

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
Ian 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	HWB Progress Report 17 July 2018
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	March 2019	Arrangements agreed by all relevant Governing Bodies and Councils	Please refer to corresponding paper for the Health & Wellbeing Board setting out preliminary review work carried out to date and proposed timeline for further activity. Completion by March 2019 .
1.2	Review system representation and associated accountabilities on STP Board and workstreams	<ul style="list-style-type: none"> • STP and East Sussex system developments are aligned 	ESBT Alliance Executive and C4Y Board	July 2018	STP has effective oversight of all services within the East Sussex footprint	The STP governance review has been completed, with: <ul 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	HWB Progress Report 17 July 2018
2.1	Review the role and purpose of the HWB to: <ul style="list-style-type: none"> streamline and rationalise whole system governance arrangements Establish the system leadership role of the Board 	<ul style="list-style-type: none"> Clarity of purpose and decision making function Whole System leadership and accountability 	Becky Shaw, Chief Exec ESCC	March 2019	<p>Arrangements agreed by all relevant Governing Bodies and Councils</p> <p>Reconstituted Board convened with revised terms of reference and membership</p>	Please refer to corresponding paper for the Health & Wellbeing Board setting out preliminary review work carried out to date and proposed timeline for further activity. Completion by 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		Please refer to corresponding paper for the Health & Wellbeing Board setting out preliminary review work carried out to date and proposed timeline for further activity. Completion by March 2019 .
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		Please refer to corresponding paper for the Health & Wellbeing Board setting out preliminary review work carried out to date and proposed timeline for further activity. Completion by March 2019 .

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	HWB Progress Report 17 July 2018
3.1	Produce an on-line Older People's briefing to signpost people to all the relevant JSNA products	<ul style="list-style-type: none"> Facilitate ease of access to Older People's JSNA products 	Director of Public Health	June 2018	<p>Older Peoples JSNA products are used to inform strategic commissioning of services across East Sussex</p> <p>Older People's Briefing signposts to</p>	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/briefin

					all the relevant products to facilitate ease of access	gs
3.2	Review the structure of the East Sussex JSNA website to ensure Older Peoples products are clearly referenced within the Needs Assessment section of the website Ensure the Older Peoples needs assessment information links to Mental Health and Dementia JSNA	<ul style="list-style-type: none"> Facilitate ease of access to Older People's JSNA products 	Director of Public Health	June 2018		<p>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 and Older People's Profile: http://www.eastsussexjsna.org.uk/Site-Index.aspx?index=0</p> <p>Comprehensive Needs Assessments on the site have all been reviewed, and those that are now out-of-date have been removed.</p>
3.3	Identify and respond to commissioning requirements for additional / different older peoples JSNA products to inform strategic commissioning	<ul style="list-style-type: none"> Ensure JSNA products are designed to meet strategic commissioning needs for older peoples services across East Sussex 	Director of Public Health	June 2018		<p>Public Health, who lead on the JSNA, 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.</p>

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	HWB Progress Report 17 July 2018
4.1	System review of market provision of beds to ensure bed profile and capacity better reflects demand Scope of review to include	<ul style="list-style-type: none"> Improved bed capacity to meet complex needs Improved bed capacity to meet short term / complex 	Martin Hayles, Assistant Director Strategy, Commissioning and Supply Management	Sept 2018	Support to improve CQC ratings of Adult Social Care Services provided by the Market Support Team	A Task & Finish Group has been established to oversee the System Review of Beds, phase 1 will focus on ASCH market capacity and development opportunities in the following market sectors:

	<p>access; waiting times; assessments; need (including ABI, Mental Health, stroke) and costs</p> <p>Provider forums and planning and partnerships stakeholder group to be directly involved in the review</p>	<p>needs</p> <ul style="list-style-type: none"> Improved commissioning arrangements to meet changing demand and complexity 			<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>	<ul style="list-style-type: none"> extra care residential home care nursing home care <p>The outputs of the review will inform the Commissioning Intentions & Market Position Statement, due for publication in the autumn.</p>
4.2	<p>Improve patient / family / staff information relating to choice (Ref actions 7.4 and 10.4)</p>	<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 	<p>ESBT and C4Y communications and engagement leads</p>	<p>July 2018</p>		<p>An update will be provided at the next Health & Wellbeing Board meeting.</p>
4.3	<p>Evaluate the IC24 roving GP model and assess whether this approach can be rolled out more broadly across the system</p>	<ul style="list-style-type: none"> Maintain lower rates / further reduce A&E attendances from care homes Reduction in emergency admissions 	<p>Garry East, Paula Gorvett, Sally Smith</p>	<p>October 2018</p>		<p>Due to a later than anticipated start date, this service only started in March 2018 and is due to run as a pilot for 6 months. The revised timescale for delivery of the evaluation is October 2018.</p>
4.4	<p>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>	<ul style="list-style-type: none"> Higher quality care provision Improved market sustainability 	<p>Head of Supply Management, ASC&H, ESCC</p>	<p>Ongoing</p>		<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</p>

