

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	CQC Progress Report March 2019
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	<p>March 2019</p> <p><i>(revised timescale, as agreed, HWB 17 July)</i></p>	<p>Arrangements agreed by all relevant Governing Bodies and Councils</p> <p>Complete</p>	<p>The proposals for the revised Health & Wellbeing Board Terms of Reference were endorsed by the current Health & Wellbeing Board on 04 December and the ESCC Governance Committee on 05 March 2019. They were then approved by Full Council on 26 March 2019.</p> <p>The first meeting of the revised Health & Wellbeing Board will take place on 23 April.</p> <p>Recommend this action is closed at next HWB</p>
1.2	<p>Review system representation and associated accountabilities on STP Board and workstreams</p> <p><i>(action completed and closed, as agreed, HWB 17 July)</i></p>	<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	<p>The STP governance review has been completed, with:</p> <ol 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	CQC Progress Report March 2019
2.1	<p>Review the role and purpose of the HWB to:</p> <ul style="list-style-type: none"> • streamline and rationalise 	<ul style="list-style-type: none"> • Clarity of purpose and decision making function 	Becky Shaw, Chief Exec ESCC	<p>March 2019</p> <p><i>(revised</i></p>	<p>Arrangements agreed by all relevant Governing</p>	<p>The proposals for the revised Health & Wellbeing Board Terms of Reference</p>

	<p>whole system governance arrangements</p> <ul style="list-style-type: none"> Establish the system leadership role of the Board 	<ul style="list-style-type: none"> Whole System leadership and accountability 		timescale, as agreed, HWB 17 July)	Bodies and Councils	were endorsed by the current Health & Wellbeing Board on 04 December and the ESCC Governance Committee on 05 March 2019. They were then approved by Full Council on 26 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 (revised timescale, as agreed, HWB 17 July)	Complete	Reconstituted Board convened with revised terms of reference and membership	The first meeting of the revised Health & Wellbeing Board will take place on 23 April.
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 (revised timescale, as agreed, HWB 17 July)	Reconstituted Board meeting 23 April		Recommend this action is closed at next HWB

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	CQC Progress Report March 2019	
3.1	<p>Produce an on-line Older People's briefing to signpost people to all the relevant JSNA products</p> <p><i>(action completed and closed, as agreed, HWB 17 July)</i></p>	<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 all the relevant products to facilitate ease of access</p>	<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:</p> <p>http://www.eastsussexjsna.org.uk/briefings</p>
3.2	Review the structure of the East Sussex JSNA website to ensure Older Peoples products are clearly referenced within the	<ul style="list-style-type: none"> Facilitate ease of access to Older People's JSNA products 	Director of Public Health	June 2018		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 section of the website Ensure the Older Peoples needs assessment information links to Mental Health and Dementia JSNA <i>(action completed and closed, as agreed, HWB 17 July)</i>				<i>Complete</i>	Needs Assessment and Older People's Profile: http://www.eastsussexjsna.org.uk/Site-Index.aspx?index=0 Comprehensive Needs Assessments on the site have all been reviewed, and those that are now out-of-date have been removed.
3.3	Identify and respond to commissioning requirements for additional / different older peoples JSNA products to inform strategic commissioning <i>(action completed and closed, as agreed, HWB 17 July)</i>	<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		Public Health 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.

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	CQC Progress Report March 2019
4.1	<p>System review of market provision of beds to ensure bed profile and capacity better reflects demand</p> <p>Scope of review to include access; waiting times; assessments; need (including ABI, Mental Health, stroke) and costs</p> <p>Provider forums and planning and partnerships stakeholder</p>	<ul style="list-style-type: none"> 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	<p>Support to improve CQC ratings of Adult Social Care Services provided by the Market Support Team</p> <p><i>Market Support continues to provide support, advice to services and providers to improve and sustain their</i></p>	The System Review of Beds Task and Finish Group has been undertaking analysis to estimate the five and ten year future need for residential and nursing beds in East Sussex for the funded 65+ population. Initial findings indicate an increase in the number of beds required by ASCH funded clients by somewhere between a 10-20% by 2023 and a 20-45% increase by 2028. Whilst capacity in the residential market currently is sufficient to meet this increase (due to the level of vacancies),

