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| **Report to:** | **Health and Wellbeing Board** |
| **Date:** | **January 2016** |
| **By:** | **Chief Executive** |
| **Title of report:** | **East Sussex Health and Wellbeing Strategy progress report** |
| **Purpose of report:** | **To present a report on progress to date on delivering the East Sussex Health and Wellbeing Strategy 2013-2016** |

**RECOMMENDATION**

**The Health and Wellbeing Board is recommended to:**

**1) consider and comment on the report; and**

**2) agree the proposed amendment and deletion to measures and targets at paragraph 4.1 and 4.2.**

## 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 and joined up approach will help to improve outcomes, reduce inequalities and deliver efficiency savings that could be reinvested in service improvements.

## 2. Format of the report

2.1 This report is for quarters 1 and 2 2015/16 and details progress made over the period April 2015 to September 2015.

2.2 The report format has been amended this time to make it shorter, and more focused on progress and achievements.

2.3 Appendix 1 shows RAG scores against targets at the end of quarter 2. Where data is not yet available the outturn is listed as NA (Not Available).

2.4 Appendix 2 provides detailed outturns and commentary on progress for each of the seven priority areas and work being done towards achieving the final 2015/2016 targets.

2.5 Six outturns were marked as Carry Overs in the annual progress report for 2014/15. These are listed as CO in appendix 1 for 2014/15 with details of the 'Carry Over Outturn' given against the relevant performance measures in appendix 2.

## 3. Health and Wellbeing Strategy progress overview

3.1 For 2015/16, there are 22 targets reported at quarter 2, of these 8 are scored Green, 6 are scored Amber, 3 are scored Red, 3 are not available and 2 are proposed for amendment or deletion.

3.2 There has been notable progress against the following measures:

- 1.1b) Reduce the gap in MMR vaccination coverage at District and Borough level from 4.2% in 2011/12
- 1.2 Reduce the early years attainment gap
- 2.1 Fewer children needing a Child Protection Plan
- 2.2 Reduce the number of young people entering the criminal justice system
- 3.1a) Reduce rates of mortality from causes considered preventable
- 3.2a) Percentage of the eligible population aged 40-74 offered an NHS Health Check
- 5.2a) Report improved outcomes for people with mental health conditions arising from NHS mental healthcare – Numbers entering treatment
- 5.2b) Report improved outcomes for people with mental health conditions arising from NHS mental healthcare – Numbers completing treatment who have recovered

3.3 Targets scored red are:

- 4.2 Reduce the rate of older people admitted to hospital due to falls
- 6.3a) Reduced number of people with long term conditions being admitted to hospital and;

6.3b) reduce the time they spend in hospital.

## 4. Changes to action plan measures and targets

4.1 The Board is asked to approve the amendment to the target:

3.2b) Increase uptake of NHS health checks – reduce target from 70% to 50%.

The target was set at 50% for 2014/15 and increased to 70% for 2015/16, however, it is felt that in light of both our performance and the performance of other areas nationwide 50% would be a more realistic and achievable target.

4.2 The Board is asked to approve the deletion of the measure:

6.1 Increase the number of Statements (for Special Educational Need and Disability) converted to EHCP's; target 50% converted to EHCP.

This is due to changes from the Department for Education in the way the data is measured and the reporting periods.

## 5. Conclusions and Next Steps

5.1 Progress has been made towards delivering the strategy and action plan against many priorities and objectives. Challenges still remain in meeting some targets and dealing with some matters of process and data reporting, work to tackle these issues has progressed.

5.2 The next progress report is scheduled for the Health and Wellbeing Board in July 2016 and will cover the final year of the current strategy to March 2016.

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## APPENDIX 1: Performance Measures – Outturn Summary