						(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.
4.5	<p>Develop the Commissioning Intentions and Market Position Statement to include the whole East Sussex Health and Social Care system</p> <p>Develop the Commissioning Intentions and Market Position Statement to reflect Strategic Transformation Partnership commissioning intentions</p> <p>Mental Health and dementia within scope of the position statement</p>	<ul style="list-style-type: none"> • Service providers are clear about the system commissioning intentions, • Market is better placed to contribute and respond to emerging need, required service developments and pathway reconfiguration. • System-wide approach to developing a sustainable service offer and continue to deliver quality outcomes for the local population. 	Head of Policy & Strategic Development, ASC&H, ESCC	October 2018		<p>Due to the extent of this year's RPPR proposals and consultation process, it was agreed to postpone the date of the Commissioning Intentions & Market Position Statement to the autumn. This will allow engagement with the market and key stakeholders to respond to the outcomes. The revised date for publication is October 2018.</p>

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	HWB Progress Report 17 July 2018
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 	Sally Reed, ASC&H, ESCC	Review complete by December 2018	Achieve local target of 90% of people 65+ who are still at home three months after a period of	This work has been on hold pending recent Cabinet decisions regarding some intermediate care provision, now to be resumed with scheduled completion date of December 2018

		system			rehabilitation / intermediate care (Jan 18 91.3%)	
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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	HWB Progress Report 17 July 2018
6.1	Review East Sussex Better Together Digital Strategy 'Tactical Work' workstream to ensure opportunities to support operational staff through improved IT interconnectivity are prioritised: <i>(Tactical Work - Exploiting Existing Technologies – exploiting what we already have to deliver benefit and capability to operational services until strategic systems are in place)</i>	<ul style="list-style-type: none"> Improved efficiency for staff Improved multi-agency working 	Simon Jones, ESBT Informatics Programme Lead	July 2018	<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>	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.
6.2	Review IT requirements to address barriers to interconnectivity across integrated teams, e.g. HSCC and JCR	<ul style="list-style-type: none"> Improved efficiency for staff Improved multi-agency working 	Simon Jones, ESBT Informatics Programme Lead	July 2018		Underway and ongoing – both under the aegis of the ODSG and through individual pieces of work with specific IT teams.
6.3	Reduce manual inputting of multi-agency assessments by HSCC	<ul style="list-style-type: none"> Improved efficiency for staff Improved multi-agency working 	Simon Jones, ESBT Informatics Programme Lead	December 2018		Work is underway to fully define the requirements and to assess possible solutions. Delivery will be dependent on the option chosen, but can be expected before December 2018.
6.4	Primary Care access to E-Searcher and ESHT access to EMIS to share patient medical records (To support delivery of Area for Improvement 10)	<ul style="list-style-type: none"> Improved information sharing to inform discharge 	Simon Jones, ESBT Informatics Programme Lead	Sept 2018		This is spread across phases 1 & 2 of the Integrated Care Record work. ESHT/social care access to GP data will be delivered later this year (September 2018). GPs already have access to

						eSearcher but as it's a separate system, uptake is low. The second phase of the ICR project includes embedding eSearcher within the GP system, which will make their experience seamless.
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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	HWB Progress Report 17 July 2018	
7.1	<p>Continuing Health Care (community and acute)</p> <ul style="list-style-type: none"> • Process improvement: develop system wide local agreement to reduce waiting times for assessment • Short term intensive project to reduce assessment & review backlog • Culture: Work with CHC team and referring teams to develop a whole system approach to CHC provision • Performance and outcomes: develop CHC measures for inclusion on Health and Social Care Outcomes Framework • Sustainable Transformation Partnership: Link local CHC development with STP review to maximise opportunities for improved service provision 	<ul style="list-style-type: none"> • Improved patient experience from reduced waiting times; whole system approach • Improved outcome and performance management arrangements • Improved multi-agency working through development of whole system approach to CHC provision 	<p>Garry East, Hastings and Rother CCG, Eastbourne, Hailsham and Seaford CCG</p> <p>A&E Delivery Board</p>	<p>Sept 2018</p>	<p>Maintain improved performance in delays due to awaiting nursing home and domiciliary care packages: (Locally collected data through weekly SITREP's (snapshot count on a Thursday))</p> <p>An average 3.8 people delayed per week awaiting nursing home (this has improved from 10.5 per week in July)</p> <p>An average 5.5 people delayed per week awaiting domiciliary care packages (this has improved from 18.8 per week in July).</p> <p>365 Day access to Service Placement</p>	<p>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 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>

