Report to:	**East Sussex Health and Wellbeing Board**
Date of meeting:	**3rd March 2020**
By:	**Executive Managing Director, East Sussex Clinical Commissioning Groups (on behalf of the 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**

RECOMMENDATIONS

The Health and Wellbeing Board is recommended to Consider the progress in Quarter 3 against the priority objectives and lead Key Performance Indicators (KPIs) for 2019/20

1. Background

1.1 As previously reported to members of the Health and Wellbeing Board (HWB), in 2019/20 the East Sussex Health and Social Care Executive Group agreed initial programmes of work and a set of priority objectives and Key Performance Indicators (KPIs) across planned care, urgent care and community, and the proposed monitoring arrangements.

1.2 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 (NHSE) and NHS Improvement (NHSI), as well as benchmarking and consideration of best practice and new models of care.

1.3 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 are responsiveness, and; ensuring good use of, and shorter waits for, planned care.

1.4 The initial in-year objectives, that were collectively agreed by partners, do not include all the other work that takes place across our system, for example prevention, children and young people, primary care and mental health. Our agreed long-term East Sussex Health and Social care plan sets out our shared system priorities across the whole health and social care economy. It also widens the scope of our transformation programme in 2020/21, through setting out 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. Progress with the next phase of detailed planning for 2020/21 is covered under a separate report to the HWB.

1.5 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. This is the third 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 October to 31st December (Q3).

2. Supporting information

Performance report: Quarter 3 (Q3) 2019/20

2.1 Appendix 1 sets out the current progress against the nine overarching priority objectives for the transformation programme for Q3 in 2019/20. Our priority objectives are based on what we want to achieve this year, to ensure high quality sustainable services. It is important to note that although our A&E focused objectives are not to plan, we have seen a reduction in A&E demand in Q3.

2.2 Appendix 2 sets out progress against the lead KPIs for urgent care, planned care and community for Q3 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 programmes continue to evidence significant improvements in the areas reported last quarter for our residents. At the end of the third quarter we can evidence the start of new benefits:

i. Our Locally Commissioned Service (LCS) for Respiratory was introduced in April last year. This service was designed to:

- encourage a holistic and patient centred empowering approach to respiratory management;
- improve parity of respiratory care across East Sussex;
- make quality improvements identified in the NHS Rightcare Commissioning for Value Respiratory pack;
- reduce inappropriate use of inhaled corticosteroids;
- empower practices to make prescribing cost savings by improving medicines optimisation, and;
- support reduction in oxygen costs and emergency admissions;

The service elements of the LCS include proactive case finding for lung disease e.g. COPD, enhanced annual reviews, reviews of highly medicated asthma sufferers. Since the launch of this service we have seen 148 avoided emergency admissions.

ii. Work has been taken forward by GPs, hospital pathologists and consultants to reduce variation in our approach to pathology test requests from primary care. Primary and secondary care clinicians now meet regularly to improve the processes and share knowledge. The expected benefits for our patients are a higher likelihood of the right test first time leading to earlier intervention if needed, and also the reduction in unnecessary repeat tests.

iii. Every year some high cost medications become available at a reduced price as the market opens up to pharmaceuticals once the research costs have been covered. This year we have been able to switch to these new brands, reducing our high cost medication

costs for hospital provision by £1.6m. Our medicines management team continue to keep abreast of the medication switches as well as expanding the medication reviews across East Sussex ensuring our patients are optimally medicating with minimal side effects.

iv. Work has also been taking place on non-injury falls rates in East Sussex and our system is now working with SECamb to avoid transfer to hospital where this is not medically needed, by referring to our community crisis response team. Workforce challenges were initially a limiting factor and redesign of roles has enabled this new pathway to be supported. Other common conditions that often result in transfer to hospital will follow next year e.g. Urinary Tract Infections.

v. Suspected cardiovascular disease can now be diagnosed via a CT Scan rather than an invasive procedure. This year we have seen 128 people benefit from this redesigned pathway avoiding the low risk of complications.

Areas for development

2.4 Areas of focus for the rest of the year will continue to 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 were higher than planned at the end of quarter 2. During Q3 we have seen a reduction in this demand however, as winter progresses, we may see the demand increase to previous levels. With our interventions made this year we have evidence that the changes made have impacted the reduction in emergency service demand and, as we develop our plans for 2020/21, our programmes will be prioritising system changes that align with the East Sussex Health and Social Care Plan and continue to address the demand on our emergency services. The development of the 2020/21 transformation plans for our East Sussex system are progressing, with key programmes of work identified aligning with the NHS Long Term Plan and local social care priorities. Key areas of work will include;

- Virtual and video outpatient clinics and expanding electronic correspondence. This saves patients and clinicians time and is evidenced to provide better outcomes. For example, virtual fracture clinics for certain conditions can be more safely managed from home.
- Continuing with the implementation of the community health and social care target operating model, delivering more integrated care closer to home for people with complex and multiple long term conditions.
- Further expansion and focus on supporting patients with multiple needs with high numbers of A&E attendances and admissions.
- Expanding initiatives to support our frail and elderly population to receive timely intervention to ensure sustainability of independence.
- Continuing to refine and redesign our high demand services to ensure the most efficient delivery of the right treatment, at the right time, and in the right place. For example, a successful triage pilot in Gastroenterology involving GPs and hospital Doctors, has evidenced a high volume of patients progressing first time onto the right care pathway. The plans are to recommend permanently embedding this service next year.

ii. In December, Urgent Treatment Centres opened at the front of our hospitals to ensure our A&E department capacity is most effectively used and our patients receive the optimum intervention.

3. Conclusion and reasons for recommendations

3.1 During Q3 the programme has continued to be able to evidence better system working to reduce pressure on hospital service delivery; improving community health and social are responsiveness, and; ensuring good use of, and shorter waits for, planned care. As a result of clear system governance, and standardised multi-agency performance reporting across our system, we have been able to capture the positive impact of a range of projects and benefits realised to date and highlight in a timely way any areas of risk to our plans.

3.2 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 undertake the detailed programme planning for 2020/21, and the immediate next steps arising from the shared priorities in our agreed long term East Sussex Health and Social Care Plan.

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Background documents

None

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

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 *Average Length of Stay*	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 *Average Length of Stay*	31/03/2020	25.0	
3	Growth prevention in A&E attendances not to exceed plan	<=6%	31/03/2020	8.8%	
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	6.8%	
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	<=288 YTD *Permanently admitted*	31/03/2020	289	
8	Outpatients Optimised	Upper Quartile	31/03/2020	Middle Quartile	
9	Increase in % of same day emergency care	>=30%	31/03/2020	41.8%	

[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	7.2	
	Reduction in A&E admissions from Care Homes	<=1630 (YTD)	1297	
Community Oversight Board	Reduced number of medically fit patients per month (including reductions in delayed transfers of care, stranded and super stranded numbers)	<= 159	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 percentage of health and care workforce turnover	No longer monitored – change complete		
Planned Care Oversight Board	Reduction in rate variation of acute GP referrals	<=32%	27.%	
	Reduce number Low Clinical Value Procedure Referrals	<=635 (YTD)	539	
	Reduction in Elective Activity	<=4425 (YTD)	4126	
	Increase number of Advice & Guidance Requests	>=2571 (YTD)	2425	
	Growth prevention of new hospital appointments with no further action after 2 appointments	<=5%	-9.4%	
	Growth Prevention of new hospital appointments with no further appointments needed.	<=5%	-7.3%	

[3]Informed 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 for community services in 2020/2. 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 is being considered 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.