



# Local system reviews

Progress monitoring

East Sussex

# Introduction

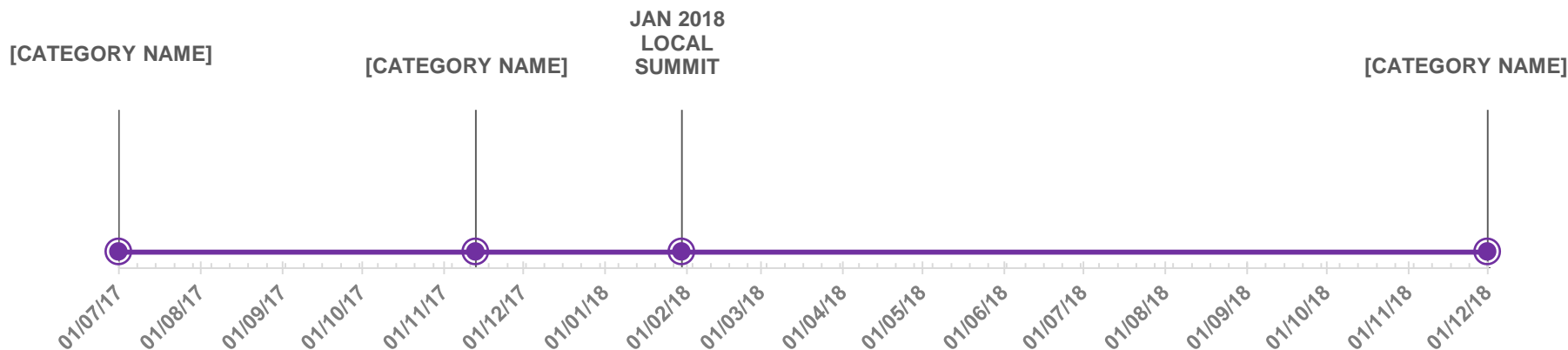


Following CQC's programme of 20 local system reviews, we were asked by the Department of Health and Social Care and Ministry for Housing, Communities and Local Government to provide an update on progress in the first 12 areas that received a local system review.

East Sussex's local system review took place in November 2017 (report [here](#)) and the system produced an action plan in response to the findings. This progress update draws on:

- East Sussex's self-reported progress against their action plan (at 31.10.2018).
- Our trend analysis of performance against the England average for six indicators. With the exception of DToC, the data goes up to end 2017/18. DToC data goes up to July 2018.
- Telephone interviews with six system leaders involved in delivering and overseeing the action plan.

## Timeline of activity



# Overview progress against indicators



## [A&E attendances \(65+\)](#)

Remained below England average throughout 2017/18. Slight increase but no significant change

## [Emergency admissions \(65+\)](#)

Remained below England average throughout 2017/18. Increasing but no significant change

## [Emergency admissions from care homes \(65+\)](#)

Increased slightly to be just above England average by end of 2017/18. However no significant change against own average

## [Length of stay \(65+\)](#)

Reduced over 2017/18 to be just below the England average

## [Delayed transfers of care](#)

Reduced since our fieldwork and from end of 2017 to July 2018 were in line with national average

## [Emergency readmissions \(65+\)](#)

Remained below England average throughout 2017/18. Slight increase but no significant change

# Overview reported progress against action plan



<b>Leadership and governance</b>	Review of system representation and associated accountabilities on STP Board and workstreams has been completed. Work has been undertaken to review the role and membership of the health and wellbeing board with the reviewed HWB due to meet for first time in April 2019.
<b>Commissioning and market shaping</b>	<p>A specific Older Peoples Profile has been completed for the county providing links to JSNA products and signposting to older people's resources. Consultation is in progress with commissioners to design JSNA products that meet their strategic commissioning needs.</p> <p>System review of market provision of beds was undertaken to estimate the five and ten year future need. While the residential market has enough capacity, the nursing care market will need stimulation.</p> <p>A new patient choice policy has been developed, along with improved communications.</p> <p>The roving GP model has been reviewed with initial findings suggesting that it has helped to manage demand from care homes at the weekend.</p> <p>Commissioning Intentions and Market Position Statement will be published in early 2019.</p>
<b>Sharing learning across the system</b>	There is ongoing work to develop and embed joint training approaches across health and social care. For example, organisational development capacity has been increased within existing resources through the OD Practitioners Programme and Masterclasses.