| Priority | Ref | Performance Measure | 2015/16 Target | RAG Q4 2014/15 | RAG Q2 2015/16 |
|---|---|---|---|---|---|
| 1. Best start | 1.1 | Increase MMR vaccinations | a) 95% | R | A |
| | | | b) Reduce gap from 4.2% | CO | G |
| | 1.2 | Reduce the early years attainment gap | <=National Average | G | G |
| 2. Parenting | 2.1 | Fewer children need a Child Protection Plan | 500 | G | G |
| | 2.2 | Reduce the number of young people entering the criminal justice system | 300 FTE | G | G |
| 3. Healthy lifestyles | 3.1 | Reduce rates of mortality from causes considered preventable | a) 10% reduction | CO | G |
| | | | b) Reduce gap | CO | A |
| | 3.2 | Increase offer and uptake of NHS health checks | a) 20% offered | G | G |
| | | | b) 70% received | R | AD |
| 4. Accidents and falls | 4.1 | Reduced emergency hospital admissions amongst children and young people for accidents and injuries | 4% reduction | CO | NA |
| | 4.2 | Reduce the rate of older people admitted to hospital due to falls | Reduction of 1% per year on 13/14 baseline | G | R |
| 5. Mental health | 5.1 | Improve the experience of NHS mental healthcare for people with mental health conditions | 'Positive' 80%; 'extremely likely' to recommend 50% | G | A |
| | 5.2 | Improve outcomes for people with mental health conditions arising from NHS mental healthcare | a) Numbers entering treatment – 7,500 | G | G |
| | | | b) Numbers completing treatment who have recovered – 50% | G | G |
| | | | c) Waiting times for treatment – 75% within 6 weeks; 95% within 18 weeks | G | A |
| 6. SEND and LTC | 6.1 | Increase the number of Statements converted to EHCP's | 50% of Statements converted to EHCP | G | AD |
| | 6.2 | Increase the take up of Health Checks for people with Learning Disabilities (LD) | Meet England average (63%) | CO | NA |
| | 6.3 | Reduced number of people with long term conditions being admitted to hospital and reduce the time they spend in hospital | a) 20% reduction in admissions | A | R |
| | | | b) 20% reduction in time in hospital | A | R |
| 7. End of life care | 7.1 | More people identified as approaching end of life are cared for and die in their usual place of residence | 7.1.1) 50.3% die at home | CO | A |
| | | | 7.1.2) 75% uploaded to SCR/EPaCCS | R | A |
| | 7.2 | Improve the experience of care for people at the end of their lives | TBC 2014/15 | R | NA |

| | | | | | |
|---|---|---|---|---|---|
| Red | Target will be missed | Amber | Target off track | Green | Achieved or on track |
| AD | Target amendment/deletion | NA | Data not available | CO | Outturn carried over to next report |

**APPENDIX 2: Biannual Progress Report April 2015 to September 2015**

## 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)**

**2014/15 Target:** b) reduce the gap at District and Borough level from 4.2% in 2011/12

**Carry Over Outturn: NA** b) Data no longer available

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

**Outturn:** **Amber** a) Final Outturn 2014/15 = 91.2%, 2015/16 Q1 & 2 = 91.7%
**Green** b) Gap reduced to 0.3%

1.1 a and b) The Public Health England Screening & Immunisation Team receives practice and CCG level data from NHS England. A report detailing this information is prepared and shared with our CCG colleagues to support our joint efforts to improve MMR uptake in East Sussex.

1.1 b) Hastings And Rother (HR) Clinical Commissioning Group (CCG) uptake for 1st MMR dose – 92.2%, Eastbourne Hailsham and Seaford (EHS) CCG and High Weald Lewes and Havens (HWLH) CCG uptake for 1st MMR dose – 91.9% = gap of 0.3%

**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** 25.5% gap East Sussex, 32.1% gap England

### Commentary

There has been a slight increase in the MMR uptake rate in quarter 2 compared to 2014/15. We anticipate a higher uptake in quarter 3 as the CCG and practice level data available from NHS England has assisted in our efforts to support local strategies to improve uptake. This data will ensure a targeted approach model, promoting partnership working with underperforming practices. This should have a positive impact on the overall immunisation uptake rate among 1, 2 and 5 year olds.

In East Sussex the achievement gap between the lowest attaining 20% of pupils and the median is 25.5%. This is 6.6% better than the England figure (32.1%) and 3rd among our statistical neighbours. East Sussex made the 2nd best improvement on the 2014 Achievement Gap.

## 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 464

**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 Provisional Q2: 9 FTE equating to 18 per 100,000 population
Provisional YTD: 48 FTE per 100,000 population

**Commentary**

It is expected that the target will be met and the focus on this measure will be maintained. The work undertaken last year to address the number of children with Child Protection (CP) plans has had an impact. Work included challenging the ongoing high levels of children with CP plans and agreeing ways to reduce the number of children with a CP plan safely, for example, by working with Independent Reviewing Officers and Child Protection Advisers to reinforce other robust planning mechanisms to safeguard children. Many of these children remain Children in Need (CIN) and continue to be supported by social workers with robust CIN plans.

