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**
1.1	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. Facilitated workshop to commence review. Scope to include system wide : • Planning, performance and commissioning arrangements • Review, confirm and strengthen relationship with the STP	• 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	July 2018	Arrangements agreed by all relevant Governing Bodies and Councils
1.2	Review system representation and associated accountabilities on STP Board and workstreams	• 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

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**
2.1	Review the role and purpose of the HWB to: • streamline and rationalise whole system governance arrangements • Establish the system leadership role of the Board	• Clarity of purpose and decision making function • Whole System leadership and accountability	Becky Shaw, Chief Exec ESCC	July 2018	Arrangements agreed by all relevant Governing Bodies and Councils Reconstituted Board convened with revised terms of reference and membership
2.2	Review the role and purpose of the HWB to provide a robust whole system view of planning, performance and Commissioning	• Clarity of purpose and decision making function • Whole System accountability	Becky Shaw, Chief Exec ESCC	July 2018	
2.3	Review membership of the HWB and clarify roles of Board members	• HWB becomes a more effective decision making Board • Clarity of whole-system accountability arrangements	Becky Shaw, Chief Exec ESCC	July 2018	

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**
3.1	Produce an on-line Older People's briefing to signpost people to all the relevant JSNA products	• Facilitate ease of access to Older People's JSNA products	Director of Public Health	June 2018	Older Peoples JSNA products are used to inform strategic commissioning of services across East Sussex Older People's Briefing signposts to all the relevant products to facilitate ease of access
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	• Facilitate ease of access to Older People's JSNA products	Director of Public Health	June 2018	
3.3	Identify and respond to commissioning requirements for additional / different older peoples JSNA products to inform strategic commissioning	• Ensure JSNA products are designed to meet strategic commissioning needs for older peoples services across East Sussex	Director of Public Health	June 2018	

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**
4.1	System review of market provision of beds to ensure bed profile and capacity better reflects demand Scope of review to include access; waiting times; assessments; need (including ABI, Mental Health, stroke) and costs Provider forums and planning and partnerships stakeholder group to be directly involved in the review	• Improved bed capacity to meet complex needs • Improved bed capacity to meet short term / complex needs • Improved commissioning arrangements to meet changing demand and complexity	Martin Hayles, Assistant Director Strategy, Commissioning and Supply Management	Sept 2018	Support to improve CQC ratings of Adult Social Care Services provided by the Market Support Team Maintain the rate of A&E attendances from care homes per 100,000 population (65+) below the national average
4.2	Improve patient / family / staff information relating to choice (Ref actions 7.4 and 10.4)	• Improved understanding of the system for patients, carers and families.	ESBT and C4Y communications and	July 2018	

		• Staff are better equipped to manage patient / family / carer expectations	engagement leads		Delivery of bedded care strategy to maximise capacity across the system
4.3	Evaluate the IC24 roving GP model and assess whether this approach can be rolled out more broadly across the system	• Maintain lower rates / further reduce A&E attendances from care homes • Reduction in emergency admissions	Garry East, Paula Gorvett, Sally Smith	July 2018	
4.4	Continue to develop the new Adult Social Care Market Support Team to support independent sector residential and community services to improve their CQC rating	• Higher quality care provision • Improved market sustainability	Head of Supply Management, ASC&H, ESCC	Ongoing	
4.5	Develop the Commissioning Intentions and Market Position Statement to include the whole East Sussex Health and Social Care system Develop the Commissioning Intentions and Market Position Statement to reflect Strategic Transformation Partnership commissioning intentions Mental Health and dementia wo being within scope of the position statement	• 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	June 2018	

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
5.1	Review admission criteria across the system to ensure clarity regarding entry requirements and access across the county	• Improved access to services • Greater clarity on appropriate pathways for staff across the system	Sally Reed, ASC&H, ESCC	Review complete by June 2018	Achieve local target of 90% of people 65+ who are still at home three months after a period of rehabilitation / intermediate care (Jan 18 91.3%)

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**
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: ***(Tactical Work - Exploiting Existing Technologies –*** *exploiting what we already have to deliver benefit and capability to operational services until strategic systems are in place)*	• Improved efficiency for staff • Improved multi-agency working	Simon Jones, ESBT Informatics Programme Lead	July 2018	Integrated teams experiencing improved interconnectivity and associated efficiencies The ESBT Digital Governance model aligns with that of the STP. There are strong working relationships between Digital leads across the STP.
6.2	Review IT requirements to address barriers to interconnectivity across integrated teams, e.g. HSCC and JCR	• Improved efficiency for staff • Improved multi-agency working	Simon Jones, ESBT Informatics Programme Lead	July 2018	
6.3	Reduce manual inputting of multi-agency assessments by HSCC	• Improved efficiency for staff • Improved multi-agency working	Simon Jones, ESBT Informatics Programme Lead	July 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)	• Improved information sharing to inform discharge	Simon Jones, ESBT Informatics Programme Lead	Sept 2018	