# Overview reported progress against action plan



<p><b>Access to step-down, reablement &amp; intermediate care</b></p>	<p>Step down services have an increased focus on reducing length of stay. Bed capacity and discharge to assess capacity has been increased over winter.</p>
<p><b>Information sharing</b></p>	<p>The Operational Digital Steering Group (ODSG) was set up in January 2018 to focus on tactical work that enable better joint working through system integration. The interconnectivity of integrated teams is being reviewed. Primary Care access to E-Searcher and ESHT access to EMIS has been delayed.</p>
<p><b>Implementing high impact changes</b></p>	<p>Continuing healthcare (CHC) performance for national targets has improved locally and an STP wide review of CHC processes is taking place.</p> <p>Discharge to assess and trusted assessor models continue to be implemented. All intermediate care beds operate a Trusted Assessor model. Discharge to assess is being supported with winter funding. New patient choice policy and processes are in place.</p> <p>Enhanced Discharge Control arrangements in ESHT have been evaluated and shown value.</p>
<p><b>Seven day working</b></p>	<p>Crisis response will not be extended to 24h, but provides cover. Commissioning arrangements for weekend Intermediate Care admissions have been reviewed.</p> <p>Engagement with providers of last year's interim beds indicates range of issues that need to be resolved to support sustainable OOH service models- this need to be progressed.</p> <p>NHS 111/Clinical Assessment Service procurement has been stopped and next steps being agreed.</p>
<p><b>Communication around discharge</b></p>	<p>Workshops have taken place with staff. Patient choice information has been reviewed and 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.</p>

# Stakeholder reflections



## Overall progress

Since the Local System Review in 2017 the revamped Health and Wellbeing Board (HWB) is forging stronger relationships with the STP. Having one STP Accountable Officer is helping promote consistent approaches and has increased focus across the system.

Using measures recently agreed to support financially challenged NHS partners the HWB governance and monitoring arrangements are increasingly focused on promoting integration. System-wide it is acknowledged that delivering integration at a faster pace will lead to long term cost savings. Highlighted NHS financial constraints did initially prevent integration of services from developing at the pace needed, however performance didn't slip and helped galvanise focus and delivery.

Partners are using the updated JSNA to inform and drive integrated planning approaches and identify systems and services needed to support local communities based on actual need.

Early and robust planning has resulted in winter pressure monies being used to commission 41 additional nursing beds. The funds will also be used to help deliver a transitional service targeting 16 villages across the county by adopting an urgent response high care model. The approach is based on structured planning and capacity modelling and will help alleviate system flow and DToc pressures.

Engagement with providers has helped stabilised the local home care market and increased capacity to support demand in relation to hospital discharge.

The Health and Social Care Connect service is helping promote seven-day 24hr coverage across the county and provides the public and professionals a single point of access for adult health and social care enquiries, assessments, services and referrals. The system does however acknowledge that further work is required to ensure seven-day 24hr coverage is comprehensive.

## Direction of travel

The system is confident it will deliver its action plan. Some areas of activity contain a locally agreed extended delivery date. These were adopted so that additional work could be undertaken to ensure outputs are sustainable and effective in the long term.

