

Report to: East Sussex Health and Wellbeing Board

Date of meeting: 8 December 2020

By: Executive Managing Director, East Sussex Clinical Commissioning Group and Director of Adult Social Care, East Sussex County Council

Title: East Sussex Health and Social Care Programme – update report

Purpose: To provide an update on progress with implementing the revised integration programme after the first phase of COVID-19

RECOMMENDATIONS

The Board is recommended to consider and note the current stage of the implementation of the programme after the first phase of the pandemic, and the progress made with bringing together a performance framework in the continuing context of COVID-19

1. Background

1.1. For the first six months of 2020/21, our overall focus for integration as a health and social care system has been the way we can further integrate our services to support people during the COVID-19 pandemic, including our out of hospital support and discharge hubs to ensure timely discharge and appropriate care.

1.2. Earlier reports to the Health and Wellbeing Board have described the significant progress that has been made by our system to update and reset our in-year integration programme. This is both to incorporate the learning from new ways of working that have rapidly been developed as part of our system response to the pandemic, and sustain new models of delivery where there have been agreed benefits.

1.3. In addition, it has also been previously noted that the management of the pandemic has presented additional ongoing responsibilities that require a collaborative response from our East Sussex health and social care system, including:

- Local Care Homes Resilience Plan and mutual aid support to the care market;
- Shielding plans and work with Clinically Extremely Vulnerable People;
- Local Outbreak Control Plan and mass vaccination programme;
- Implementing of Phase 3 of the NHS response to the COVID-19 pandemic, including restoration and recovery of healthcare services to 'near normal' levels;
- Our local East Sussex and Sussex-wide Winter Plans;
- Ensuring assessment and appropriate care to support those people moving on from the initial COVID-19 hospital discharge scheme, and;
- Providing further assurance to the Department for Health and Social Care (DHSC) on a range of winter planning actions set out in the DHSC COVID-19 Adult Social Care Winter Plan 2020/21

1.4. In light of this our overall context is the need to manage capacity, resources and risks appropriately across our system during winter and for the remainder of 2020/21. The updated

integration programme will help us to maintain effort on our medium term priority objectives, as we manage new responsibilities and changes in focus and our broader restoration and recovery planning.

1.5. In September 2020, East Sussex Health and Social Care Executive Group finalised the revised programmes of work and a set of priority objectives and Key Performance Indicators (KPIs) across children and young people, community, planned care and urgent care, and the proposed monitoring arrangements. Within this, priorities for personalisation, prevention, and reducing health inequalities have also been taken into consideration, and we are also working to formally put in place a programme for Mental Health and the shared key areas of focus have been agreed.

1.6. Our organisations are also monitored on a separate basis across the NHS and Social Care, with our integration programme monitoring set up to focus on our collective work to further aid our understanding of the impact we are having as a whole system. The current health and social care programme and projects for 2020/21 represent pragmatic and realistic steps to be taken this year to progress fuller integration of health and social care services, in order to support a continued focus on improving outcomes, quality and experience and also the overall sustainability of our services.

2. Supporting information

2.1. The report to the last meeting of the Health and Wellbeing Board provided a summary of the suggested areas of work being considered as a result of the work to update the integration programme, to help deliver the longer term outcomes we are collectively working towards set out in the East Sussex Health and Social Care Plan.

2.2. The Health and Social Care Executive Group agreed the finalised set of projects in September, and work has now started to progress the priority projects. An updated summary description of the priority projects and areas of work shared previously is included in Appendix 1.

2.3. To support monitoring, we are retesting our nine overarching priority objectives in the context of COVID-19, and these will be kept under ongoing review. We have also set lead Key Performance Indicators (KPIs) for the programme across urgent care, planned care and community for the remainder of the year. In time these will help indicate whether we are impacting on the system as expected. This, alongside our other organisational monitoring, will inform how we develop a set of priority objectives and lead KPIs for the integration programme that are appropriate as we move into 2021/22 and further phases of the pandemic.

Performance to date in 2020/21

2.4. As of October, we have resumed monitoring performance against our priority objectives and lead KPIs. As a general principle the pandemic has had and is still having a significant influence on patterns of demand and use of health and social care services, and as would be expected this is evidenced in the monitoring.

2.5. The initial collectively agreed in-year objectives are therefore being kept under review and continue to be tested for their appropriateness in our context of managing the impacts of COVID-19 and the restoration and recovery of services. For example, our original targets for planned care operations to remain at the same levels for 2019/20, which were originally intended to show evidence of sustained prevention and early intervention in the community, may now need to be revisited in light of the suspension of non-urgent care during the first phase of the pandemic.

2.6. In summary the highlights of current performance against the priority objectives in 2020/21 so far are as follows:

- Our collaborative system working has meant that community bedded care has achieved optimum treatment length of stays, and maintained this during and after the first phase of the pandemic. We hope to have the information by the next quarter which evidences our improvements in 48 hour rehabilitation and re-ablement services.