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**
7.1	**Continuing Health Care (community and**	• Improved patient experience from	Garry East,	Sept 2018	Maintain improved performance

	acute) • **Process improvement:** develop system wide local agreement to reduce waiting times for assessment • Short term intensive project to reduce assessment 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	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	Hastings and Rother CCG, Eastbourne, Hailsham and Seaford CCG A&E Delivery Board		in delays due to awaiting nursing home and domiciliary care packages: (Locally collected data through weekly SITREP's (snapshot count on a Thursday)) An average 3.8 people delayed per week awaiting nursing home (this has improved from 10.5 per week in July) An average 5.5 people delayed per week awaiting domiciliary care packages (this has improved from 18.8 per week in July).
7.2	Full Implementation of **Discharge to Assess** community pathway (community home first principle) to support long stay admission avoidance and to reduce unnecessary assessment in hospital and address stranded patients across all wards.	• 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	365 Day access to **Service Placement Team** to reduce delays in sourcing and brokerage for discharges.
7.3	Evaluate Enhanced Discharge Control arrangements currently in place within ESHT: Twice weekly multi agency meetings including ward staff; focus on patients approaching being medically fit for discharge. Information links directly into daily system-wide operational discharge calls	• Improved system-wide understanding of patients approaching discharge, enabling early discharge planning • Reduction in Stranded patient numbers	A&E Delivery Board	Sept 2018	Full implementation of **Stranded Patient** Review (over 7 days) Process System wide implementation of a significantly strengthened choice (no choice in acute) policy.
7.4	**Patient Choice** Embed System wide Choice Policy – 'Let's Get You Home' • Ongoing involvement of key clinicians to support potentially difficult conversations with patients and	• Improved patient experience • More consistent approach to patient choice across the system	A&E Delivery Board	August 2018	

	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 core messages and other content to promote the Lets Get You Home objectives in getting patients home quickly and safely.				
7.5	**Trusted Assessor** • 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	• Improved patient, family, carer experience resulting from a consistent system wide approach and more timely assessments	A&E Delivery Board	Sept 2018	
7.6	Seven day working – please see Area for Improvement 8: 8.3 and 8.5	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**
8.1	Creation of 24 hour crisis response service (ESBT): • Optimise crisis response capacity • Merger of Integrated Night Service	• Improved access to services • Improved outcomes for patient, family, carers	Integrated Community Operations Management	June 2018	Maintain rate of emergency admissions per 100,000 population (65+) (DH measure), below the national average.

	(INS) and Crisis Response to ensure 24/7 access for admission avoidance • Mental Health to be in scope of the work		Meeting		Maintain % of emergency admissions within 30 days of discharge (65+) below the national average Well established voluntary sector services including Home from Hospital. Community sector embedded in discharge planning. Extended access and bookable appointments included in the planning of primary care streaming services
8.2	Implementation of Rapid Response service (HWLH)	• Improved access to services • Improved outcomes for patient, family, carers	Hugo Luck, High Weald Lewes Havens CCG	July 2018	
8.3	Review medical model based commissioning arrangements for weekend Intermediate Care admissions (ref also Area for Improvement 5)	• Increased capacity for weekend discharges from acute to community / intermediate care beds • Improved discharge planning and patient experience	Hugo Luck, High Weald Lewes Havens CCG	Sept 2018	
8.4	Engagement with the market to explore sustainable service models to enhance OOH capacity (in addition to Trusted Assessor pilot)	• Improved access to services • Improved outcomes for patient, family, carers	Head of Policy & Strategic Development, ASC&H, ESCC	July 2018	
8.5	Produce a staff and public narrative to explain out of hour's service availability.	• Clarity about what is available and when	ESBT and C4Y communications and engagement leads	Sept 2018	

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**
9.1	Develop and implement system-wide mechanisms for evaluating pilot schemes / joint initiatives Develop communications plans aligned to activity	• 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
9.2	Continue to embed our approach to joint training and development opportunities	• multi-agency training supports the workforce to deal with the complexity	ESBT Strategic Workforce	July 2018	System wide communications in place

	including: • Safeguarding and domestic abuse, Self -neglect • softer skills such as coaching to improve performance	of cases they manage • improved service delivery and integrated working • Improved outcomes for patient, family, carers	Group; HWLH workforce lead		
9.3	Continue to develop reflective practice approaches in integrated locality teams	• Multi-disciplinary approach to learning and development • Improved service delivery resulting from practice developments	ESBT Strategic Workforce Group; HWLH workforce lead	July 2018	

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
10.1	Ward focussed Discharge Pathway workshop to include Professionals; Patients (and Healthwatch); Providers (including patient transport)	• Improved patient / family / staff information and communications • One version of the truth for professionals • Lead professional for each complex discharge • Discharge checklist	Jo Chadwick-Bell, Chief Operating Officer ESHT Chris Ashcroft , Chief Operating Officer BSUH	July 2018	Patient / user / carer feedback mechanisms 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%) Maintain performance of 'the proportion of carers who report that they have been included or consulted in 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
10.2	Mental Health inpatient workshop to mirror workshop in 10.1 above	• 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	
10.3	ESHT Community Services workshop	• 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	
10.4	Develop patient / family / staff communications to support outcomes of workshops	• Improved patient / family / carer / staff information and communications	ESBT and C4Y Comms and Engagement	July 2018	

	(10.1,10.2,10.3) to include: • Pathway information • Lets Get you Home / Choice • SAFER		Leads		
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	• Improved service delivery resulting in better patient experience	Pauline Butterworth, ESHT; Kalvert Wells; South Central Ambulance Service	July 2018	