East Sussex local authority area profile - Older people's pathway

Date produced: 18 March 2020

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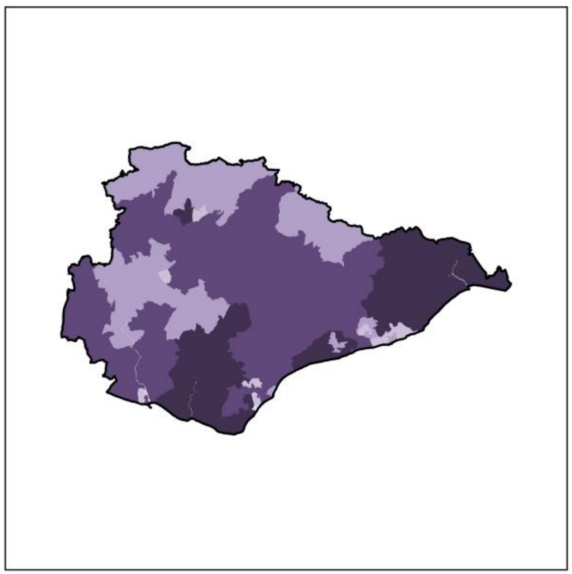
Demographic context

This data profile uses analysis to help identify issues within health and care systems in local authority areas. It is focused on care for older people (aged 65+), however some indicators are for the whole adult population. Full information can be found in the technical annex

