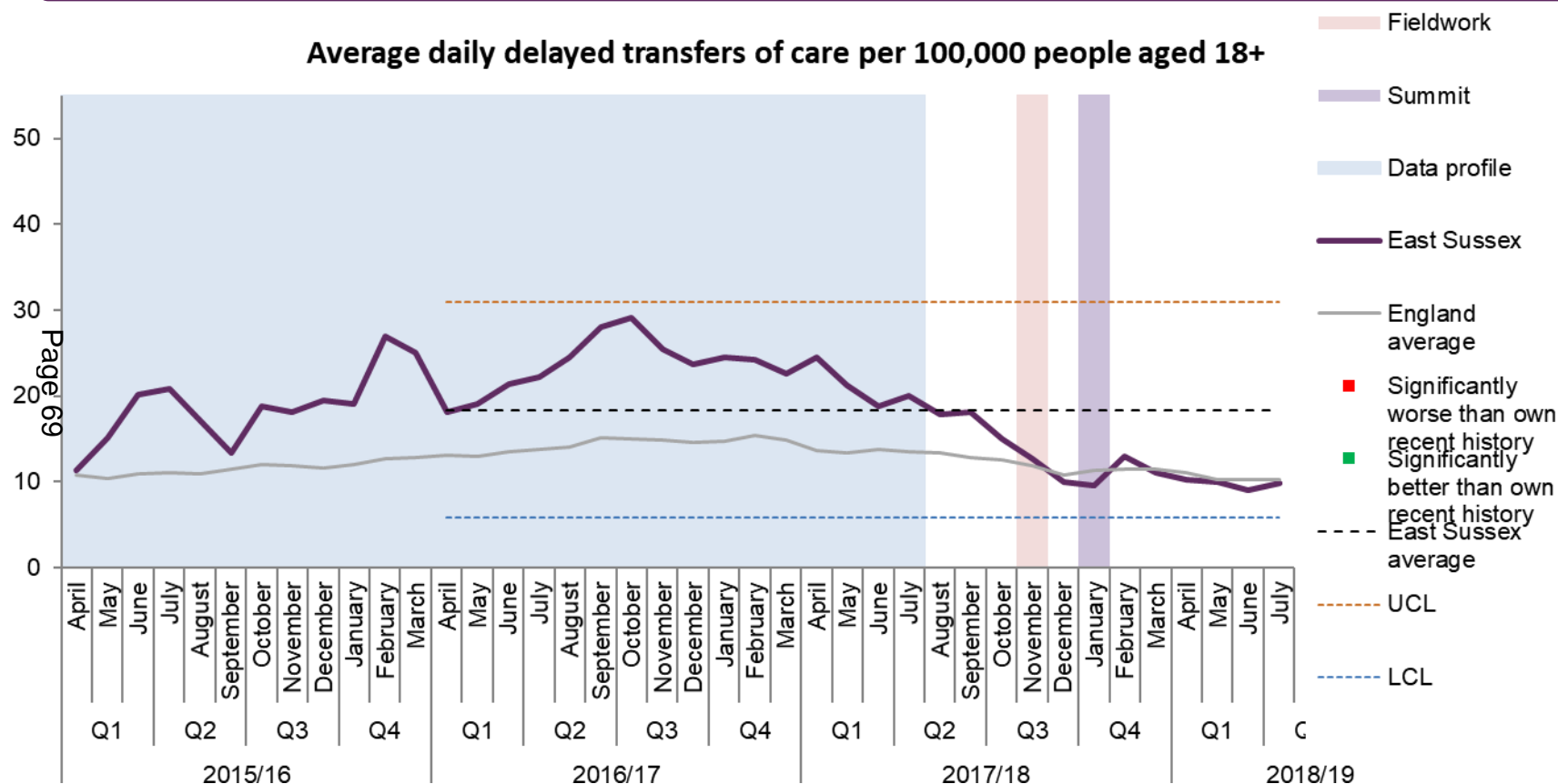
Length of stay over 7 days for emergency admissions people aged 65+



When we produced the data profile for the original local system review, East Sussex's performance for lengths of stay over 7 days (65+) was above the national average and significantly higher compared to it's own average over 2016/17 and 2017/18. It then reduced and by the last quarter of 2017/18 was just below the England average.

