

Report to: East Sussex Health and Wellbeing Board

Date of meeting: 17 September 2019

By: Managing Director, Eastbourne Hailsham and Seaford Clinical Commissioning Group (CCG) and Hastings and Rother CCG (on behalf of the East Sussex Clinical Commissioning Groups and Health and Social Care System Senior Responsible Officers)

Title: East Sussex Health and Social Care Programme monitoring report

Purpose: To provide an update of progress against the priority objectives and lead Key Performance Indicators for the health and social care programme in 2019/20

RECOMMENDATION

The Board is recommended to consider the progress in Quarter 1 against the priority objectives and lead Key Performance Indicators (KPIs) for 2019/20

1. Background

1.1 As part of the East Sussex Local System Review, the Care Quality Commission (CQC) recommended that the Health and Wellbeing Board (HWB) should have a strengthened role in providing a robust whole system approach to transformation and improved health and wellbeing outcomes for local people. This includes having oversight and holding the health and social care system collectively to account for delivery of the agreed system-wide priority objectives for 2019/20. It should be noted that these were the in-year objectives that were collectively agreed by partners and doesn't exclude other work that takes place across our system, for example prevention, primary care and mental health.

1.2 At the HWB meeting on the 16th July members of the HWB received more detail about the current East Sussex Health and Social Care Programme priority objectives and Key Performance Indicators (KPIs) for 2019/20, as agreed by the East Sussex Health and Social Care Executive Group across planned care, urgent care and community, and the proposed monitoring arrangements. To ensure effective monitoring and oversight by the HWB, it was agreed that a report tracking progress on the nine priority objectives and lead KPIs for the previous quarter will come to the HWB meetings, starting from September.

1.3 The initial focus of our programme in 2019/20 has been the immediate objective for our system partnership to enable continued grip on financial stabilisation. This was informed by the financial recovery process that parts our NHS system have been engaged in with NHS England and NHS Improvement, as well as benchmarking and consideration of best practice and new models of care.

1.4 Our health and care system is also taking forward a planning process with our wider stakeholders to agree our longer term priority objectives for transformation and integration in East Sussex in 2020/21 and beyond. This will include prevention and mental health as well as planned care, urgent care and community, and how we will work in partnership with Primary Care Networks

to support delivery. The plan will take account of commitments in the NHS Long Term Plan as well as East Sussex County Council priorities. More detail about this is provided in a separate report to the HWB.

2. Supporting information

Performance report: Quarter 1 (Q1) 2019/20

2.1 Appendix 1 sets out the current progress against the nine overarching priority objectives for the transformation programme for Q1 in 2019/20. Our priority objectives are based on what we want to achieve this year, to move towards a model that can deliver at the lowest level of effective care and create a more sustainable model for the future.

2.2 Appendix 2 sets out progress against the lead KPIs for urgent care, planned care and community for Q1 in 2019/20, set by the Health and Social Care Executive Group to indicate whether we are impacting on the system as expected in order to achieve the priority objectives in 2019/20.

2.3 The programme is evidencing significant improvements for our residents at the end of the first quarter by the delivery of the following benefits:

- i. Our average length of stay in hospital and community clinical care beds is performing better than expected - reducing unnecessary length of time in hospital; accelerating recovery, and; releasing bed capacity within our hospitals and community sites to meet demand
- ii. Rapid multi-disciplinary team working, discharge assessment and follow up has meant that 42% of the patients admitted to hospital via A&E are discharged less than 24 hours after admission, leading to zero length of stay. This is particularly significant for our frail patients who are known to deteriorate rapidly if admitted to hospital.
- iii. GPs are able to seek timely specialist doctor advice using online advice and guidance reducing the need for patients to have unnecessary appointments at hospital.
- iv. Reduction in hospital follow up appointments where these are not needed has also prevented unnecessary hospital trips for up to 1,500 patients this year.
- v. GPs are meeting monthly to review hospital referral patterns and improve the process to ensure the right referral and right route.
- vi. Our high intensity user service has seen over 30 patients avoiding 89 A&E attendances and a further 36 emergency admissions
- vii. Urgent Treatment Centres will be up and running in line with the national mandate by December 2019.
- viii. GP led respiratory care has reduced the number of hospital admissions for Chronic Obstructive Pulmonary Disease (COPD)
- ix. Successful pilots integrating hospital discharge, with community nurses and advance practitioners and adult social care teams working together to provide joined up care packages for hospital discharge. This single access point ensures patients are settled at home, in community beds or in nursing care with the support they need. These pathways are now progressing to full implementation

- x. The NHS has provided new policy guidance on what is clinically appropriate for certain conditions and will result in better outcomes particularly for musculoskeletal conditions. East Sussex has implemented these policies optimising appropriate procedures. Further policies are being introduced this year.
- xi. Treatment for Type 2 Diabetes has seen a significant drop in amputations following the expansion of an urgent foot care clinic and the formation of a GP led multi-disciplinary team.