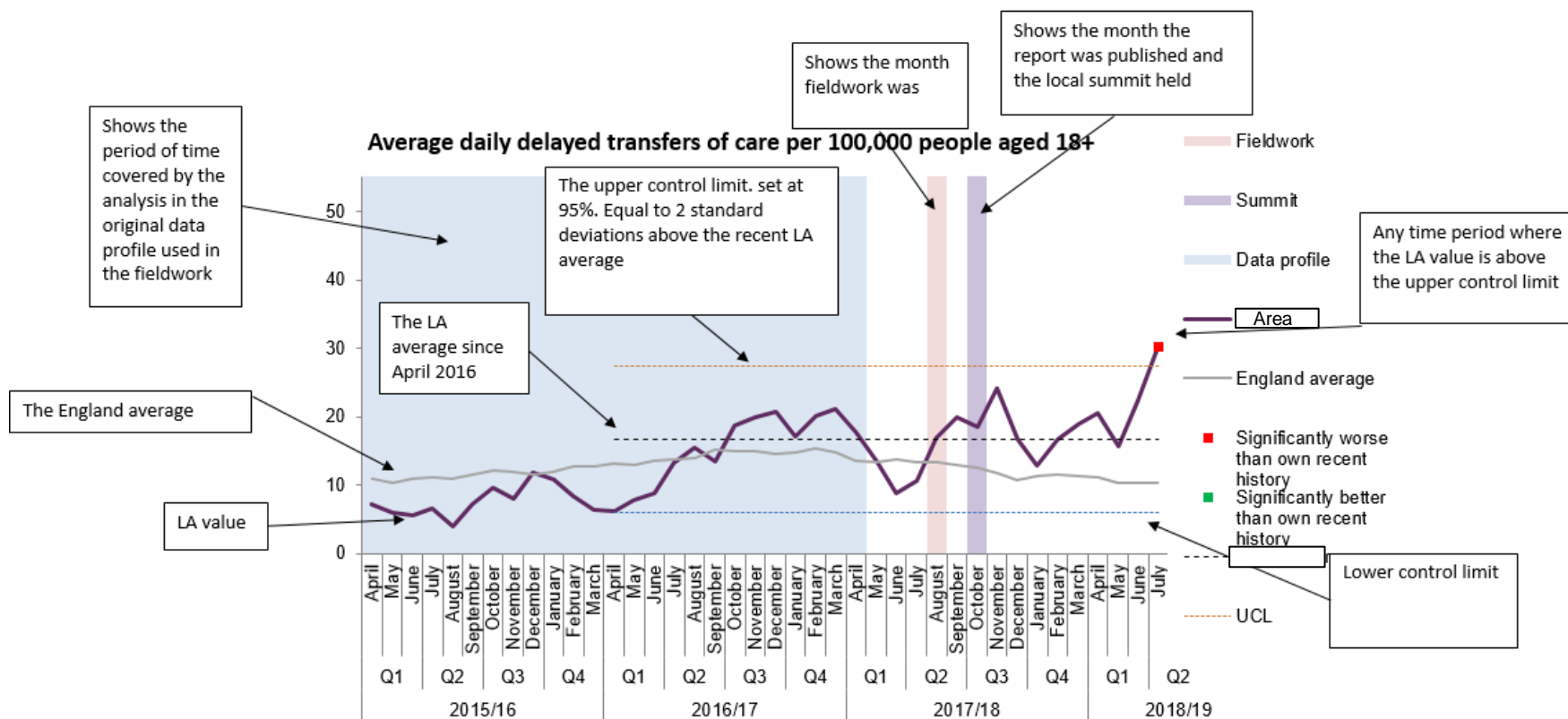
The system wide approach to commissioning voluntary and community sector services is being developed and services will be recommissioned from October 2019 with an increased emphasis on outcome based community interventions.

Work is also ongoing to develop and model the residential care market to meet increasing demand for community based care and support. Recent local intelligence indicates the level of people who fund their own care choosing a residential care home as a care option is reducing in favour of community based options. The system is supporting and encouraging care providers in the local market to change current care models to support community based approaches.

System tools are now able to track patient flow to highlight system pressures and areas of activity that could be managed earlier and more effectively with primary care input. Having access to this level of data will help support commissioning intentions to promote community based outcomes for people and reduce costly and avoidable acute care.

# Appendix: Trend analysis introduction

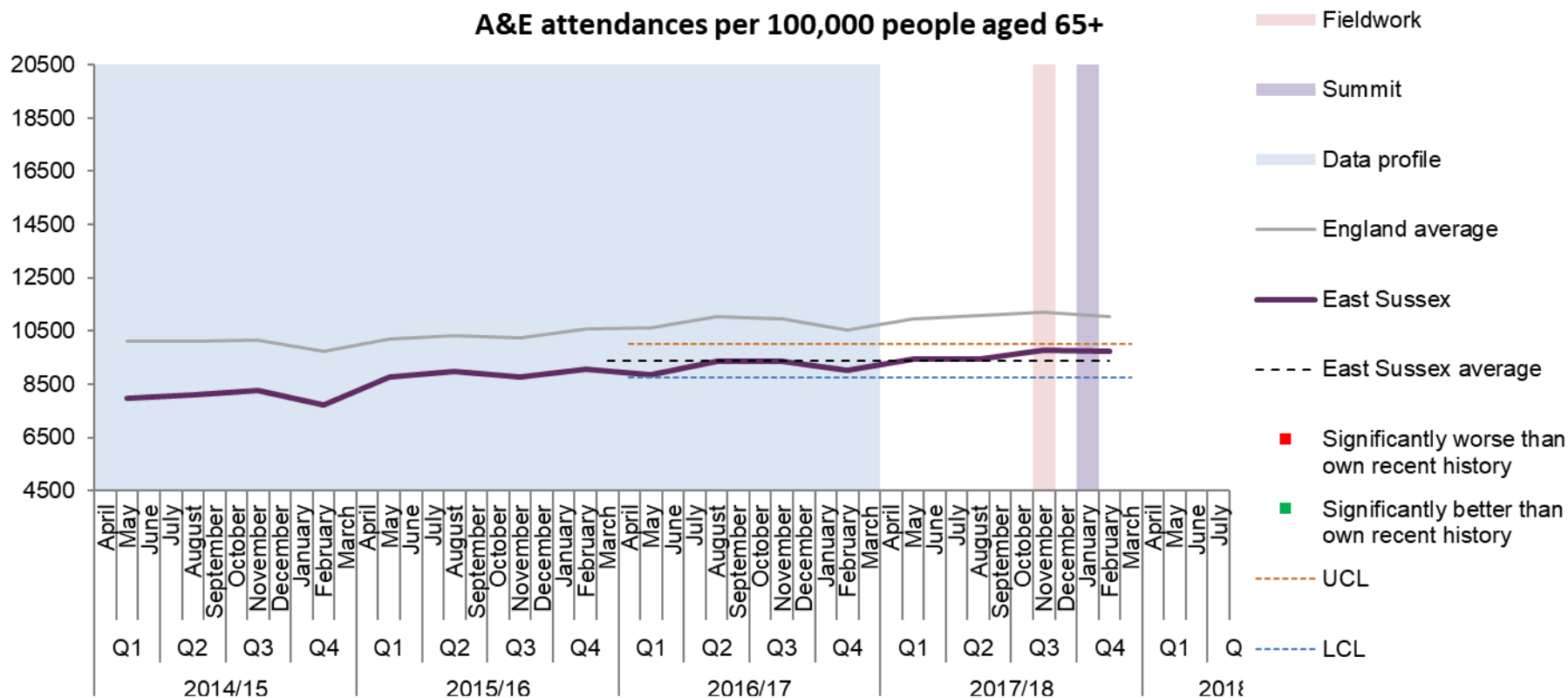
The following slides present a trend analysis for six indicators. The **sample** diagram below shows how to interpret the graphs.