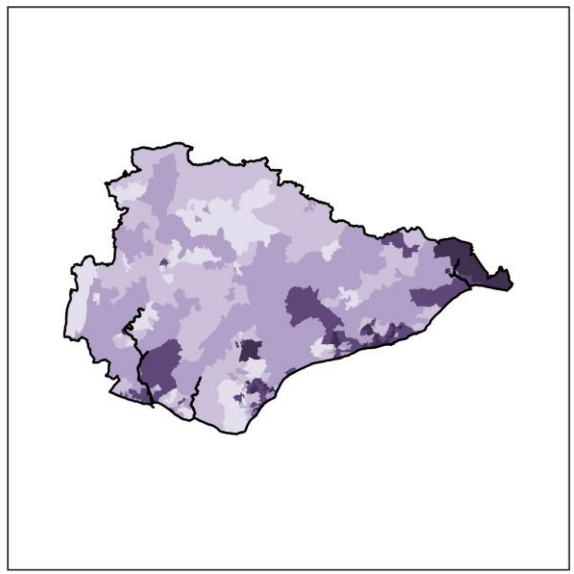
Demographic map- Age

20% most elderly — 20% least elderly



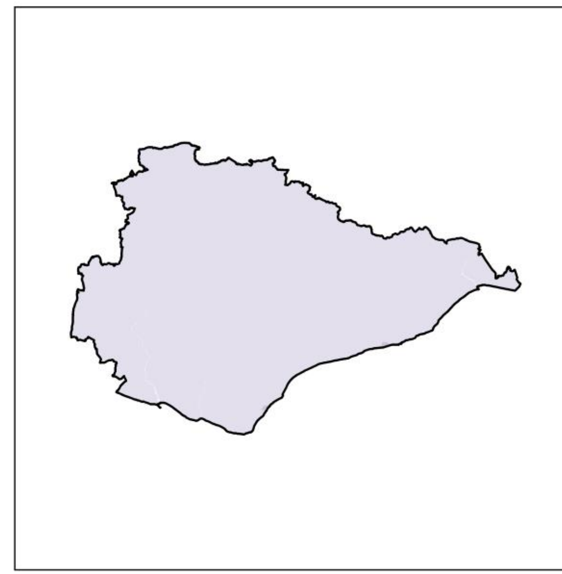
Demographic map- Deprivation

20% most deprived — 20% least deprived



Demographic map- Ethnicity

20% most BME — 20% least BME

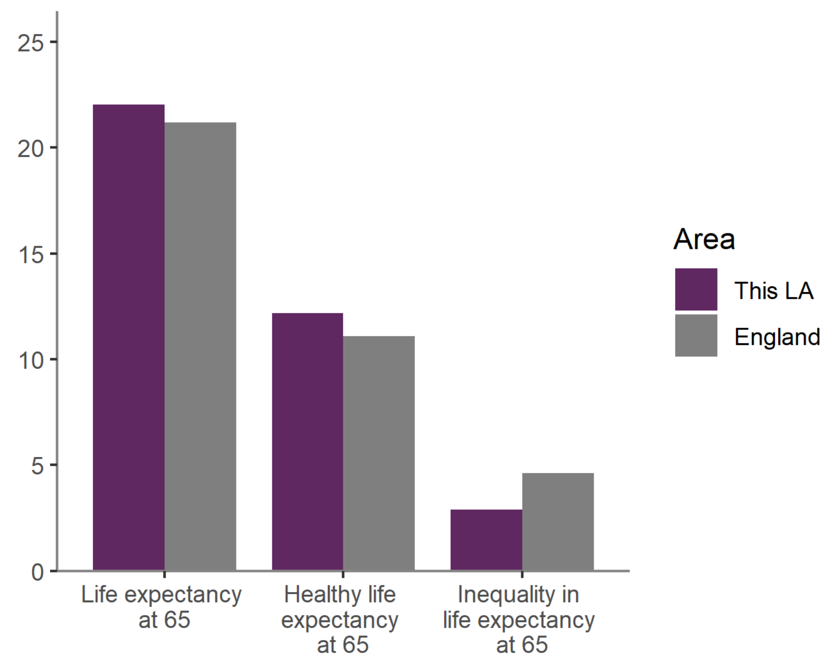


Source: ONS- 2011; IMD- 2019; NOMIS- 2015

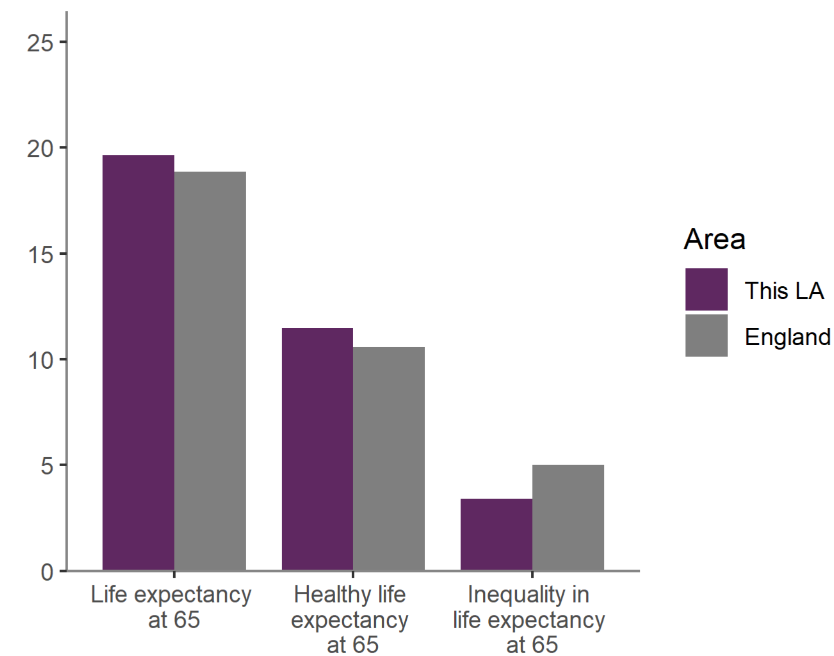
Life expectancy

This slide compares life expectancy at age 65 (the average number of years a person would survive if they experience the age-specific mortality rates for their area) to healthy life expectancy at age 65 (the number of years a person can expect to live in good health) and inequality in life expectancy (how much life expectancy varies between the most and least deprived within the area). This provides context on the population health of older people living in the selected LA which may aid in assessing performance on other indicators and identifying the drivers of life expectancy.