	group to be directly involved in the review				<p><i>CQC rating, Market Support approach has resulted in marked increase in services ratings improving. Over the last year CQC rated services within East Sussex rated Good or above have increased from 64% to 79.2 %.</i></p>	<p>a range of options will need to be considered to stimulate these capacity in the nursing home market.</p> <p>Recommendations will be taken forward by next phase of development on the bedded care strategy.</p> <p>Recommend this action is closed at next HWB</p>
4.2	Improve patient / family / staff information relating to choice (Ref actions 7.4 and 10.4)	<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 	ESBT and C4Y communications and engagement leads	July 2018	<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>	<p>New policy and process in place. ASC provide first choice letter and offer transitional bed for those awaiting placement or package of care.</p> <p>A You Tube video explaining the NHS Let's Get You Home initiative to patients and the public across Sussex and East Surrey has been launched and available on Healthcare Trust and CCG websites. Across East Sussex 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.</p> <p>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.</p> <p>Recommend this action is closed at next HWB</p>
4.3	Evaluate the IC24 roving GP model and assess whether this approach can be rolled out	<ul style="list-style-type: none"> Maintain lower rates / further reduce A&E attendances from 	Garry East	October 2018		<p>Initial review indicates service has contributed to managing demand from care homes at weekends. Service will</p>

	more broadly across the system	<p>care homes</p> <ul style="list-style-type: none"> • Reduction in emergency admissions 		<i>(revised timescale, as agreed, HWB 17 July)</i>	<p>continue in East Sussex, longer term aspect will be considered with development of new bases and dedicated roving cars for OOH.</p> <p><i>Recommend this action is closed at next HWB</i></p>
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	<ul style="list-style-type: none"> • Higher quality care provision • Improved market sustainability 	Head of Supply Management, ASC&H, ESCC	Ongoing	<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 (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.</p> <p><i>Recommend this action is closed at next HWB</i></p>

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	<p>October 2018</p> <p><i>(revised timescale, as agreed, HWB 17 July)</i></p>		<p>Commissioning intentions and market position statement will be published April – May 2019.</p> <p>System wide approach to commissioning voluntary and community sector services is being developed. Services to be recommissioned from October 2019. This includes Adult Social Care; Public Health; Children’s services; CCGs. Two voluntary sector engagement sessions were held in November and December to inform this approach.</p> <p><i>Recommend this action is closed at next HWB</i></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	CQC Progress Report March 2019
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 system + 	Sally Reed, ASC&H, ESCC	<p>Review complete by December 2018</p> <p><i>(revised timescale, as agreed, HWB 17 July)</i></p>	<p>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%)</p> <p><i>Performance for</i></p>	<p>H&R – Bexhill Irvine Unit & Rye - continued focus on reducing LOS at both units</p> <p>EHS – Transfer of services from Firwood to Milton Grange is completed with continued focus on reducing LOS.</p> <p>Work is planned during 2019/20 to develop an integrated discharge</p>

					<p><i>2017/18 (based on discharges between October and December 2017, as per the ASCOF definition was 90.7%, performance continues to be consistently above 90% (Nov 18 – 92.6%)</i></p>	<p>function, which aims to simplify and clarify pathways to facilitate hospital discharge. Governance for this will sit with the Community Oversight Board going forward.</p> <p>Recommend this action is closed at next HWB</p>
--	--	--	--	--	--	---

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	CQC Progress Report March 2019
6.1	<p>Review East Sussex Better Together Digital Strategy 'Tactical Work' workstream to ensure opportunities to support operational staff through improved IT interconnectivity are prioritised:</p> <p><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></p> <p><i>(action completed and closed, as agreed, HWB 17 July)</i></p>	<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>	<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.</p>
6.2	<p>Review IT requirements to address barriers to interconnectivity across</p>	<ul style="list-style-type: none"> Improved efficiency for staff Improved multi- 	Simon Jones, ESBT Informatics Programme Lead	July 2018		<p>Underway and ongoing – both under the aegis of the ODSG and through individual pieces of work with specific IT teams.</p>

	integrated teams, e.g. HSCC and JCR <i>(action completed and closed, as agreed, HWB 17 July)</i>	agency working				
6.3	Reduce manual inputting of multi-agency referrals by HSCC	<ul style="list-style-type: none"> Improved efficiency for staff Improved multi-agency working 	Simon Jones, ESBT Informatics Programme Lead	December 2018 <i>(revised timescale, as agreed, HWB 17 July)</i>		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. Recommend this action is closed at next HWB
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	December 2018		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. Recommend this action is closed at next HWB

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	CQC Progress Report March 2019
7.1 Continuing Health Care (community and acute) <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 	<ul style="list-style-type: none"> Improved patient experience from reduced waiting times; whole system approach Improved outcome and performance management arrangements 	Garry East, Hastings and Rother CCG, Eastbourne, Hailsham and Seaford CCG A&E Delivery Board	Sept 2018	Maintain improved performance in delays due to awaiting nursing home and domiciliary care packages: (Locally collected data through weekly SITREP's (snapshot	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