# Appendix: A&E attendances

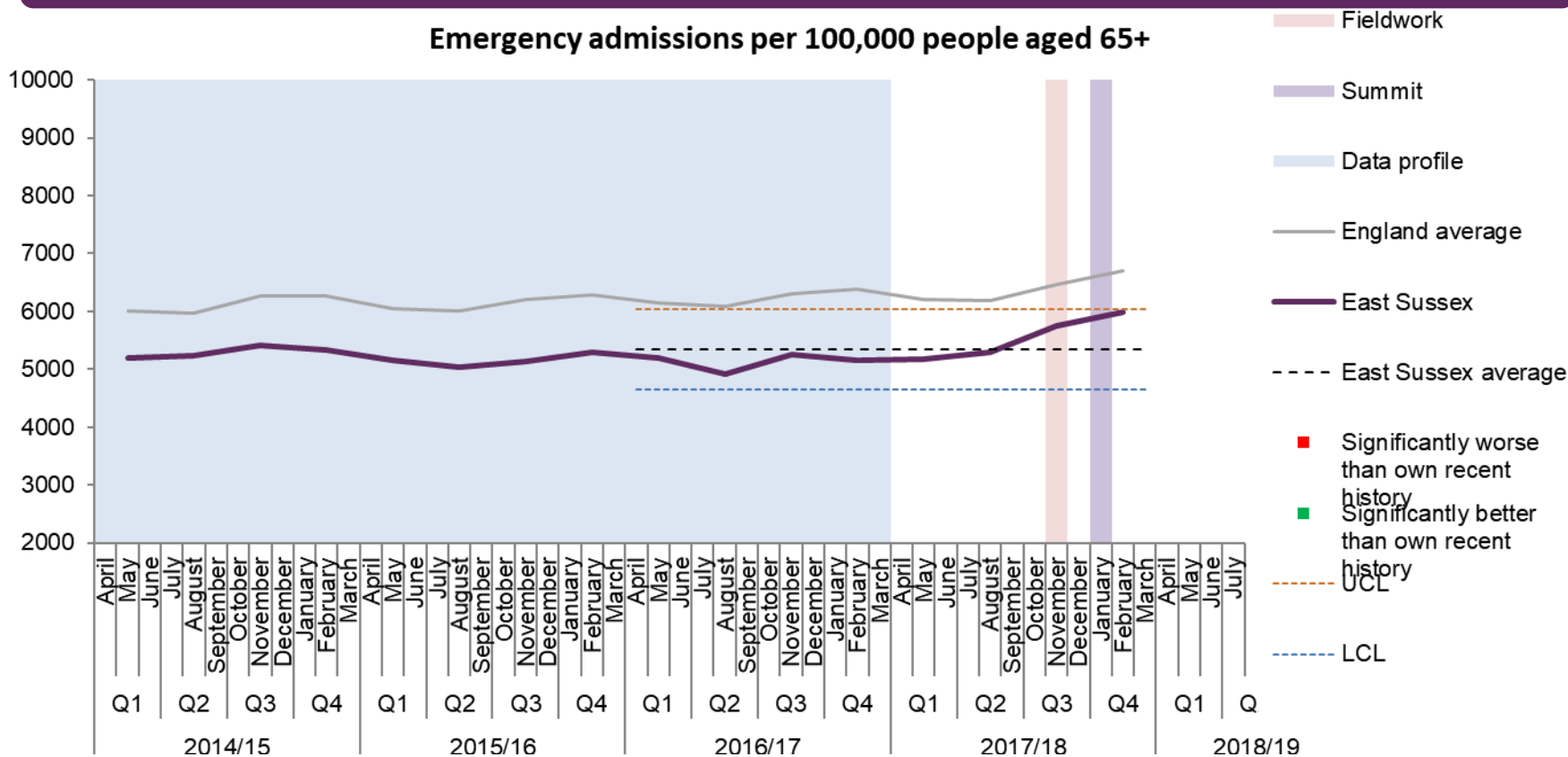
A&E attendances per 100,000 people aged 65+