The rate of FTE to the criminal justice system continues to be low as a result of the continued use of Community Resolution by the police for low level offences and the Targeted Youth Support pathway which sees young people being assessed by the Youth Offending Team and then receiving informal diversion work which prevents them from entering the criminal justice system.

Please note that the numbers are initially low when reported as there is a delay in receiving outcome data from the police. The numbers are updated each quarter for the previous quarter; the final outturn for 2014/15 can now therefore be confirmed as 94 FTE, equating to 188 per 100,000 of the 10-17 year old population.

**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**

**2014/15 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

**Carry Over Outturn:** Green a) 2012-14 = 159.5 per 100,000 which is a 6% reduction on 2011-13 (170.4 per 100,000)
Amber b) 2012-14 gap between Hastings (222.5 per 100,000) and Wealden (137.2 per 100,000) is 85.3 per 100,000. This is a slight increase on 2011-13 (83.7 gap)

**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:** Green a) Latest data is given above for 2012-14 calendar years

Amber b) Latest data is given above for 2012-14 calendar years

**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) 70% received

**Outturn:** **Green** a) 2015/16 Q1 & Q2 = 11.1% (target 10%)
**Amendment** b) 2015/16 Q1 & Q2 = 52.6% (target 70% suggested amendment to 50%)

**Commentary**

The rate of deaths from causes considered preventable reduced by 6% for 2012-14 compared to 2011-13, which is on course for East Sussex to meet the 2015-17 target. However there was a 2% increase in the gap between Hastings and Wealden over the same period. Both areas saw a decrease in preventable deaths over the period; however the reduction was greater for Wealden (145.9 per 100,000 to 137.2) than for Hastings (229.6 to 222.5) therefore the gap increased.

The proportion of people offered an NHS Health check continues to be in line with the target (so that all eligible people are offered a check once every 5 years). The target for the proportion of people taking up their offer of a health check was set in 2013 in line with the national expectation for the then new health check programme, and increased from 50% in 2013/14 and 2014/15 to 70% in 2015/16. In 2014/15 only 16 (out of 152) local authority areas achieved a 70% or higher uptake rate, and of these only 6 offered health checks to the expected 20% of the population (so areas that achieve high take up rates tend to have low coverage). The national average take up rate in 2014/15 (49%) was similar to the East Sussex rate (47%). In quarter 1 2015/16 the national average take up rate was 44% compared with 58% in East Sussex (quarter 1 is often high because people offered a check in quarter 4 may have the check in quarter 1 the following year, and activity tends to increase towards the end of the financial year). In quarter 4 2014/15 many practices in East Sussex offered particularly high numbers of health checks because a financial penalty could have been applied to practices in receipt of a grant for point of care testing equipment who did not achieve their 20% offer target by the end of the financial year.
Proposed amendment: In light of actual performance across the country since the target was set it is proposed that the target for the proportion of people taking up their offer of a health check in 2015/16 remain at 50% which represents an increase on the 2014/15 outturn and is higher than national performance, but is more realistic now that actual performance is known.

**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 use secondary care due to a fall
- Fewer over 65's use 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**

**2014/15 Target:** 4% reduction 2012/13 to 2015/16 (1.35% per year)

**Carry Over Outturn:** **Red** 2014/15 -3.1% compared to 2013/14 but +4.7% from 2012/13

Data shows a 3.1% decrease on the rate at the end of 2013/14, however this is still 4.7% above the baseline rate set in 2012/13 so we are unlikely to achieve the targeted reduction of 4% between 2012/13 and 2015/16.

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

**Outturn:** **RAG - NA** Not available

**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**

**2014/15 Target:** Reduction of 1% per year on 2013/14 baseline (2,242 per 100,000)

**Final Outturn:** Green 2014/15: 2,184, 2.6% reduction on 2013/14

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

**Outturn:** Red YTD: 2,211, 1.2% increase on the end of year outturn for 2014/15, 1.3% reduction on 2013/14 baseline.

**Commentary**

**Children:**

In line with recommendations outlined in The National Institute for Health and Care Excellence (NICE) guidelines, on effective ways to address child accidents, 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 Sub-Group, the Safer Sussex Roads Partnership and the East Sussex Road Safety Group. The LSCB Child Safety Subgroup work plan 2015-2017 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 1 & 2 have supported delivery of the LSCB work plan:

