

Report to: East Sussex Health and Wellbeing Board

Date: 10th December 2019

By: Executive Managing Director, East Sussex Clinical Commissioning Groups (on behalf of the Health and Social Care System Senior Responsible Officers)

Title of report: East Sussex Health and Social Care Programme monitoring report

Purpose of report: 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

RECOMMENDATIONS

The Health and Wellbeing Board is recommended to consider the progress in Quarter 2 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.

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.

1.3 It should be noted that these were the initial in-year objectives that were collectively agreed by partners and does not exclude other work that takes place across our system, for example prevention, primary care and mental health. Our plans to widen the scope of our transformation programme in 2020/21, through developing the long term East Sussex health and social care plan to include shared system priorities across the whole East Sussex health and social care economy, are covered in a separate report to the HWB. This will include priorities for prevention, children and young people and mental health and how we will work in partnership with primary care networks and wider system partners to support delivery in 2020/21.

1.4 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 our existing programme objectives, and the financial recovery process that parts of our NHS system were engaged in with NHS England and NHS Improvement, as well as benchmarking and consideration of best practice and new models of care.

1.5 This is the second report to the HWB tracking progress on the nine priority objectives and lead KPIs for 2019/20 to ensure effective monitoring and oversight of the programme. The report covers the previous quarter from 1st July - 30th September (Q2).

2. Supporting information

Performance report: Quarter 2 (Q2) 2019/20

2.1 Appendix 1 sets out the current progress against the nine overarching priority objectives for the transformation programme for Q2 in 2019/20. Our priority objectives are based on what we want to achieve this year, to ensure high quality sustainable services.

2.2 Appendix 2 sets out progress against the lead KPIs for urgent care, planned care and community for Q2 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 second quarter by the delivery of the following benefits:

- i. Our average length of stay in hospital and community clinical care beds continues to perform 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. The expansion of a hospital integrated discharge team, and discharge assessments at home or into temporary residential care, has improved patient experience and flow. Patients have responded well to the new pathways and prefer being back in their own home, and in their own surroundings they are often assessed with lower ongoing care needs than if the assessment had been carried out in hospital.
- ii. We have continued to discharge up to 42% of patients on the same day they are admitted to hospital via A&E supported by the extension of our ambulatory emergency care, ensuring patients receive appropriate levels of intervention.
- iii. The avoidance of A&E attendances and admissions has improved since the last report but are still not performing to plan in line with the increases in A&E activity seen regionally and nationally. However, we know that the success of our A&E avoidance projects have helped contain the impact of increased A&E activity:
 - o The High Intensity Users service has increased referrals and will move to business as usual managed by our Health and Social Care Connect team.
 - o Our locally commissioned respiratory service continues to support patients to manage their long term conditions in the community
 - o Continued focus on our frail and vulnerable patients by the multidisciplinary teams in A&E, with timely assessments and therapies and rapid discharge from hospital back into the community, has continued to support a return to greater levels of long term independence.
 - o Improved access to urgent foot clinics has continued to sustain the reduction in our emergency amputation rates significantly for diabetic patients. The GP led Integrated Community Diabetes Clinics are close to full utilisation for our more complex patients and will reduce A&E attendances going forward.
 - o Admissions to hospital from care homes has continued to reduce due to the work by our pharmacy teams to review medications and our frailty practitioners who ensure

effective care plans are in place respecting the patient's wishes following any deterioration.

- iv. Projects to ensure the right referrals from our primary care teams follow the right routes have realised benefits this year.
 - o Reduction in unnecessary hospital visits for our patients
 - o Access by GPs to consultants via the Advice and Guidance service has improved communications and information flows
 - o A regular clinical reference group meeting of GPs and hospital consultants reviews recent hospital referrals enabling targeted improvements to be made and educational opportunities identified.
 - o Reviews of referrals and suggested alternative approaches to hospital appointments has also prevented unnecessary hospital trips for up to 1,500 patients this year.
 - o Application of clinically effective referral criteria has also seen a reduction in patient procedures which NICE guidance demonstrates does not improve the condition.