Since we produced the data profile for the original local system review, East Sussex's performance for A&E attendances (65+) has remained consistently below the England average. Although the rate has increased slightly, it has not changed significantly over the last 2 years - they have consistently performed within the upper and lower limits of their average rate.

# Appendix: Emergency admissions

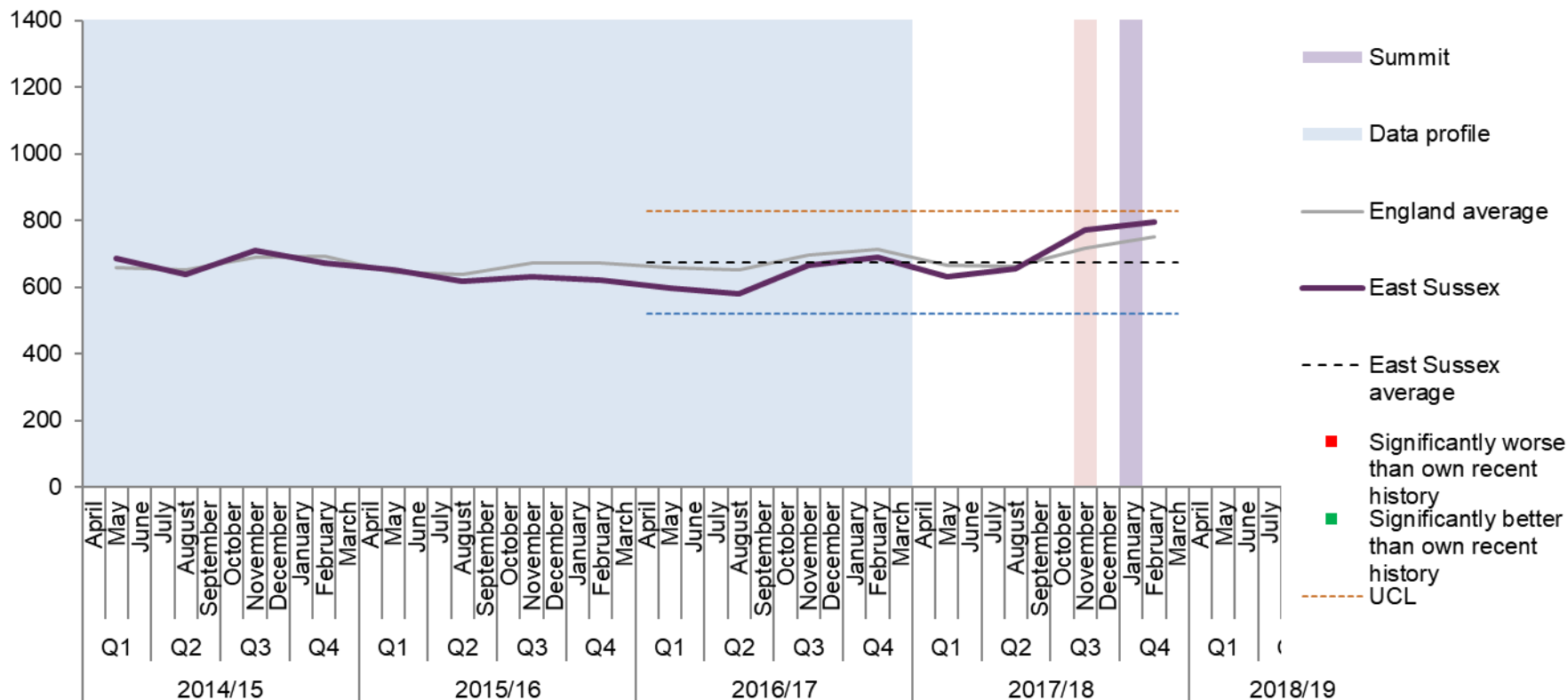
Emergency admissions per 100,000 people aged 65+