Life expectancy figures at 65 for females



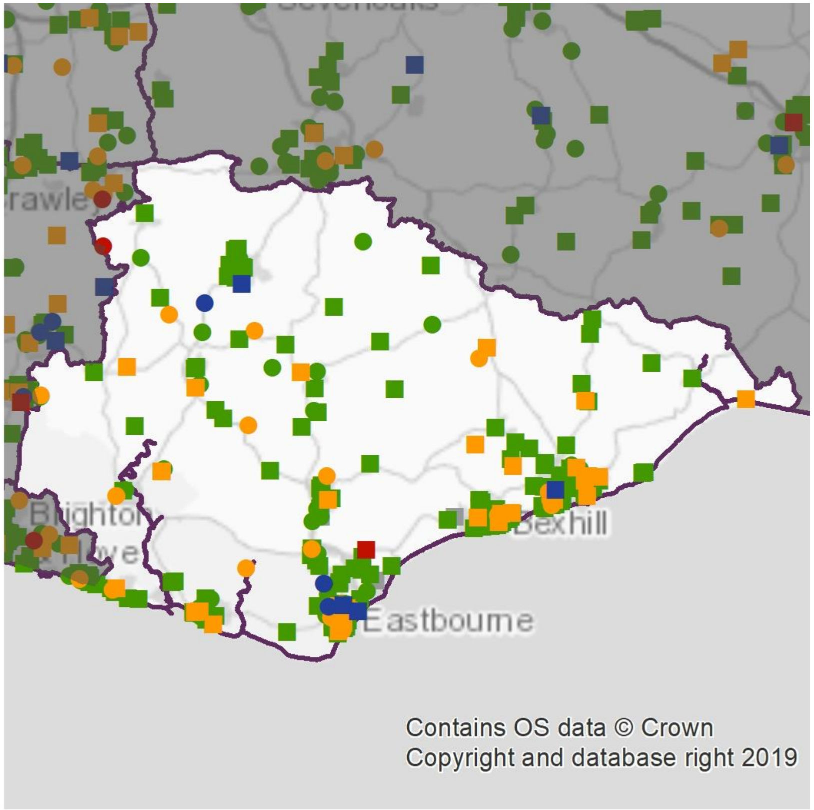
Life expectancy figures at 65 for males



Source: PHE Public Health Profiles, 2016-18

Adult social care ratings

This map shows the overall ratings of all active adult social care locations within East Sussex. There may be multiple locations in one position so not all locations may be visible



Nursing homes - see circles on map

Area	Inadequate	R.I.	Good	Outstanding	Unrated
This LA	0% (0)	27% (19)	68% (48)	6% (4)	0% (0)
England	2%	21%	69%	5%	3%
Comparators	2%	20%	67%	7%	4%

Residential homes - see squares on map

Area	Inadequate	R.I.	Good	Outstanding	Unrated
This LA	0% (1)	14% (34)	82% (198)	2% (4)	1% (3)
England	1%	13%	79%	4%	2%
Comparators	1%	14%	79%	4%	2%

Domiciliary care agencies - not shown on map

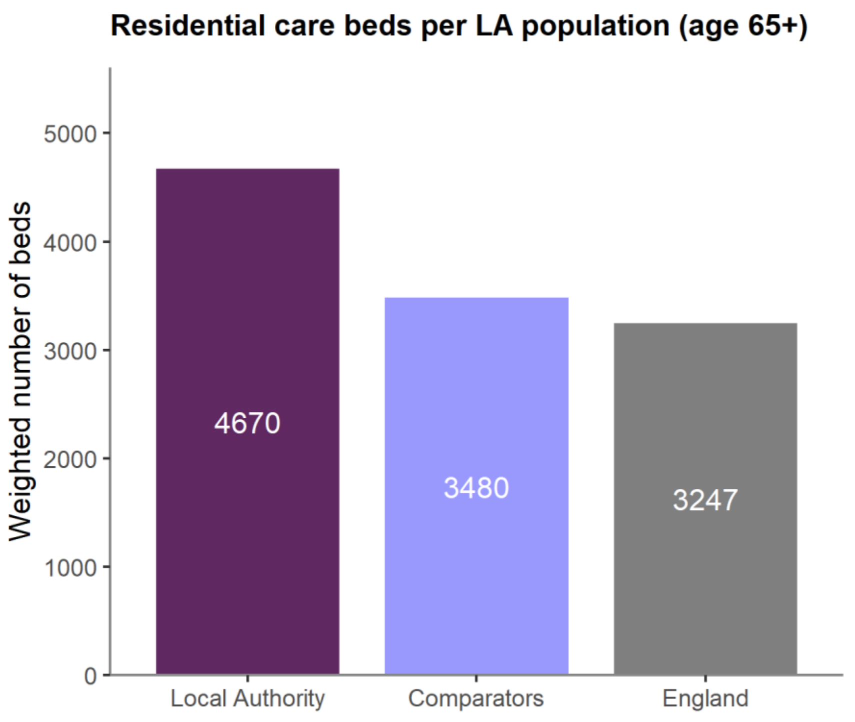
Area	Inadequate	R.I.	Good	Outstanding	Unrated
This LA	0% (0)	12% (11)	75% (68)	2% (2)	11% (10)
England	1%	11%	68%	4%	17%
Comparators	1%	9%	71%	6%	14%