0 – 5 Accident Prevention Working Group (APWG):

The 0 – 5 APWG met for the first time in March 2015; a second meeting took place in quarter 2 and the terms of reference were agreed. The group has representation from: East Sussex County Council Children's Services, Children's Centres and Public Health; East Sussex Healthcare NHS Trust Family Nurse Partnership; Health Visiting; East Sussex Fire and Rescue Service; Wealden District Council, and; the Child Home Safety Advice and Equipment Service provider. A detailed action plan will be co-produced during quarters 3 – 4, including actions relating to data collection, sharing and reporting, awareness raising and workforce development.

Data collection and reporting:

A tool to support A&E and Minor Injury Units (MIUs) to collect additional data to understand in more detail the specific causes of child accidents has been developed in conjunction with East Sussex Healthcare Trust (ESHT) Paediatric Liaison Nurses. Analysis of data collected between March 2014 and June 2015 indicates that the largest cause of accidents for under 5s (42% of accidents) was falls involving furniture.

Recent feedback at the 0 – 5 APWG indicates that local data reports have helped raise awareness of the significance of childhood accidents within East Sussex and also inform the delivery and targeting of local initiatives and home safety messages, targeted at the specific causes of accidents. A meeting with the new provider of the MIU service is to take place to determine how the data capture tool can continue to be used by these services.

East Sussex Child Home Safety Advice and Equipment Service:

ESHT Health Visitors, Community Nursery Nurses and Family Nurse Partnership (FNP) practitioners and the Council's Children Centre Keyworkers have continued to refer families with children aged 0 – 2 years to the service which is targeted at vulnerable families who are either identified through the Team Around the Family meeting, are a FNP family or a family with a safeguarding plan.

In May 2015 amendments made to the equipment criteria, which were based on feedback from referring organisations and the provider, facilitated an increase in referrals with the service also being better able to meet families' needs.

The Child Home Safety Advice and Equipment Service contract has been extended until March 2016, with a greater emphasis on working with partners to further increase referrals. An evaluation of the

effectiveness of the amendments made to the service from May 2015 will be used to inform future commissioning of the service from April 2016.

Evaluation of accident prevention training (Child Accident Prevention Trust (CAPT)):

CAPT was commissioned by Public Health to deliver 12 training courses between November 2014 and April 2015; the courses were designed to support practitioners working with families with children under 5 to raise accident prevention with clients, deliver consistent accident prevention messages, and implement home safety checks. 144 staff attended the training.

An evaluation of the CAPT training has been completed with high satisfaction levels reported by those who attended the courses. Of those attendees who subsequently completed a post course follow up survey the majority reported that they were addressing accident prevention either “a bit” or “a lot” more as part of their current role. Given the positive outcomes of the training, Public Health, working with its partners will explore potential future options for extending the provision of accident prevention training to wider staff groups (e.g. practitioners who visit families and carers with children under 5 in the home)

Other

Safety in Action:

The Safety in Action project works with local primary schools and aims to encourage 10-11 year old children to be able to recognise hazards and take appropriate action to help keep themselves and others safe. At a Safety in Action event, children are taught in a practical and interactive way about important safety issues which could not only prevent injury, but even save their lives. Delivery partners include East Sussex Fire and Rescue Service, Sussex Police, the Ambulance Service and Southern Rail, among others. The events have been held in various community locations across the county, with invitations being sent to local primary schools.

**Adults:**

There was a 2.6% decrease in the falls rate for residents aged 65+ (age and sex standardised per 100,000 of population) in 2014/15 when compared to the 2013/14 baseline. This represents an improvement on the 1% increase previously projected.

There has been a 1.2% increase in the first half of 2015/16 when compared to the end of year outturn for 2014/15; however this is still a 1.3% reduction on the 2013/14 baseline. We will need to check further data before it can be determined whether this increase is an ongoing trend; data from last year demonstrates that fluctuations from quarter to quarter can be a normal variation.

The Joint Community Rehabilitation (JCR) service is offering more clients multifactorial falls risk assessments and interventions. Work is underway to increase capacity over the winter and to reduce waiting lists and times.