Appendix: Delayed transfers of care

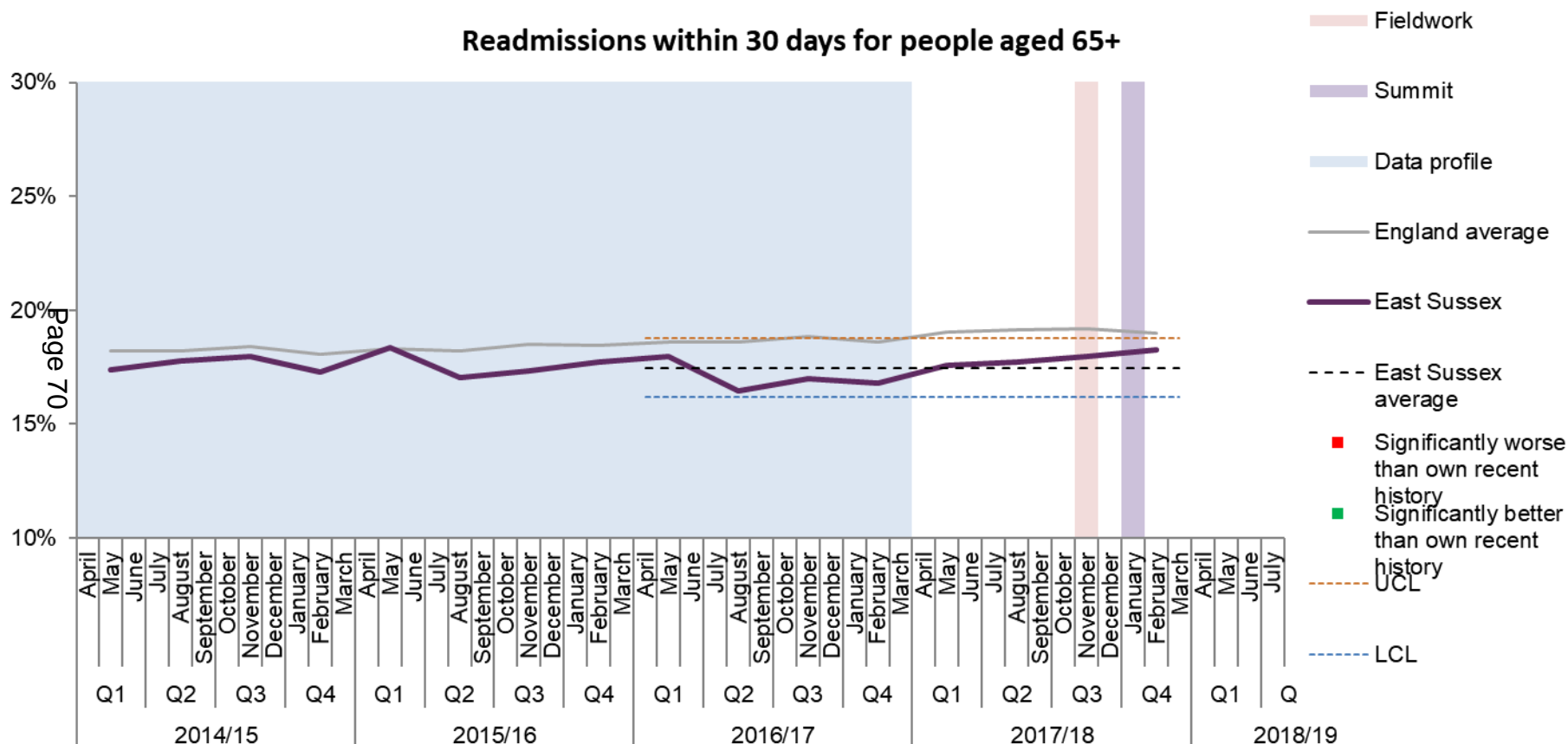
Average daily delayed transfers of care per 100,000 people aged 18+



When we produced the data profile for the original local system review, East Sussex's DToC performance was above the national average but it has reduced and from the end of 2017 to July 2018 was close to the England average.

Appendix: Emergency readmissions

Readmissions within 30 days for people aged 65+



Since we produced the data profile for the original local system review, East Sussex's performance for emergency readmissions (65+) has remained consistently below the England average. Although readmissions in the area have increased since Q2 2016/17, they have not changed significantly- they have consistently performed within the upper and lower limits of their average rate.