- Close system working between Adult Social Care and the CCG Continuing Healthcare Team has also been taking place to enable approximately 1,000 patients discharged under the original COVID-19 Hospital Discharge Scheme to be appropriately assessed and reviewed and onto their long term pathways and funding streams, by our target completion date of 31st December. The capacity and resources required to deliver these transfers will be kept under review.
- The impact of COVID-19 can be seen in performance against priority objectives for Urgent Care where A&E attendances, although now increasing, are 35% below last year's attendances for Adults and 15% for Children (Year to Date) - the target is less than 6% growth for each based on 2019/20. Activity is now back at near normal levels.
- Similarly, the priority objective targets for Planned Care are being met so far this year, with the reason mainly due to the suspension of non-urgent procedures to provide capacity to treat COVID-19 patients in the first phase of the pandemic response, rather than being driven by previous service changes to prevent or reduce growth.

2.7. We have also resumed monitoring against our lead KPIs, noting that in some areas it is too early to say whether the specific programme projects are impacting on performance at this stage:

- In the community programme our current system focus has necessarily shifted to the immediate collaborative working required to rapidly improve the flow of patients Medically Ready for Discharge (MRD) from hospital, as we move into the winter period. This includes increased use of Home First Pathway 1 (discharge to a person's own home with a package of care), an increase in same day discharges, more effective utilisation of Discharge to Assess (D2A) and community bed provision. This will complement the broader community programme of work set out in Appendix 1, which is designed to embed more sustainable system working in this area and improve longer term health and wellbeing for frail older people and those with multiple long-term conditions. We expect to see impacts being evidenced over the next three months as the new processes start to embed.
- In the case of the Urgent Care NHS 111, and expansion of the High Intensity User service to include other frequent attenders at emergency departments, projects are in the process of going live. The Urgent Care falls prevention project is in the process of scoping and mobilisation, however the KPI for injury falls conveyed by ambulance to A&E is reporting a -9% reduction on the 2019/20 baseline (against a target of -5%), and non-injury falls are 2% above the 2019/20 baseline (target -5%).
- In Planned Care the emphasis across all the projects is on supporting the restoration and recovery of NHS services. We are also seeing the evidence of the continuing impacts of COVID-19 as it has affected patterns of access and use by the public, for example virtual first outpatient appointments is currently on target, with virtual follow up appointments below target (with a slight increase in November).

Integration programme next steps

2.8. Our focus for the rest of the year will continue to be on the rapid mobilisation of new projects, including the further development of our mental health programme, and the continual review of existing work and progress. This will support our planning for 2021/22 and any development of new priorities.

Integrated Care Partnership (ICP) Development

2.9. Our next steps for further developing our ICP will take place in the context of the broader Sussex Integrated Care System (ICS), which has seen governance mature and embed further in 2020/21. Work has been taking place to understand how plans can be best developed and delivered in different footprints within the ICS, and ensure appropriate alignment with the partnership work undertaken in East Sussex, West Sussex and Brighton and Hove. This has taken into consideration the previous agreements about accountability and the role Councils have as sovereign organisations in the Sussex-wide partnership. For our East Sussex system the next steps involve:

- Continuing to model the collaborative approach between commissioners and providers that we saw accelerated during the first phase of the pandemic, including between NHS commissioners and providers, and with voluntary and independent sector providers.
- Revisiting and refreshing our previous (pre-pandemic) plans for how we can further develop our ICP and integrated delivery of services in East Sussex, to make best use of our collective resources and improve our population's health and outcomes. This would include work to agree where our integrated working can have the most significant impacts for our population, and what we will need to deliver during 2021/22 to further strengthen our ICP by 2022.

Integrated commissioning for population health

2.10. Our East Sussex Health and Social Care Plan included a summary of our population's health and social care needs, and health inequalities in the county. Work has been taking place to produce a summary update of our understanding of our population needs based on what the latest insight and data is telling us, and taking into account:

- Predicted changes over a 3-5 year period where possible
- The impacts of the COVID-19 pandemic where known, for example socio-economic and mental health impacts, social isolation and indirect impacts on health
- What we can understand about inequalities and health inequalities related to the COVID-19 pandemic

2.11. As well as informing our individual organisation's core planning processes where helpful, the update is also intended to support further development of integrated commissioning and our ICP. This would include reviewing and updating our integrated Outcomes Framework, and how we collectively work together in our communities to deliver prevention, early intervention, reduced health inequalities and improved outcomes for our population.

3. Conclusion and reasons for recommendations

3.1 Having reset our integration programme, we have resumed our monitoring of the evidence of our better system working to ensure people get the right care in the right place, at the right time and improve outcomes.

3.2 The ongoing impact of COVID-19 on performance in 2020/21 across both our business as usual and system transformation work cannot be under emphasised, and this is currently reflected in our programme monitoring. Having an overview of progress with our collective system objectives through the programme monitoring in this context is helpful, combined with continuing to monitor all of our performance across health and social care. This will contribute to how we understand and finalise programme priorities and objectives for 2021/22, including our continued recovery from the Pandemic, and how we shape and further develop our ICP and plans for integrated commissioning.

JESSICA BRITTON

Executive Managing Director, East Sussex Clinical Commissioning Group

MARK STAINTON

Director of Adult Social Care, East Sussex County Council

Contact Officer: Vicky Smith

Tel. No. 01273 482036

Email: Vicky.smith@eastsussex.gov.uk

Contact Officer: Lesley Walton

Tel. No. 07785515326

Email: lesleywalton@nhs.net

Background documents

None