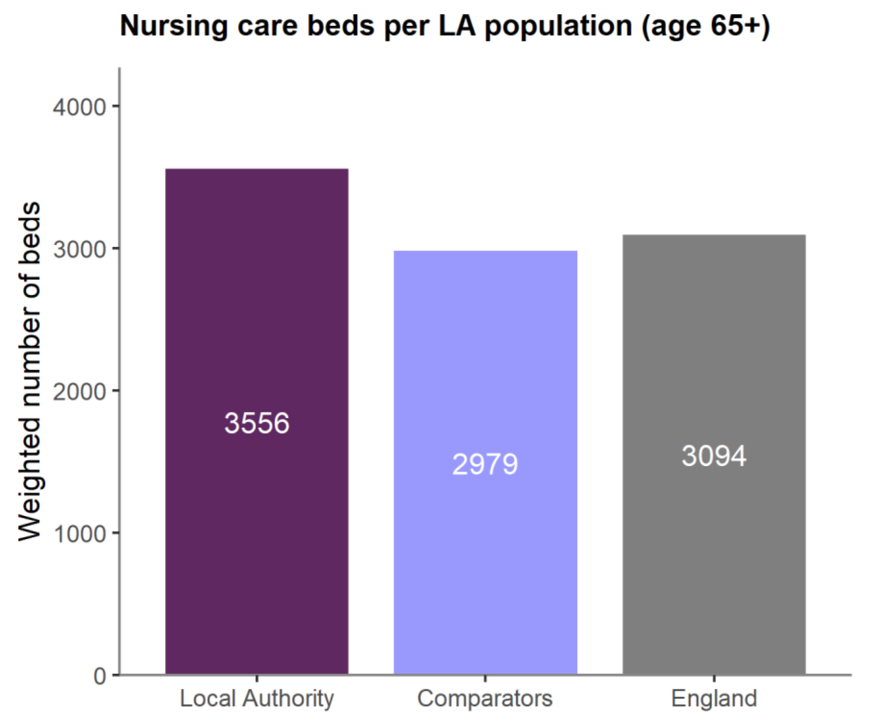
Community care services - not shown on map

Area	Inadequate	R.I.	Good	Outstanding	Unrated
This LA	0% (0)	0% (0)	64% (9)	7% (1)	29% (4)
England	0%	7%	73%	5%	15%
Comparators	0%	7%	73%	6%	14%

Source: CQC- 17 March 2020

Adult social care beds





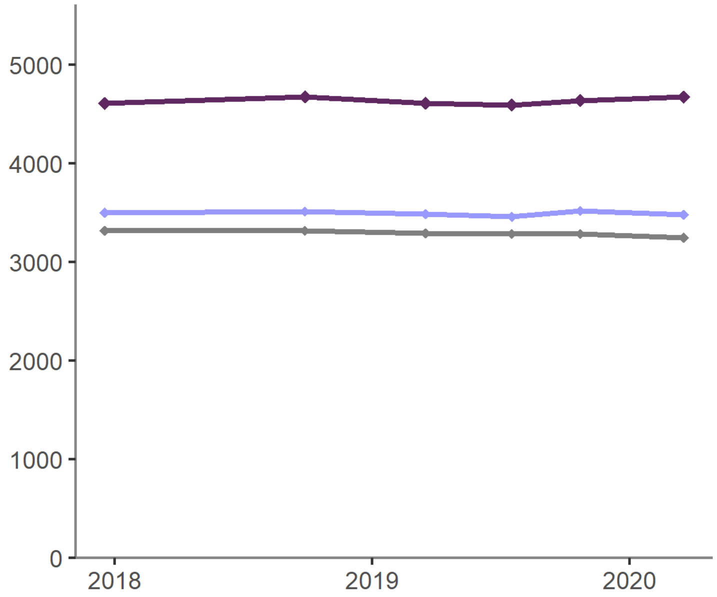
This slide shows the number of residential and nursing home beds for the population of East Sussex. The comparator group and England bars represent the number of care home beds available across those areas if their older populations were scaled to the same size as East Sussex's.