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>Team to reduce delays in sourcing and brokerage for discharges.</p> <p>Full implementation of Stranded Patient Review (over 7 days) Process</p>	<p>Early supported discharge in place via Crisis Response Team which enables D2A principles to be applied to patients who are discharged to own home.</p> <p>Rehab pathway already in place into intermediate care beds.</p> <p>D2A service for patients requiring resettlement from hospital under development.</p>
7.3	<p>Evaluate Enhanced Discharge Control arrangements currently in place within ESHT: Twice weekly multi agency meetings including ward staff; focus on patients approaching being medically fit for discharge. Information links directly into daily system-wide operational discharge calls</p>	<ul style="list-style-type: none"> Improved system-wide understanding of patients approaching discharge, enabling early discharge planning Reduction in Stranded patient numbers 	A&E Delivery Board	Sept 2018	<p>System wide implementation of a significantly strengthened choice (no choice in acute) policy.</p>	<p>Full implementation of Stranded Patient Review (over 7 days) Process in place</p>
7.4	<p>Patient Choice Embed System wide Choice Policy – ‘Let’s Get You Home’</p> <ul style="list-style-type: none"> Ongoing involvement of key clinicians to support potentially difficult conversations with patients and families. Focus on embedding at front door to help manage patient, carer and family expectations Develop communications and engagement plan to support front line staff (and communications and engagement teams) with 	<ul style="list-style-type: none"> Improved patient experience More consistent approach to patient choice across the system 	A&E Delivery Board	August 2018		<p>A strengthened choice (no choice in acute) policy has been implemented and review undertaken. Further development of policy will be undertaken as part of Discharge to Assess pathway developments. Choice incorporated into developments of effective board rounds</p>

	core messages and other content to promote the Lets Get You Home objectives in getting patients home quickly and safely.					
7.5	<p>Trusted Assessor</p> <ul style="list-style-type: none"> Professional 'trusted assessor' arrangements in place in key services such as crisis response. Continued implementation of trusted social care + equipment assessor training for NHS staff. Trusted Assessor for Care Homes to be trialled with a number of Care Homes. 11 care homes are currently involved in shaping the pilot. Scope options for introducing Trusted Assessor model for CHC 	<ul style="list-style-type: none"> Improved patient, family, carer experience resulting from a consistent system wide approach and more timely assessments 	A&E Delivery Board	Sept 2018		Initial pilot completed, lessons learnt. Business case needed to take forward.
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	HWB Progress Report 17 July 2018
8.1	<p>Creation of 24 hour crisis response service (ESBT):</p> <ul style="list-style-type: none"> Optimise crisis response capacity Merger of Integrated Night 	<ul style="list-style-type: none"> Improved access to services Improved outcomes for patient, family, carers 	Integrated Community Operations Management Meeting	December 2018	Maintain rate of emergency admissions per 100,000 population (65+) (DH measure), below the	Crisis Response Team in place 08:00 till 22:00 with Integrated Night Service from 22:00 till 08:00. The proposed merger of the two services is on hold pending the outcomes of the ESHT