	<p>assessment & review backlog</p> <ul style="list-style-type: none"> • 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 multi-agency working through development of whole system approach to CHC provision 			<p>count on a Thursday)</p> <p><i>An average 4.3 people delayed per week awaiting nursing home in February 2019 (this has improved from 10.5 per week in July 2017)</i></p> <p><i>An average 7.0 people delayed per week awaiting domiciliary care packages in February 2019 (this has improved from 18.8 per week in July 2017).</i></p> <p>365 Day access to Service Placement Team to reduce delays in sourcing and brokerage for discharges.</p>	<p>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> <p>Hastings and Rother CCG and Eastbourne, Hailsham and Seaford CCG have been asked to lead an 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.</p> <p>Recommend this action is closed at next HWB</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><i>In place</i></p> <p>Full implementation of Stranded Patient Review (over 7 days) Process</p> <p><i>In place</i></p>	<p>Pathway 1 has been launched with an initial focus on supporting discharge from gateway wards. ASCH, CCGs and ESHT working with NHSE/I to review and discuss further roll-out. 3 month winter funding was agreed by the AEDB to support the bedded pathway (4) to be in place before Christmas.</p> <p>Recommend this action is closed at next</p>

					System wide implementation of a significantly strengthened choice (no choice in acute) policy. <i>In place</i>	HWB
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	<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>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.</p> <p>Recommend this action is closed at next HWB</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 core messages and other content to promote the Lets Get You Home objectives in getting patients home quickly and safely. 	<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>New policy and process in place. ASC provide first choice letter and offer transitional bed for those awaiting placement or package of care</p> <p>A You Tube 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.</p> <p>Recommend this action is closed at next HWB</p>
7.5	<p>Trusted Assessor</p> <ul style="list-style-type: none"> Professional ‘trusted assessor’ arrangements in 	<ul style="list-style-type: none"> Improved patient, family, carer experience resulting 	A&E Delivery Board	Sept 2018		All intermediate care beds operate a Trusted Assessor model.

	<p>place in key services such as crisis response. Continued implementation of trusted social care + equipment assessor training for NHS staff.</p> <ul style="list-style-type: none"> 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 	<p>from a consistent system wide approach and more timely assessments</p>				<p>STP wide review of CHC services underway. This will enable the service to understand the ask for Trusted Assessor model implementation.</p> <p>Recommend this action is closed at next HWB</p>
7.6	<p>Seven day working – please see Area for Improvement 8: 8.3 and 8.5</p>	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	CQC Progress Report March 2019	
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 Service (INS) and Crisis Response to ensure 24/7 access for admission avoidance Mental Health to be in scope of the work 	<ul style="list-style-type: none"> Improved access to services Improved outcomes for patient, family, carers 	<p>Integrated Community Operations Management Meeting</p>	<p>December 2018</p> <p>(revised timescale, as agreed, HWB 17 July)</p>	<p>Maintain rate of emergency admissions per 100,000 population (65+) (DH measure), below the national average.</p> <p><i>East Sussex continues to perform comparatively well and has a lower rate</i></p>	<p>There are no current plans to extend crisis response to 24 hours or to fully integrate CR with INS however between them they do provide 24/7 cover. In addition as part of the CCG Financial Recovery Plans, funding has been agreed for over-night HSCC cover to take referrals from SECAMB etc. during 10pm and 8am for services to start the following morning.</p> <p>Recommend this action is closed at next HWB</p>

8.2	Implementation of Rapid Response service (HWLH)	<ul style="list-style-type: none"> Improved access to services Improved outcomes for patient, family, carers 	Hugo Luck, High Weald Lewes Havens CCG	October 2018 <i>(revised timescale, as agreed, HWB 17 July)</i>	<i>(better) of emergency admissions of those age 65 and over per 100,000 population than both the comparator group and national average. From data for the period of April 2017 and March 2018, East Sussex was ranked 22nd in this area, therefore amongst the best performing areas.</i>	<p>Rapid response, though not a discrete service, is part of the overall Community Services Contract with SCFT and in place across the CCG area.</p> <p>Recommend this action is closed at next HWB</p>
8.3	Review medical model based commissioning arrangements for weekend Intermediate Care admissions (ref also Area for Improvement 5)	<ul style="list-style-type: none"> 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		<p>In place</p> <p>Recommend this action is closed at next HWB</p>
8.4	<p>Engagement with the market to explore sustainable service models to enhance OOH capacity (in addition to Trusted Assessor pilot)</p> <p><i>(action completed and closed, as agreed, HWB 17 July)</i></p>	<ul style="list-style-type: none"> Improved access to services Improved outcomes for patient, family, carers 	Head of Policy & Strategic Development, ASC&H, ESCC	July 2018	<p>Maintain % of emergency admissions within 30 days of discharge (65+) below the national average</p> <p>Well established voluntary sector services including Home from Hospital. Community sector embedded in discharge planning.</p> <p>Extended access and bookable appointments</p>	<p>Initial work with providers of last year's interim beds indicates 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. <p>This work will now be progressed through the Discharge to Assess workstream.</p>