The Otago programme ceased at the end of September 2015, although over 400 East Sussex residents took part since its launch in 2013; insufficient people joined and stayed on the programme during the pilot to make it good value for money. Feedback from participants and lessons learnt inform proposals for new strength and balance exercise provision planned from 2016/17. Local leisure trusts are offering self-funding classes in some localities in the interim.

A business case for community therapy (including falls and fracture prevention) from 2016/17 is in the process of being reviewed by East Sussex Better Together governance groups. The proposals aim to significantly enhance quality, capacity and outcomes over the next three and a half years. Key proposals include:

- Increasing capacity
- Implementing a full strength and balance exercise range focused on primary and secondary prevention
- Implementing a Fracture Liaison Service for the whole East Sussex population aged 50+ presenting with a new fracture
- Changes to acceptance criteria to improve access for individuals residing in care homes
- For all of the above to be integrated within the emerging locality teams

An outcome on the business case is expected in November.

## 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:** **Amber** Positive 83%, extremely likely to recommend 46.8%

Overall patient experience of Trust services (friends and family test), was 'positive' for 83% of respondents, with 46.8% saying they would be 'extremely likely to recommend' Trust services

**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%
**Amber** c) 61% within 6 weeks, 90% within 18 weeks

Achievement of waiting time standards are amber as obtaining sufficient resources including additional psychological therapies staff mean that we may meet the target by the end of the year.

### Commentary

Adults:

Having established baselines against new waiting time standards being introduced in 2015/16, modelling work has been completed on additional resources necessary to clear backlogs and meet targets from 2016/17. An application to NHS England (NHSE) was successful in obtaining a £60,000 investment in on-line therapist supportive cognitive behavioural therapies, as an innovative contribution to these initiatives.

Progress is also being 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.

Through the Better Together programme, we have made it a priority to develop new services targeting those with long term conditions who also have mental health problems, to ensure their higher risk of relapse is managed in a better way.

Children:

Following the publication of 'Future in Mind', a national task force report, there is work underway within the Child and Adolescent Mental Health Services (CAMHS) on emotional and mental health. NHSE has allocated additional investment to all CCG areas to take this programme forward over the next 5 years, following the submission of successful CAMHS transformation plans. East Sussex made a draft submission to NHSE in October and is awaiting feedback.

Our plans outline how we will improve services for children and young people through a whole system approach, strengthening areas of good practice, building on existing strengths, and highlighting where we will channel the additional investment that we will receive.

The East Sussex CAMHS transformation plan draws on our 2014 CAMHS needs assessment, national evidence and local strategies, discussions with key stakeholders (e.g. GPs, LSCB members and other

professionals), consultation with our CAMHS user groups, the youth cabinet and our existing emotional health and well-being group.

The 3 CCG areas in East Sussex will receive 2 investment streams as detailed in the table below; ring fenced allocation for community eating disorders and a separate funding stream for the broader transformation plans.

CAMHS transformation funding for East Sussex CCGs:

| **CCG Funding streams** | Eastbourne Hailsham and Seaford | Hastings and Rother | High Weald Lewes and Haven | Allocation |
|---|---|---|---|---|
| **1.Community Eating Disorders (CED)** | £115,298 | £112,103 | £84,904 | £312,305 |
| ***2.Transformational Plan Allocation** | £288,602 | £280,606 | £212,523 | *£781,731 |
| Total | £403,900 | £392,709 | £297,427 | £1,094,036 |

*This is subject to NHSE approving our transformation plans

The key areas where East Sussex will be investing our transformation funding are:

1. Increasing Perinatal Mental health provision across the county
2. Expanding the primary mental health workforce, to provide more direct work with children, young people and families and strengthening the links between GPs and schools
3. Supporting young people who present in crisis and to A&E through mental health liaison support to ensure a more responsive services especially out of hours
4. Strengthening mental health expertise to support vulnerable groups such as young offenders, looked after children, care leavers, children who are adopted and those at risk or in contact with the Youth Justice System who have experienced sexual abuse
5. Reviewing current online and digital resources to support children and young people and families access information, advice and guidance

## 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 Proportion of Statements converted to Education, Health and Care Plans (EHCP)**

**2015/16 Target:** 50% of statements converted to EHCP

**Outturn:** **Deletion** **N/A**

Proposed deletion: It is proposed that the measure is removed from the Health and Wellbeing Strategy. Since the measure was set, the Department for Education (DfE) has changed the instruction to local authorities about how to carry out conversions by setting out new priority groups that we will have to target. Before the instruction we could identify and determine which statements we converted and when, this is now set by the DfE. Under the new process, statements of pupils in specific year groups approaching times of transition have to be completed by the close of specific academic years. The

original target was set for the financial year 2015/16, however, with the new guidance, we now have to report on the academic year. We will now need to set a new target for 2016/17 which will measure our progress in the 2015/16 academic year. Between 2014 and 2018 we need to convert approximately 2,778 children and young people's statements to EHCP. Currently the team has completed approximately 144 transfers.