Since we produced the data profile for the original local system review, East Sussex’s performance for emergency admissions(65+) has remained consistently below the England average. Although the rate has increased, it has not changed significantly over the last 2 years- they have consistently performed within the upper and lower limits of their average rate.

# Appendix: Emergency admissions from care homes

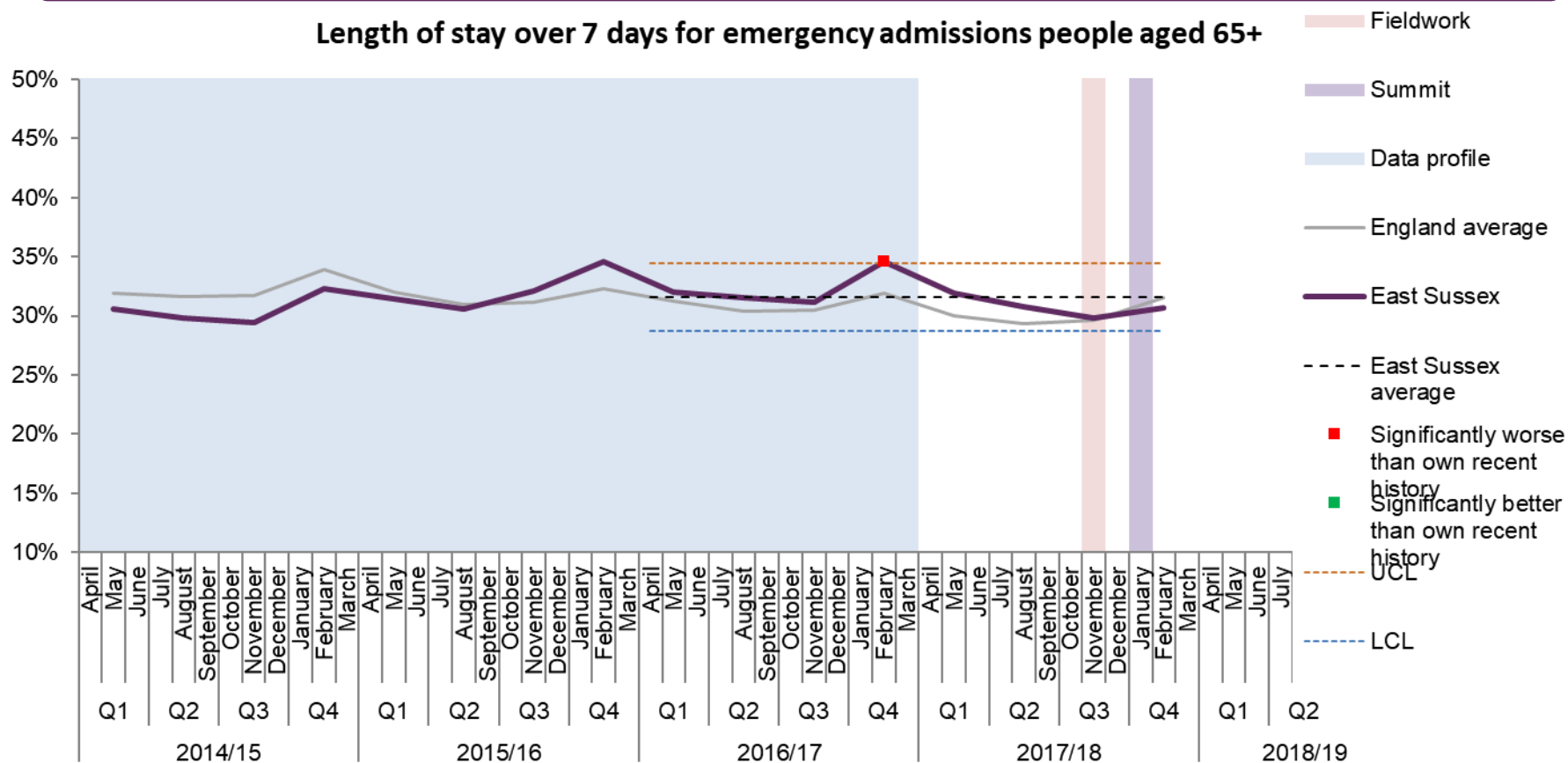
Emergency admissions from care homes per 100,000 people aged 65+



Since we produced the data profile for the original local system review emergency admissions from care homes (65+) in East Sussex have increased from being just below the England average to being just above. However performance has not changed significantly over the last 2 years - they have consistently performed within the upper and lower limits of their average rate.