Report to: East Sussex Health and Wellbeing Board

Date of meeting: 23 April 2019

By: Director of Public Health

Title: Pharmacy consolidation applications

Purpose: To recommend agreement of a draft representation to NHS England regarding a pharmacy consolidation application; and agreement that future representations will be delegated to the Director of Public Health in consultation with the Director of Adult Social Care and Health and nominated Public Health Consultant

RECOMMENDATIONS –

The Board is recommended to:

- 1) agree the draft representation to NHS England regarding the pharmacy consolidation application at 9-11 St Leonards Road, Bexhill-on-Sea TN40 1HJ, and delegate authority to the Director of Public Health in consultation with the Director of Adult Social Care and Health and nominated Public Health Consultant to make any necessary changes to the response prior to submission;**
 - 2) Agree to delegate responsibility to the Director of Public Health in consultation with the Director of Adult Social Care and Health and nominated Public Health Consultant to submit representations to NHS England in response to future pharmacy consolidation applications and any other notifiable pharmacy applications; and**
 - 3) Agree to delegate responsibility to the Director of Public Health in consultation with the Director of Adult Social Care and Health and nominated Public Health Consultant to publish supplementary statements to the Pharmaceutical Needs Assessment in relation to consolidation applications.**
-

1. Background

- 1.1. East Sussex Health and Wellbeing Board is required under The National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016 to provide NHS England with representations in relation to any application to consolidate two pharmacy sites within its local area.
- 1.2. A consolidation application for Bexhill-on-Sea has been received and the draft representation is recommended for approval.
- 1.3. The timescale for providing representations is 45 days and the number of applications is expected to increase in future, so this report also recommends that future representations are delegated to the Director of Public Health in consultation with the Director of Adult Social Care and Health and nominated Public Health Consultant.

2. Supporting information

- 2.1. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 govern the arrangements, in England, for the provision of pharmaceutical services, including the requirement of NHS England to notify certain stakeholders, including the local Health and Wellbeing Board (HWB), of certain notifiable applications, such as the change in ownership of a pharmacy. The stakeholders, including the HWB, may make representations in writing about the application, provided they do so within 45 days of the date on which notice of the application was given to them.

2.2. The National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016 were introduced on 5 December 2016 and amended the 2013 Regulations to include a 'consolidation application' as a notifiable application.

2.3. Consolidation applications involve the proposed merger of two pharmacy businesses within the same HWB area that does not create a gap in the provision of pharmaceutical services. The notification and appeal procedure is similar to other notifiable applications, however, the 2016 regulations include statutory protections for a consolidated pharmacy to discourage or prevent subsequent applications for a pharmacy seeking to replace a closing pharmacy.

2.4. These statutory protections include the requirement that the local HWB must make representations in writing to NHS England indicating whether, if the application were granted, the proposed closure of the pharmacy and its removal from the pharmaceutical list would or would not create a gap in pharmaceutical services that could be met by a) a routine application to meet a current or future need for pharmaceutical services, or b) to secure improvements, or better access, to pharmaceutical services.

2.5. Where it is the case that no gap in pharmaceutical services provision will be created, the HWB must also publish a supplementary statement to the Pharmaceutical Needs Assessment explaining that the removal of a pharmacy from the pharmaceutical list, following the consolidation, does not create a gap in provision. This makes public that no gap has been created by the consolidation and should avoid future unsuccessful applications to replace the closing pharmacy.

2.6. These statutory protections are not absolute because the mechanisms within the 2013 Regulations are designed to respond to changing local circumstances to ensure the appropriate provision of pharmaceutical services.

Consolidation application – Bexhill-on-Sea

2.7. NHS England sent the HWB an application for consolidation onto the site at 9-11 St Leonards Road, Bexhill-on-Sea TN40 1HJ of Paydens Limited T/A L J Collis Pharmacy already at that site and A&S Shillam Limited T/A Marsh Pharmacy currently at 30 St Leonards Road, Bexhill-on-Sea TN40 1HT. NHS England requested that the HWB provide a response by 18 May 2019. This is the first consolidation application that has been received in East Sussex.

2.8. It is the opinion of the Director of Public Health and the Public Health Consultant that the proposed consolidation of these two pharmacies will not create a gap in pharmaceutical services provision. A draft representation is attached at **appendix 1** for approval by the Board and states:

the proposed removal of premises from the pharmaceutical list would not create a gap in pharmaceutical services that could be met by a routine application (a) to meet a current or future need for pharmaceutical services, or (b) to secure improvements, or better access, to pharmaceutical services.

Future applications

2.9. It is likely that there will be an increase in the rate of consolidation applications being received in the future. To ensure a timely response to the 45-day consultation period, it is recommended that the Board delegates responsibility to the Director of Public Health in consultation with the Director of Adult Social Care and Health and a nominated Public Health Consultant to submit representations to NHS England in respect of any future consolidated applications. Should there be a need to publish a supplementary statement to the Pharmaceutical Needs Assessment in respect of a consolidation application, it is also recommended that the Board delegates responsibility to do so to the Director of Public Health in consultation with the Director of Adult Social Care and Health and a nominated Public Health Consultant.