Areas for development

2.4 Areas of focus for the rest of the year will be on the rapid mobilisation of new projects and the continual review of existing work, to support the following areas:

- i. In common with trends seen across Sussex and nationally, A&E attendances and emergency admissions are higher than planned at the end of quarter 1. Quantitative local research has taken place into the drivers of demand, alongside a qualitative patient survey has taken place to inform new and existing projects to improve performance in this area. A proposed plan will be presented at the East Sussex Health and Social Care Executive Group on 20th September.
- ii. The way we financially quantify efficiencies and the impacts of transformation across our system continues to be reviewed and refined. This is to capture the combined impacts of transformation alongside existing improvements being made to operational delivery.
- iii. The programme oversight boards continue to review the performance of existing projects and accelerate new projects, with a weekly system assurance call to enable rapid executive decision making.
- iv. Plans are being prepared for 2020/21 and beyond in response to the NHS Long Term Plan and the priorities for our East Sussex population. Community health and social care will continue to develop an integrated operating model to ensure the optimum interventions for our community and prevention of unplanned care needs. Partnerships with the new Primary Care Networks, mental health and the voluntary and community sector will be key to delivering this model

3. Conclusion and reasons for recommendations

3.1 The current health and social care programme, projects and KPIs for 2019/20 represent pragmatic and realistic steps to be taken this year to progress fuller integration of health and social care services, in order to secure ongoing grip on financial recovery for our system.

3.2 As such, integrated system working on these priorities has contributed to Eastbourne Hailsham and Seaford Clinical Commissioning Group and Hastings and Rother Clinical Commissioning Groups (EHS and HR CCGs) having legal directions lifted by NHS England, and East Sussex Healthcare NHS Trust has come out of Financial Special Measures, as of the end of Q1 in 2019/20.

3.3 During Q1 the programme has been able to evidence the impact of a range of projects as a result of clear governance and standardised multi-agency performance reporting. This has enabled us to identify the benefits realised to date and highlight in a timely way any areas of risk to

our plans. Emergency attendances and admissions is a priority focus for Q2 along with community health and social care integration. Recent closer alignment with digital workforce and estates programmes will also ensure timely progress within the East Sussex programme, as well as closer alignment with the Sussex Health and Care Partnership programmes.

3.4 Partners across our system are also in the process of working together to develop an integrated longer-term East Sussex County Council and NHS plan for East Sussex for 2019/20 and beyond, which will also form part of our broader Sussex Health and Care Partnership response to the NHS Long Term Plan. A separate report to the HWB provides more detail about this.

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Background documents










None

Appendix 1 – Progress against Health and Social Care Programme Priority objectives for 2019/20

Ref No	Objectives 2019/20	Target Measure	Target Date	Current Measure	RAG
1	Reduction in average length of stay for non-elective admissions	4.4 days <i>Average Length of Stay</i>	31/03/2020	4.1	
2	Reduction in average length of stay in non-acute beds (e.g. community, intermediate, non-weight bearing etc.)	25.3 days <i>Average Length of Stay</i>	31/03/2020	24.3	
3	Growth prevention in A&E attendances not to exceed plan	6%	31/03/2020	8.9%	
4	Delivery of transformational plan financial efficiencies 19/20	£11.1m	31/03/2020	tbc ¹	
5	Growth prevention in non-elective admissions	6%	31/03/2020	8.5%	
6	Increase efficiency and capacity within the existing community health and care services workforce	Development In Progress	31/03/2020	tbc	
7	Reduction in the number of people 65+ permanently admitted to residential and nursing homes	494	31/03/2020	98	
8	Outpatients Optimised	Upper Quartile STP	31/03/2020	Middle lower Quartile	
9	Increase in % of same day emergency care	30%	31/03/2020	42.4%	

¹ The way we financially quantify efficiencies and the impacts of transformation across our system continues to be reviewed and refined, so that the combined impacts of transformation and operational delivery can be captured

Appendix 2 – Progress against Lead Key Performance Indicators (KPIs) for urgent care, planned care and community 2019/20

Lead KPIs	Indicator Description	Target	Current Measure Apr-Jul	RAG
Urgent Care Oversight Board	Reduce the number of people seen in Emergency Departments (i.e. majors and resus) as a % of the total number of people attending the A&E site (all streams)	Pending UTC implementation in December		
	Increase the number of people seen through UTC services as a % of the total no of people attending the A&E site (all streams).			
	Reduction in >75yrs Non-Elective average LoS	7.9	7.4	
	Reduction in A&E admissions from Care Homes	670(YTD)	547	
Community Oversight Board	Reduced number of medically fit patients in hospital per month (including reductions in delayed transfers of care, stranded and super stranded numbers)	158	168	
	Reduction, against original trajectory, of patients conveyed to Emergency Departments	No longer KPI, project closed.		
	Reduction in time on waiting list for relevant community services	Data unavailable to measure		
	Increase in client contact/patient visits for relevant services			
	Reduction in %age of health and care workforce turnover	15.8%	15.7%	
Planned Care Oversight Board	Reduction in rate variation of acute GP referrals	33.3%	29.4%	
	Reduce number Low Clinical Value Procedure Referrals	253 (YTD)	238	
	Reduction in Elective Activity	2212(YTD)	2138	
	Increase number of Advice & Guidance Requests	1285(YTD)	1162	
	Growth prevention of New Outpatients to Follow Up with no further action	38,645	11,863	
	Growth Prevention of New Outpatients with no Follow Up	41,808	13,037	