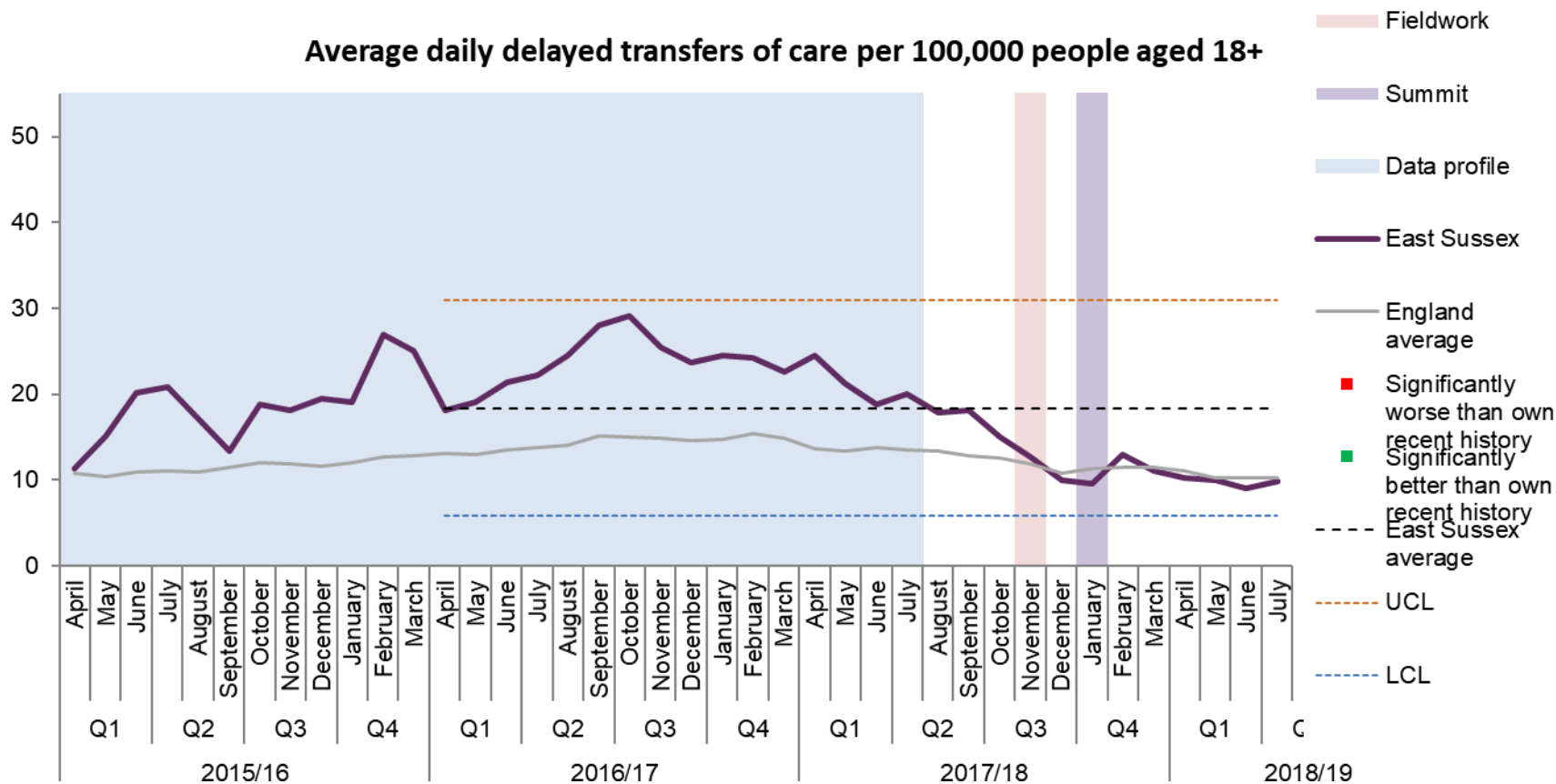
# Appendix: Lengths of stay over 7 days

Length of stay over 7 days for emergency admissions people aged 65+



When we produced the data profile for the original local system review, East Sussex’s performance for lengths of stay over 7 days (65+) was above the national average and significantly higher compared to it’s own average over 2016/17 and 2017/18. It then reduced and by the last quarter of 2017/18 was just below the England average.

