Report to: East Sussex Health and Wellbeing Board

Date of meeting: 23 April 2019

By: Director of Adult Social Care & Health

Title: Care Quality Commission Local Area Review – Action Plan Progress

Report

Purpose: To present the final progress report against actions identified following

the Care Quality Commission Local Area Review

#### **RECOMMENDATIONS:**

The Board is recommended to:

1. Note progress against the CQC Action Plan;

2. Agree the proposal to close completed actions; and

3. Note outcome of CQC monitoring report - January 2019.

### 1. Background

- 1.1 Following the Care Quality Commission (CQC) Local Area Review that took place from October 2017 January 2018, health and care partners in East Sussex collaborated to develop a system action plan in response to the findings and recommendations from the review.
- 1.2 The action plan was signed off by the East Sussex Health and Wellbeing Board (HWB) on 23 February 2018, and the Board agreed to receive quarterly reports against progress. This is the final of those reports, and provides a summary of progress, issues and activity.
- 1.3 The CQC was asked in October 2018 to report on 9 of the first 12 local authority areas subject to review by conducting a monitoring exercise to establish how local systems have progressed since their review. East Sussex was reviewed November December 2018.

# 2. Supporting information

2.1 The remaining actions have now been concluded in accordance with the timeframe for delivery, and it is proposed that these are now closed:

No	Action	Progress Report
1.1,	Review of Health and	The proposals for the revised Health & Wellbeing Board Terms of Reference
2.1,	Wellbeing Board to	were endorsed by the current Health & Wellbeing Board on 4 December and
2.2,	provide a robust whole	the East Sussex County Council Governance Committee on 5 March 2019.
2.3	system approach to	They were then approved by Full Council on 26 March 2019.
	transformation,	
	improved health and	The first meeting of the revised Health & Wellbeing Board will take place on
	wellbeing outcomes for	23 April.
	local people.	
4.1	System review of	The System Review of Beds Task and Finish Group has been undertaking
	market provision of	analysis to estimate the five and ten year future need for residential and
	beds to ensure bed	nursing beds in East Sussex for the funded 65+ population.

profile and capacity better reflects demand		Initial findings indicate: Table 1: Estimated numbers of additional by 2023 and 2028	2023		2028		equired
		Scenario	Res	Nur	Res	Nur	
		S1 Simple pop growth	100	70	240	160	
		S2 Age specific pop growth	160	110	340	240	
		S3a Needs based - optimistic	170	110	340	220	
		S3b Needs based - pessimistic	220	150	450	290	
		Whilst capacity in the residential market concrease (due to the level of vacancies), a considered to stimulate these capacity in the Recommendations will be taken forward be bedded care strategy.	range he nu	of op rsing h	tions v nome r	vill need to market.	o be
4.2	Improve patient / family / staff information relating to choice (Ref actions 7.4 and 10.4)	New policy and process in place. Adult So provides first choice letter and offer transit placement or package of care.	ional l	oed fo	r those	e awaiting	ĺ
		A YouTube video explaining the NHS Let's patients and the public across Sussex and and available on Healthcare Trust and Clii (CCGs) websites. Across East Sussex infamilies which explains the initiative, the cand the options available for local people. The East Sussex Better Together (ESBT) communications and engagement meeting we can take an East Sussex wide approace engagement.	I East nical Cormat converse outside and Corner converse	Surre Commition average of he connections	y has I issioning the strate of the strate o	peen laun ng Groups for patie will take p You (C4' merged s	nched s' nts and blace, Y)
4.3	Evaluate the IC24 roving GP model and assess whether this approach can be rolled out more broadly across the system	Initial review indicates service has contributed homes at weekends. Service will continue aspect will be considered with development roving cars for OOH.	in Ea	ast Sus	ssex, l	onger terr	m
4.4	Continue to develop the new Adult Social Care Market Support Team to support	ASC Market Support Officers continue to inspectors to ensure that appropriate targe independent sector care providers.					
	independent sector residential and community services to	A Partnership Quality Working Group with CCG and Healthwatch has been establish market intelligence to be shared between	ed. T	his ha	s enab		
	improve their CQC rating	The East Sussex Market Oversight Panel this meeting service suspensions, adult saplans are regularly reviewed within a risk recontinuity framework.	nfegua manag	rding, gemen	provid t and b	ler improv ousiness	vement
4.5	Develop the Commissioning Intentions and Market	Commissioning intentions and market pos April-May 2019.				·	
	Position Statement to	System wide approach to commissioning					
	include the whole East	services is being developed. Services to l	oe rec	ommis	ssione	u trom Oc	croper