2.10. The HWB may also comment on other notifiable applications, such as a change in ownership of pharmacy, within 45 days of publication. It is recommended that the responsibility for making any representations in response to other notifiable applications is delegated to the Director of Public Health in consultation with the Director of Adult Social Care and Health and a nominated Public Health Consultant.

3. Conclusion and reasons for recommendations

3.1 The Board is recommended to:

- 1) agree the draft representation to NHS England regarding the pharmacy consolidation application at 9-11 St Leonards Road, Bexhill-on-Sea TN40 1HJ, and delegate authority to the Director of Public Health in consultation with the Director of Adult Social Care and Health and nominated Public Health Consultant to make any necessary changes to the response prior to submission;
- 2) Agree to delegate responsibility to the Director of Public Health in consultation with the Director of Adult Social Care and Health and nominated Public Health Consultant to submit representations to NHS England in response to future pharmacy consolidation applications and any other notifiable pharmacy applications; and
- 3) Agree to delegate responsibility to the Director of Public Health in consultation with the Director of Adult Social Care and Health and nominated Public Health Consultant to publish supplementary statements to the Pharmaceutical Needs Assessment in relation to consolidation applications.

DARRELL GALE

Director of Public Health

Contact Officers: Harvey Winder, Democratic Services Officer
harvey.winder@eastsussex.gov.uk

Background Documents

None

Your Ref: PCC-201718-38

05/04/2019

Dear Colleague

Re: Consolidation onto the site at 9-11 St Leonards Road, Bexhill-on-Sea TN40 1HJ of Paydens Limited T/A L J Collis Pharmacy already at that site and A&S Shillam Limited T/A Marsh Pharmacy currently at 30 St Leonards Road, Bexhill-on-Sea TN40 1HT

Thank you for your letter of 3rd April 2019 regarding the proposed consolidation of premises as designated above.

On behalf of the East Sussex Health and Wellbeing Board we confirm that, if the application were granted, the proposed removal of premises from the pharmaceutical list would not create a gap in pharmaceutical services that could be met by a routine application (a) to meet a current or future need for pharmaceutical services, or (b) to secure improvements, or better access, to pharmaceutical services.

Yours faithfully,

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Report to: East Sussex Health and Wellbeing Board

Date of meeting: 23 April 2019

By: Director of Adult Social Care and Health

Title: Work programme

Purpose To provide the Board with an opportunity to discuss its work programme

RECOMMENDATION

The Board is recommended to consider and agree the programme.

1. Background

- 1.1. As part of the review of the Health and Wellbeing Board it was agreed that the Board would set a work programme for the year. The work programme contains the proposed agenda items for future HWB meetings.
- 1.2. The work programme covers:
- Emerging issues;
 - Items that require sign off by the Board; and
 - A workshop meeting.

2. Supporting information

2.1 The work programme for the East Sussex Health and Wellbeing Board 2019/20 is attached as **appendix 1** to this report. It contains the proposed agenda items for the upcoming HWB meetings, and proposes that this year's workshop meeting will be to agree milestones and Key Performance Indicators (KPIs) for monitoring on the integrated health and social care partnership that will then inform the revision of the Health and Wellbeing Strategy.

3. Recommendations

- 3.1 The Board is recommended to consider and agree its work programme.

KEITH HINKLEY
Director of Adult Social Care and Health

Contact Officer: Sarah Feather

Tel No: 01273 335712

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East Sussex Health and Wellbeing Board Work Programme 2019/20

Date of Meeting	Report
23 April 2019	Pharmacy Consolidation Applications
	Integrated Health and Social Care Partnership Arrangements
	Care Quality Commission (CQC) review of progress on the whole system Area Review
16 July 2019	Joint Strategic Needs and Assets Assessment (JSNAA) annual report
	Integrated health and social care partnership and programme.
	Better Care Fund.
17 September 2019	Workshop meeting - to look at and agree milestones and Key Performance Indicators (KPIs) for monitoring on integrated health and social care partnership.
	Integrated Health and Social Care Programme – quarterly monitoring
10 December 2019	Adult Safeguarding Annual report.
	Children's Safeguarding Annual report.
	Director of Public Health Annual report.
	Healthwatch Annual Report.
	Integrated Health and Social Care Programme – quarterly monitoring.
3 March 2020	Integrated Health and Social Care Programme – quarterly monitoring.

Pharmaceutical Needs Assessment (every 3 years) next due 2020.

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