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. As reported last quarter and in common with trends seen across Sussex and nationally, A&E attendances and emergency admissions are higher than planned at the end of quarter 2. 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 was presented at the East Sussex Health and Social Care Executive Group on 20th September and six new evidence-based projects now form part of our transformation plan:
 - Expansion of our PEACE (Proactive Elderly Advance Care) planning with our frail residents in care homes approaching end of life, to deliver the best care to frail, older people based on a personalised approach to care and support planning
 - Providing direct access gateways to appropriate specialist areas of the hospital for emergency care, reducing demand in A&E
 - Providing a single access point for all clinical staff whom may need to refer to emergency services
 - Providing extended GP appointments co-located within our Urgent Treatment Centres
 - Ambulance conveyancing project, avoiding A&E for non-injury falls where our community teams may be better placed to intervene
 - Localised communications and engagement to build knowledge of available services so that people can feel enabled to make an informed decision about the service they need to access for their care, support or advice.

- ii. From December, Urgent Treatment Centres will be open at the front of our hospitals to ensure our A&E department capacity is most effectively used and our patients receive the optimum intervention.
- iii. Health and Social Care staff are now co-located in Eastbourne and this will be extended to Hastings providing further opportunities to work more efficiently as multi-disciplinary teams in the future.
- iv. Further improvements along our integrated discharge pathways will also be a key focus.
- v. Plans are being prepared for 2020/21 and beyond, and this will be subject to further reporting to the HWB.

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 support ongoing grip on financial recovery for our system. This includes better system working to reduce pressure on hospital service delivery; improving community health and social care responsiveness, and; ensuring good use of, and shorter waits for, planned care.

3.2 During Q2 the programme has continued to be 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 continues to be a priority focus along with community health and social care integration, and collaborating to support recruitment and retention in our shared workforce.

3.3 Partners across our system have also been working together to develop an integrated long term health and social care plan for East Sussex covering the next 3-5 years.

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Background documents

None











Appendix 1 – Progress against Health and Social Care Programme Priority objectives for 2019/20¹

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	25.0	●
3	Growth prevention in A&E attendances not to exceed plan	6%	31/03/2020	10.9%	●
4	Delivery of transformational plan financial efficiencies 19/20	£11.1m	31/03/2020	tbc ²	tbc
5	Growth prevention in non-elective admissions	6%	31/03/2020	7.8%	●
6	Increase efficiency and capacity within the existing community health and care services workforce	Metric definition not yet agreed and unlikely to be impacted by changes this year			
7	Reduction in the number of people 65+ permanently admitted to residential and nursing homes	206 YTD <i>Permanently admitted</i>	31/03/2020	219	●
8	Outpatients Optimised	Upper Quartile	31/03/2020	Middle Quartile	●
9	Increase in % of same day emergency care	30%	31/03/2020	42.5%	●

¹ These are locally set objectives and targets for our transformation programme that we have set to try and measure the impacts of specific improvement projects. Some areas are still in development and we will use the learning to inform how we set objectives, measures and KPIs for 2020/21 monitoring. In some cases, local targets are being impacted by increases in activity beyond what we would have anticipated.

² In 2019/29 we set some proxy indicators for system financial efficiencies in order to help our understanding of the way we can financially quantify efficiencies and the impacts of transformation across our system. This continues to be reviewed and refined, so that the combined impacts of transformation and operational delivery can be captured and understood in the context of further analysis of activity growth

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	RAG
Urgent Care Oversight Board	Reduce the number of people seen in Emergency Department (ED) (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 Urgent Treatment Centre (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	7.3	
	Reduction in A&E admissions from Care Homes	1387(YTD)	1079	
Community Oversight Board	Reduced number of medically fit patients per month (including reductions in delayed transfers of care, stranded and super stranded numbers)	158	164	
	Reduction, against original trajectory, of patients conveyed to ED	No longer KPI, project closed.		
	Reduction in time on waiting list for relevant community services	Data unavailable to measure ³		
	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%	28.6.%	
	Reduce number Low Clinical Value Procedure Referrals	544 (YTD)	450	
	Reduction in Elective Activity	3872(YTD)	3632	
	Increase number of Advice & Guidance Requests	1928(YTD)	1771	
	Growth prevention of new hospital appointments with no further action after 2 appointments	11,320	5885	
	Growth Prevention of new hospital appointments with no further appointments needed.	41797	23003	

³Informed by baseline data gathering a potential OT/JCR integration project is being explored as a priority project that would support the delivery of a new target operating model in 2020/21, with the specific objective of improving efficiency and creating capacity in therapy services – success would see reduced waiting lists and increased patient contact/visits. This will be considered fully as part of objective planning for 2020/21, and as and when the OT/JCR integration project is agreed and underway we would expect to report on these performance and productivity measures for a joint therapy service.