	Sussex Health and Social Care system	2019. This includes ASC; Public Health; Children's Services Department; CCGs. Two voluntary sector engagement sessions were held in November
5.1	Review admission criteria across the	and December to inform this approach.  Hastings & Rother CCG – Bexhill Irvine Unit & Rye - continued focus on reducing Length of Stay (LOS) at both units
	system to ensure clarity regarding entry requirements and access across the county (see also 8.3)	Eastbourne, Hailsham and Seaford CCG – Transfer of services from Firwood to Milton Grange is completed with continued focus on reducing LOS.  Work is planned during 2019/20 to develop an integrated discharge function, which aims to simplify and clarify pathways to facilitate hospital discharge. Governance for this will sit with the Community Oversight Board going forward.
6.3	Reduce manual inputting of multi-agency referrals by Health and Social Care Connect (HSCC)	Initial requirements have been scoped. Further requirements may emerge from the Community Services work stream in the coming months. Future development will be overseen by the Community Oversight Board.
6.4	Primary Care access to E-Searcher and East Sussex Healthcare NHS Trust (ESHT) access to EMIS to share patient medical records (To support delivery of Area for Improvement 10)	Data is now available in an acute setting and further work is ongoing regarding presentation to key clinicians. Practices have access to e-Searcher, though use is varied.
7.1	Continuing Health Care (community and acute)  Process improvements  Culture  Performance and outcomes  Sustainability &	The East Sussex CCGs have achieved and sustained the national target of less than 15% of Continuing Health Care (CHC) 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 CCG the target was met at 14% but increased by 3% higher compared to April 2018.  There is a national target for 80% or more of CHC Assessments to be
	Transformation Partnership	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.
		HR CCG and EHS CCG have been asked to lead a Sussex and East Surrey Sustainability and Transformation Partnership (STP) wide review of CHC with the ambition to develop a common approach to managing CHC assessments across eight CCGs and three local authorities including East Sussex. In order to ensure that any new approach can be implemented in line with other local authorities we have given notice on our current arrangements.
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	Pathway 1 has been launched with an initial focus on supporting discharge from gateway wards. ASC, CCGs and ESHT working with NHS England/NHS Improvement to review and discuss further roll-out.  3 month winter funding was agreed by the A&E Development Board (AEDB) to support the bedded pathway (4) to be in place before Christmas.

	wards	
7.3	Evaluate Enhanced Discharge Control arrangements currently in place within ESHT	Evaluation has been undertaken and demonstrated value of Enhanced Discharge Control arrangements. Furthermore, ESHT now has single information system in place to monitor all stranded patients, which will support streamlined arrangements going forward.
7.4	Patient Choice Embed System wide Choice Policy – 'Let's Get You Home'	New policy and process in place. ASC provides first choice letter and offer transitional bed for those awaiting placement or package of care  A YouTube video explaining the NHS Let's Get You Home initiative to patients and the public across Sussex and East Surrey has been launched and is available on Healthcare Trust and CCG websites. Across East Sussex there is information available for patients and families which explains the initiative, the conversations that will take place, and the options available for local people outside of hospital.
7.5	Trusted assessor development	All intermediate care beds operate a Trusted Assessor model.  STP-wide review of CHC services underway. This will enable the service to understand the ask for Trusted Assessor model implementation.
8.1	Creation of 24 hour crisis response service (ESBT)	There are no current plans to extend crisis response to 24 hours or to fully integrate it with Integrated Night Service (INS), however, between them they do provide 24/7 cover.
		In addition, as part of the CCGs' Financial Recovery Plans, funding has been agreed for over-night HSCC cover to take referrals from South East Coast Ambulance NHS Foundation Trust (SECAmb) etc. during 10pm and 8am for services to start the following morning.
8.2	Implementation of Rapid Response service (HWLH)	Rapid response, though not a discrete service, is part of the overall Community Services Contract with Sussex Community NHS Foundation Trust (SCFT) and in place across the CCG area.
8.3	Review medical model based commissioning arrangements for weekend Intermediate Care admissions (ref also Area for Improvement 5)	In place
8.5	Produce a staff and public narrative to explain out of hour's service availability.	From 1 April 2019, NHS111 for North West Kent, Medway and Sussex will continue to be provided by SECAmb on a new one-year interim contract, whilst we run a joint procurement for an enhanced NHS111 and Clinical Assessment Service (CAS). The one-year interim contract with SECAmb will support the delivery of an enhanced NHS111 telephony service, as well as start to develop a CAS, which is set out in the national specification. The CAS will offer patients better access to clinical advice, enabling them to be treated with a single call, known as 'consult and complete'.  Our CCGs are now out to procurement for an enhanced NHS111 service and CAS for Sussex, Kent and Medway. The advert went live on 8 February 2019 and will close on 14 April. Future progress will be reported through Health Overview and Scrutiny Committee (HOSC).
10.3	ESHT Community Services workshop	Embedded within the Discharge Planning and Improvement approach
10.4	Develop patient / family / staff communications to support outcomes of workshops (10.1,10.2,10.3) to include:	A YouTube video explaining the NHS Let's Get You Home initiative to patients and the public across Sussex and East Surrey has been launched and is available on Healthcare Trust and CCG websites. Across East Sussex there is information available for patients and families which explains the initiative, the conversations that will take place, and the options available for local people outside of hospital.