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

**2014/15 Target:** By 2016: Meet the England average (65%) revised upwards if the average increases

**Carry Over Outturn:** Green East Sussex average 70%, England average 63%

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

**Outturn: RAG - NA** Data not available on Public Health information site

Sussex Partnership NHS Foundation Trust has provided LD health check refresher training as part of the EHS and HR CCG Membership Engagement Learning Events in September and October 2015. These events were well attended by practice nurses and GPs.

**6.3 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) 6.2% reduction (comparing April to September 2015 activity with baseline data April to September 2012)
Red b) 4.6% reduction (comparing April to September 2015 activity with baseline data April to September 2012)

This target measures people 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.

**Commentary**

Comparing April to August 2015 data (5 months) to April to August 2012 (the baseline year), ACS conditions admission rates have decreased by 1% in East Sussex. The picture varies across the three East Sussex CCGs: EHS CCG admission rates have reduced by 7%, HWLH CCG admission rates by 4%, but the HR CCG admission rate has increased by 7%.

The number of days between admission and discharge (bed days) has increased by 2.2% in April to August 2015 compared to the baseline year of April to August 2012. However, there is significant variation across the main hospital sites: Conquest Hospital (-11%), Eastbourne District General Hospital (+10%), Royal Sussex County Hospital (-5%).

The measure is scored red because given the target is to reduce admissions and bed days by 20% by 2016 it is unlikely this will be achieved.

**Additional information**

Integrated Locality teams: The implementation of Integrated Locality Health and Social Care teams is progressing as a primary work-stream within the East Sussex Better Together programme, the timescale for these teams to be fully established is April 2016. These teams will 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. Alongside the implementation of the Integrated Locality teams, work continues to ensure the foundations for the future service model are fully established. GP practices continue to hold monthly multi-disciplinary meetings to discuss patients who are identified as most at risk of hospital admission.

The Community Geriatrician/Frailty Service: This new service will be supporting patients, their GPs and other professionals in the community to identify and manage older people, those with long term conditions and the frail. The service will care for people in their communities, and reduce their

admissions to hospital by reviewing patients and directing them between primary and acute (hospital) care. This service has commenced in the Havens area and the CCGs are working with local hospital trusts to extend the service by recruiting more Community Geriatricians across the county as soon as possible. Further planning around a potential network of support provided by specialist nurses is also being considered to ensure there are no gaps the services.

## 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**

**2014/15 Target:** Increase by 1% each year from baseline to 50.3% by 2015/16.

**Carry Over Outturn:** **RAG - NA** Awaiting data

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

**Outturn:** **Amber** 49.8% (Q1 data: HR CCG 49.1% and EHS CCG 52.7%, HWLH CCG 47.7%)

**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:** **Amber** SCR roll out across all EHS and HR practices is complete. Since October 2015 EOCL data is now auto-populated.

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

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

**Outturn:** **NA** Data has not been submitted

### Commentary

Summary Care Records continue to be the preferred route to effect sharing of care plans, including palliative care plans and records. The EPaCCS template has been developed and is being reviewed in light of the September 2015 new national guidance for EPaCCS.

