

Report to: East Sussex Health and Wellbeing Board
Date of meeting: 7 July 2015
By: Chief Executive, East Sussex County Council
Title: East Sussex Health and Wellbeing Strategy annual progress report
Purpose: To present a report on progress to date on delivering the East Sussex Health and Wellbeing Strategy 2013-2016

RECOMMENDATIONS

The Board is asked to:

- 1) consider and comment on the report; and**
 - 2) agree the proposed changes to the measure and targets at paragraph 4.2**
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1. Introduction

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

2. Format of the report

2.1 This annual report for the year 2014/15 details progress made from October 2014 to March 2015. Appendix 1 sets out a summary of performance against targets at the end of the year and updates for outturns at quarter 2. Where final and complete data is not yet available for the end of March, the latest or provisional outturns are given and the targets are carried over for reporting when data is available.

2.2 Appendix 2 provides commentary on progress for each of the seven priority areas and the direction of travel towards achieving the end of 2015 and final 2016 targets.

2.3 A glossary explaining acronyms and technical terms used in this report is included at Appendix 3.

3. Health and Wellbeing Strategy progress overview

3.1 The amendments to HWS measures and targets agreed by the Board in January are reflected in this report. The following outturns for quarter 2 2014/15 have been updated:

- 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, 0.98% decrease amended to 1% increase
- 5.2 Report improved outcomes for people with mental health conditions arising from NHS mental healthcare, targets updated for 2015/16:
 - a) Target Amended to number entering treatment 7,500
 - b) Target Amended to 50% completing treatment
 - c) Target Amended to waiting times: 75% within 6 weeks, 95% within 18 weeks
- 6.3a Proportion of people with ambulatory care sensitive conditions admitted to hospital as an emergency, previously 4.5% reduction amended to 0.5% reduction
- 6.3b Number of days between admission and discharge, previously 15% reduction amended to 13% reduction
- 7.1.1 Deaths at usual place of residence divided by all deaths, previously unknown amended to 51%

3.2 For 2014/15, there are 22 targets reported at year end, of these 9 are scored Green, 2 are scored Amber, 4 are scored Red and 7 are carried forward.

3.3 There has been notable progress against the following measures:

- 1.2 Improve skills development, percentage point gap between the lowest achieving 20% in the early year's foundation stage profile and the rest
- 2.1 Fewer children needing a Child Protection Plan
- 2.2 Reduce the number of young people entering the criminal justice system
- 3.2a Percentage of the eligible population aged 40-74 offered an NHS Health Check
- 5.1 Improve the experience of NHS mental healthcare for people with mental health conditions
- 5.2 Report improved outcomes for people with mental health conditions arising from NHS mental healthcare
- 6.1 Improve measureable outcomes for children and young people with SEND (Special Educational Needs and Disability): Number of completed Education, Health and Care plans

3.4 Targets scored red are:

- 1.1a Increase MMR vaccinations – Percentage receiving vaccination
- 3.2b Percentage of eligible population aged 40-74 who were offered an NHS Health Check who received one (note that the number of people offered a health check was higher than targeted and therefore although the target of 50% of people offered going on to receive a health check was not met the actual number of people who received a health check was higher than expected)
- 7.1.2 More people identified as approaching end of life are cared for and die in their usual place of residence – Unable to calculate, measure proposed for amendment 2015/16
- 7.2 Improve the experience of care for people at the end of their lives – no measure developed

4. Changes to action plan measures and targets

4.1 The Board is asked to note the change to the measure and targets for 2015/16 in respect of:

Priority 5 - 5.1, people's experiences of NHS mental healthcare. The changes are in line with the mandatory questions in the NHS 'friends and families test'. Results will be submitted to, and published by, the NHS.

Amended measure: the percentages 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. Targets: 2015/16 'positive' 80%; 'extremely likely' to recommend 50%.

4.2 The Board is asked to agree the proposed amendment to the measure and targets for 2015/16 in respect of:

Priority 6 - 6.1, Number of completed Education, Health and Care Plans (EHCP). We are now concentrating on converting existing Statements to EHCP's rather than creating new ones.

Amended measure: proportion of Statements converted to Education, Health and Care Plans. Target: 2015/16 50%

Priority 7 - 7.1.2, the proportion of the population served by GPs and Out Of Hours services that have access to information about people approaching end of life on an Electronic Palliative Care Coordination System or similar. It was not possible to calculate the measure in its current form.

Amended measure: the proportion of population on the Palliative Care Register (PCR) whose data has been uploaded to the SCR/EPaCCS. Target: 2015/16 75%.

5. Conclusions and Next Steps

5.1 Good progress has been made towards delivering the strategy and action plan against many priorities. Although there are challenges in meeting some targets and dealing with some matters of process and data reporting, work to tackle these issues has progressed.

5.2 The Government has announced cuts of £200 million to the Department of Health's non NHS budget 2015/16. This is likely to mean cuts to the County Council's Public Health grant estimated at £1.7 - 2 million.

5.3 The next biannual progress report covering the period April to September 2015 is scheduled for the Health and Wellbeing Board in January 2016.

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