	<p>Service (INS) and Crisis Response to ensure 24/7 access for admission avoidance</p> <ul style="list-style-type: none"> Mental Health to be in scope of the work 				<p>national average.</p> <p>Maintain % of emergency admissions within 30 days of discharge (65+) below the national average</p>	<p>Community Services Review, a further update will be provided when information becomes available. It is anticipated the review will be completed by December 2018.</p>
8.2	<p>Implementation of Rapid Response service (HWLH)</p>	<ul style="list-style-type: none"> Improved access to services Improved outcomes for patient, family, carers 	<p>Hugo Luck, High Weald Lewes Havens CCG</p>	<p>October 2018</p>	<p>Well established voluntary sector services including Home from Hospital. Community sector embedded in discharge planning.</p>	<p>Now agreed as a priority for service development with SCFT for Community Services contract this year- currently working up action plan to deliver in October 2018.</p>
8.3	<p>Review medical model based commissioning arrangements for weekend Intermediate Care admissions (ref also Area for Improvement 5)</p>	<ul style="list-style-type: none"> Increased capacity for weekend discharges from acute to community / intermediate care beds Improved discharge planning and patient experience 	<p>Hugo Luck, High Weald Lewes Havens CCG</p>	<p>Sept 2018</p>	<p>Extended access and bookable appointments included in the planning of primary care streaming services</p>	<p>7 day admissions are now possible at Uckfield and Crowborough. At Lewes there are 6 day admissions for out of area patients, but only 5 day admissions for HWLH patients pending finalisation of arrangements with Lewes practices (on track for September 2018)</p>
8.4	<p>Engagement with the market to explore sustainable service models to enhance OOH capacity (in addition to Trusted Assessor pilot)</p>	<ul style="list-style-type: none"> Improved access to services Improved outcomes for patient, family, carers 	<p>Head of Policy & Strategic Development, ASC&H, ESCC</p>	<p>July 2018</p>		<p>Initial work with providers of last year's interim beds (winter pressures), indicates a 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. This work will now be progressed through the Discharge to Assess workstream.
8.5	Produce a staff and public narrative to explain out of hour's service availability.	<ul style="list-style-type: none"> Clarity about what is available and when 	ESBT and C4Y communications and engagement leads	Sept 2018		An update will be provided at the next Health & Wellbeing Board meeting.

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	HWB Progress Report 17 July 2018
9.1	Develop and implement system-wide mechanisms for evaluating pilot schemes / joint initiatives Develop communications plans aligned to activity	<ul style="list-style-type: none"> Shared learning outcomes System-wide perspectives inform evaluations and future commissioning / service developments 	PMO and ESBT Strategic Workforce Group; HWLH workforce lead	July 2018	Staff feedback mechanisms Training and development activity is evaluated across organisations System wide communications in place	<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 Masterclasses. Communication plans are being aligned to activity e.g. Urgent Care workstream
9.2	Continue to embed our approach to joint training and development opportunities including: <ul style="list-style-type: none"> Safeguarding and domestic abuse, Self -neglect softer skills such as coaching to improve performance 	<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. The integrated training offer continues to be developed including a joint induction programme for Integrated Support Workers; Locality Team Manager Development Programme.
9.3	Continue to develop reflective practice approaches in	<ul style="list-style-type: none"> Multi-disciplinary approach to learning 	ESBT Strategic Workforce Group;	July 2018		<ul style="list-style-type: none"> OD Practitioners Programme and Masterclasses. 21 participants from

	integrated locality teams	<ul style="list-style-type: none"> and development Improved service delivery resulting from practice developments 	HWLH workforce lead			<p>across health and social care (ESBT) to develop OD capacity and support reflective practice activity.</p> <ul style="list-style-type: none"> Range of development opportunities for integrated locality team managers and other staff to attend including leadership lab; resilience in challenging times. This work is ongoing and developmental.
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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	HWB Progress Report 17 July 2018
10.1	Ward focussed Discharge Pathway workshop to include Professionals; Patients (and Healthwatch); Providers (including patient transport)	<ul style="list-style-type: none"> Improved patient / family / staff information and communications One version of the truth for professionals Lead professional for each complex discharge Discharge checklist 	<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>Maintain performance of 'the proportion of carers who report that they have been included or consulted in</p>	<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.</p>
10.2	Mental Health inpatient workshop to mirror workshop in 10.1 above	<ul style="list-style-type: none"> Improved patient / family / staff information and communications One version of the truth for professionals Lead professional for each complex discharge Discharge checklist 	John Childs, SPFT	July 2018	<p>Maintain performance of 'the proportion of carers who report that they have been included or consulted in</p>	<p>An adult mental health patient flow workshop was held 12 June, facilitated by the Trust's Patient Flow Programme Manager and planned jointly with Adult Social Care & Health. Attendance from social care, health and colleagues from districts and borough housing departments.</p>

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	discussion about the person they care for' above the national average (East Sussex: 71.3%; England 68.6) Reduce length of hospital stay (aged 65+) for emergency admissions to meet or exceed the England average	An update will be provided at the next Health & Wellbeing Board meeting.
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		An update will be provided at the next Health & Wellbeing Board meeting.
10.5	Review Hospital Transport booking process to reduce the number of bookings made with less than 24 hours' notice Review access for Mental health patients	<ul style="list-style-type: none"> Improved service delivery resulting in better patient experience 	Pauline Butterworth, ESHT; Kalvert Wells; South Central Ambulance Service	July 2018		Embedded within the Discharge Planning and Improvement approach