**APPENDIX 3**

## GLOSSARY

**ACS** - Ambulatory Care Sensitive - refers to a range of health conditions where appropriate care may prevent or reduce the need for hospital admission or emergency admission
**0-5 APWG** - Accident Prevention Work Group - a group aiming to reduce accidents amongst young people
**CAMHS** - Child and Adolescent Mental Health Service - specialist NHS children and young people's mental health services
**CAPT** - Child Accident Prevention Trust - a UK leading charity working to reduce the number of children and young people killed, disabled or seriously injured in accidents
**CCG** - Clinical Commissioning Group - GP-led bodies that plan and buy a wide range of health services for people in their area; there are three CCGs in East Sussex
**CIN** - Children in Need - a child who is in need of local authority services to help support their health or development
**COPD** - Chronic Obstructive Pulmonary Disorder - an ambulatory care sensitive (ACS) condition, see above for definition of ACS
**CP** - Child Protection plan - a plan drawn up by the local authority. Children are made the subject of a Child Protection plan when they are thought to be at risk of harm
**CQUIN** - Commissioning for Quality and Innovation - an NHS framework used to secure improvements in quality of services, better outcomes for patients, and strong financial management involving incentives, rewards and sanctions
**EHCP** - Education, Health and Care Plan - outcome-focussed statutory plans specifying the educational, health and social needs of the child or young person, and the additional support and provision they require to meet those needs; for children and young people aged up to 25
**EHS** - Eastbourne Hailsham and Seaford - refers to one of three Clinical Commissioning Groups in East Sussex
**EOLC** - End of Life Care - care that helps those with advanced, progressive, incurable illness to live as well as possible until they die
**EPaCCS** - Electronic Palliative Care Coordination Systems - enable the recording and sharing of people's care preferences at the end of life
**ESCC** - East Sussex County Council
**ESHT** - East Sussex Healthcare NHS Trust - provides NHS hospital and community services throughout East Sussex
**FLS** - Fracture Liaison Service - fracture risk assessment and treatment for patients with a fracture resulting from a fall
**FMS** - Falls Management Service - a service commissioned by East Sussex CCG's to help reduce the risk of falls and accidents
**FNP** - Family Nurse Partnership - a voluntary home visiting programme for first time young mums, aged 19 or under (and dads). A specially trained family nurse visits the young parent regularly, from early in pregnancy until the child is two
**FTE** - First Time Entrants - first-time entrants to the youth justice system aged 10-17
**HR** - Hastings and Rother - refers to one of three Clinical Commissioning Groups in East Sussex
**HWLH** - High Weald Lewes and Havens - refers to one of three Clinical Commissioning Groups in East Sussex
**HWS** - Health and Wellbeing Strategy
**JCR** - Joint Community Rehabilitation Service - a rehabilitation and reablement service provided by East Sussex County Council Adult Social Care and the local NHS trust. It provides short term support to people in their own homes to avoid hospital admission or to help after discharge from hospital. The service is time limited with reablement services typically lasting one to three weeks and rehabilitation services usually no more than six weeks
**LCS** - Locally Commissioned Service
**LD** - Learning Disabilities
**LSCB** - Local Safeguarding Children's Board - a statutory body where organisations come together to agree how they will safeguard and promote the welfare of children in their area
**LTC** - Long Term Conditions
**MIU** - Minor Injury Unit - an NHS facility dealing with injuries such as broken bones and minor head injuries

**MMR** - Measles, Mumps and Rubella (German measles), usually used in reference to the combined vaccine that protects against the three separate illnesses in a single injection
**NICE** - National Institute for Health and Care Excellence - provides national guidance and advice to improve health and social care
**Otago** - Evidence-based approach for reducing the likelihood of falls in individuals who have fallen or are at risk of falling (in particular for those aged 80+), through delivering specially designed strength and balance enhancing exercises
**PCR** - Palliative Care Register - a complete register of all patients in need of palliative care or support
**PHE** - Public Health England - national body responsible for protecting and improving the nation's health and wellbeing, and reducing health inequalities
**PHOF** - Public Health Outcomes Framework - sets out a vision for public health, desired outcomes, and the indicators that help people understand how well public health is being improved and protected
**PSHE** - Personal, Social, and Health Education - programme of learning through which children and young people acquire the knowledge, understanding and skills they need to manage their lives
**PSI** - Postural Stability Instructor - professionals who work with frailer older people with a history of falls in the community
**QUIT 51** - Specialist stop smoking service - a free national stop smoking service
**SCR** - Summary Care Record - a copy of key information from your GP record, providing NHS staff with faster, secure access to patient information
**SEND** - Special Educational Needs and Disabilities - the needs of a child who has a difficulty or disability which makes learning harder for them than for other children their age
**SSRP** - Sussex Safer Roads Partnership - local agencies working together to help improve road safety for all road users
**THRIVE** - Three year, multi-agency programme set up in 2012 to ensure East Sussex County Council has a financially sustainable children's safeguarding system which acts in a proportionate, timely and effective way to reduce children and young people's needs