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	April 2019	included in the planning of primary care streaming services	<p>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'. We are now out to procurement for an enhanced NHS111 service and Clinical Assessment Services 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 HOSC.</p> <p>Recommend this action is closed at next HWB</p>
-----	---	--	--	------------	---	---

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	CQC Progress Report March 2019
9.1	<p>Develop and implement system-wide mechanisms for evaluating pilot schemes / joint initiatives</p> <p>Develop communications plans aligned to activity</p>	<ul style="list-style-type: none"> Shared learning outcomes System-wide perspectives inform evaluations and future commissioning / service 	PMO and ESBT Strategic Workforce Group; HWLH workforce lead	July 2018	<p>Staff feedback mechanisms</p> <p>Training and development activity is evaluated across organisations</p>	<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

	<i>(action completed and closed, as agreed, HWB 17 July)</i>	developments			System wide communications in place	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 <i>(action completed and closed, as agreed, HWB 17 July)</i>	<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 integrated locality teams <i>(action completed and closed, as agreed, HWB 17 July)</i>	<ul style="list-style-type: none"> • Multi-disciplinary approach to learning and development • Improved service delivery resulting from practice developments 	ESBT Strategic Workforce Group; HWLH workforce lead	July 2018		<ul style="list-style-type: none"> • OD Practitioners Programme and Masterclasses. 21 participants from across health and social care (ESBT) to develop OD capacity and support reflective practice activity. • 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.

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	CQC Progress Report March 2019
10.1	<p>Ward focussed Discharge Pathway workshop to include Professionals; Patients (and Healthwatch); Providers (including patient transport)</p> <p><i>(action completed and closed, as agreed, HWB 17 July)</i></p>	<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>	<p>July 2018</p> <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>2017/18 - East Sussex: 78.6%; National average 73.4%</p> <p>Maintain performance of 'the proportion of carers who report that they have been included or consulted in discussion about</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	<p>Mental Health inpatient workshop to mirror workshop in 10.1 above</p>	<ul style="list-style-type: none"> Improved patient / family / staff information and 	<p>John Childs, SPFT</p>	<p>July 2018</p>	<p>An adult mental health patient flow workshop was held 12 June, facilitated by the Trust's Patient Flow Programme</p>

	<i>(action completed and closed, as agreed, HWB 17 July)</i>	<ul style="list-style-type: none"> communications • One version of the truth for professionals • Lead professional for each complex discharge • Discharge checklist 			<p>the person they care for' above the national average (East Sussex: 71.3%; England 68.6)</p> <p><i>Preliminary results from the latest Carers Survey (18/19) shows East Sussex performance of 76.2%</i></p>	<p>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 	<p>Abi Turner, ESHT</p> <p>Chris Ashcroft , Chief Operating Officer BSUH</p>	July 2018	<p>Reduce length of hospital stay (aged 65+) for emergency admissions to meet or exceed the England average</p>	<p>Embedded within the Discharge Planning and Improvement approach</p> <p><i>Recommend this action is closed at next HWB</i></p>
10.4	<p>Develop patient / family / staff communications to support outcomes of workshops (10.1,10.2,10.3) to include:</p> <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 	<p>ESBT and C4Y Comms and Engagement Leads</p>	July 2018	<p><i>Although East Sussex continues to perform comparatively less well and has a higher rate (worse) of 90th percentile of length of stay for emergency admissions than both the comparator group and national average,</i></p>	<p>A You Tube 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.</p> <p>Patient choice information has been reviewed and updated on the ESBT website.</p> <p>Patients in East Sussex can now book or change their appointment online for most</p>

					<i>performance has shown an improvement.</i>	<p>first outpatient hospital or clinic appointments.</p> <p>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.</p> <p><i>Recommend this action is closed at next HWB</i></p>
10.5	<p>Review Hospital Transport booking process to reduce the number of bookings made with less than 24 hours' notice</p> <p>Review access for Mental health patients</p>	<ul style="list-style-type: none"> Improved service delivery resulting in better patient experience 	<p>Pauline Butterworth, ESHT; Kalvert Wells; South Central Ambulance Service</p>	July 2018		<p>Embedded within the Discharge Planning and Improvement approach</p> <p><i>Recommend this action is closed at next HWB</i></p>