	<ul> <li>Pathway information</li> <li>Lets Get you Home / Choice</li> <li>SAFER</li> </ul>	Patient choice information has been reviewed and updated on the ESBT website.  Patients in East Sussex can now book or change their appointment online for most first outpatient hospital or clinic appointments.  The ESBT and C4Y communications and engagement meetings have now been merged so that we can take an East Sussex wide approach to communications and engagement.
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	Embedded within the Discharge Planning and Improvement approach

2.2 The full progress report against all actions is attached at Appendix 1 for further information.

## **CQC** monitoring report

- 2.3 Ian Trenholm, Chief Executive of the CQC wrote to East Sussex County Council on 10 October requesting an update on the CQC Action Plan. The update was provided by the requested deadline (31 October), and follow-up phone calls with identified staff across the system took place in December.
- 2.4 The local system review monitoring report for East Sussex is attached at Appendix 2. No further actions were identified following the review.

# Next steps for integration and whole system working

- 2.5 During 2018/19 as part of financial recovery we have been working closely with NHS England (NHSE) and NHS Improvement (NHSI) on our plans for more sustainable health and social care services. As a result, we are in the process of resetting the ESBT strategic transformation programme and moving to a single programme across East Sussex focused on delivering measurable progress over the next 12-18 month period in the three core areas of urgent care, community services, and planned care.
- 2.6 The intention is to return to delivering a strategic transformation programme through consolidating the existing ESBT and C4Y aims and objectives to deliver outcomes at the lowest level of effective care, with the recommendations and actions arising from the system diagnostic work of NHSI and NHSE, and the other independent reviews that they instigated. We will also ensure that our plans for integration align with the local implementation of the NHS Long Term Plan, and the plans for primary care networks and closer working with GPs.
- 2.7 Better coordinated care, and bringing together a range of care professionals into locality teams that can proactively identify and support people with long term health and care needs, are both part of a community services model that can best meet the needs of our population in East Sussex. We are putting in place appropriate governance arrangements to support this and hold our health and social care system organisationally and collectively to account. This will report to the HWB which will provide strategic oversight of our plans to meet the health and social care needs of our population and how these are delivered.

#### 3 Conclusions and recommendations

- 3.1 Good progress has been made against the remaining actions identified in the CQC Action Plan, with all now proposed for closure. Continued development of integrated working for the benefit of our local population will be supported by the developing East Sussex single transformation programme.
- 3.2 The Board is recommended to:
  - Note progress against the CQC Action Plan;
  - · Agree the proposal to close completed actions;
  - Note outcome of CQC monitoring report January 2019.
- 3.3 Following agreement to the above by the Board, the progress report will be sent for information to the Social Care Institute for Excellence and Department of Health.

# KEITH HINKLEY Director of Adult Social Care & Health East Sussex County Council

Contact Officer: Samantha Williams

Tel. No.: 01273 482115

Email: samantha.williams@eastsussex.gov.uk

Contact Officer: Bianca Byrne Tel. No.: 01273 336656

Email: bianca.byrne@eastsussex.gov.uk

### **BACKGROUND DOCUMENTS**

None