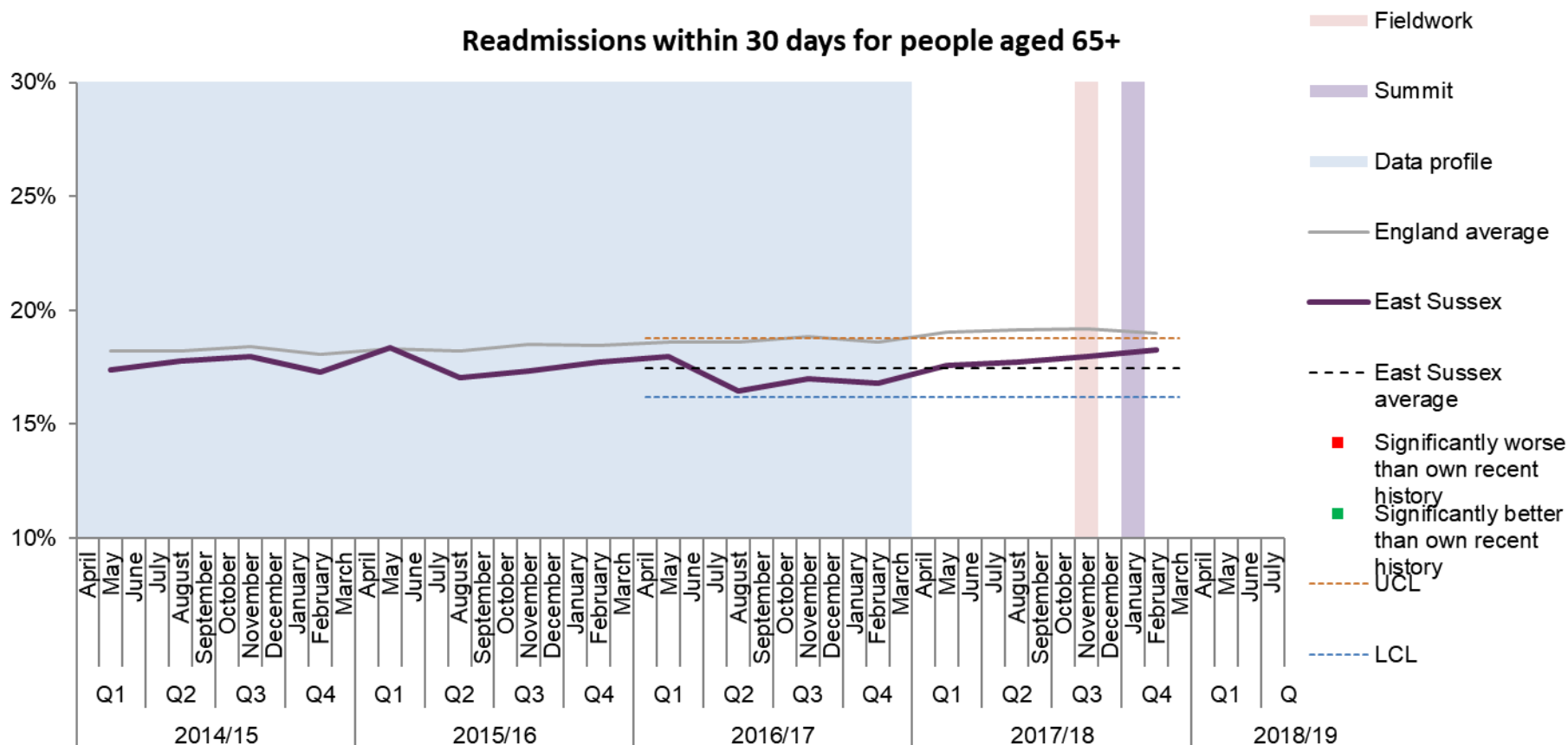
# Appendix: Delayed transfers of care



When we produced the data profile for the original local system review, East Sussex’s DToC performance was above the national average but it has reduced and from the end of 2017 to July 2018 was close to the England average.

# Appendix: Emergency readmissions

Readmissions within 30 days for people aged 65+



Since we produced the data profile for the original local system review, East Sussex’s performance for emergency readmissions (65+) has remained consistently below the England average. Although readmissions in the area have increased since Q2 2016/17, they have not changed significantly- they have consistently performed within the upper and lower limits of their average rate.