

Biannual Progress Report October 2015 to March 2016

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

Objectives

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

Performance Measures

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

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

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

Green b) 2014/15 gap = 2.6%

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

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

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

Outturn: Green East Sussex 25.5% National Average 32.1%

Commentary

MMR Coverage (1.1):

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

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

Overall the East Sussex rate was 92%

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

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

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

Early Years Foundation (1.2):

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

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

Objectives

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

Performance Measures

2.1 Number of children with a Child Protection Plan

2015/16 Target: 500

Outturn: **Green** 462

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

2015/16 Target: 300

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

Commentary

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

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

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

Objectives

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

Performance Measures

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

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

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

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

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

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

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

Commentary

Alcohol:

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

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

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

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

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

Tobacco:

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

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

Obesity/Physical Activity:

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

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

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

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

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

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

PRIORITY 4: PREVENTING AND REDUCING FALLS, ACCIDENTS AND INJURIES

Objectives

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

Performance Measures

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

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

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

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

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

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

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

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

Commentary

Children:

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

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

0-5 years accident prevention

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

0-5 Accident Prevention Working Group (APWG)

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

Data collection and reporting

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

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

East Sussex Child Home Safety Advice and Equipment Service

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

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

Adults:

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

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

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

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

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

Objectives

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

Performance Measures

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

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

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

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

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

Outturn:

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

Commentary

Adults:

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

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

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

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

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

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

Children:

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

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

Objectives

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

Performance Measures

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

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

Outturn:

CO

 Data available in September

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

Outturn:

CO

 Data available in September

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

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

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

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

Commentary

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

April 2015 to March 2016

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

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

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

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

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

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

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

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

Children and SEND:

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

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

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

Objectives

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

Performance Measures

7.1.1 Deaths at usual place of residence divided by all deaths

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

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

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

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

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

2015/16 Target: 75%

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

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

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

Outturn: **Red** No target set

Commentary

7.1.2

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

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

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

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

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

7.2

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