Source: CQC 17 March 2020; ONS Mid-year 2018 estimates

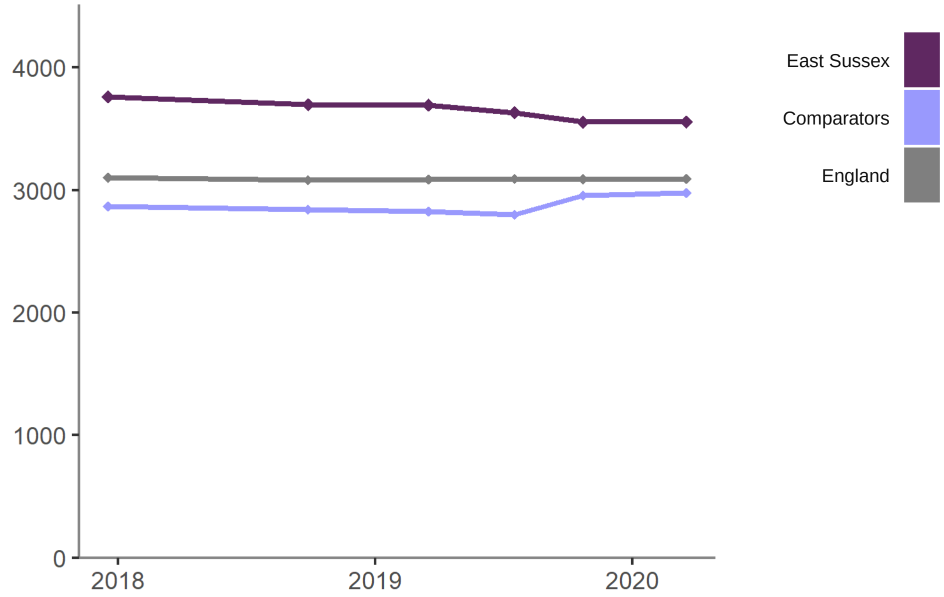
Change in adult social care bed numbers

This slide shows change over time in residential and nursing care home beds from the previous slide. The data points shown in the charts below correspond with the dates that previous area profiles were produced.

Weighted provision of residential beds over time



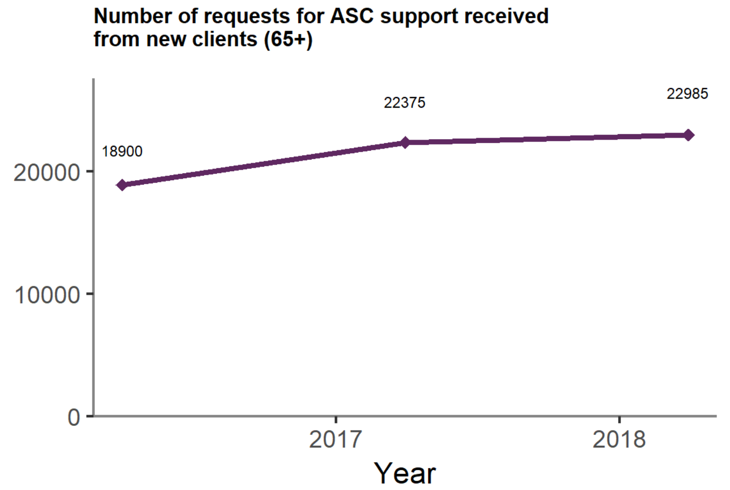
Weighted provision of nursing beds over time

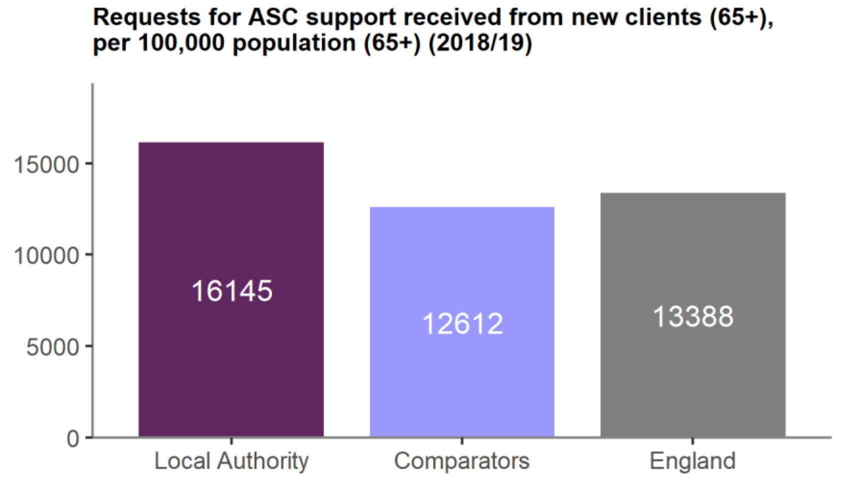


Please note that from October 2019 onwards our comparator analysis changes to take account of recent updates to CIPFA's Nearest Neighbour Model.

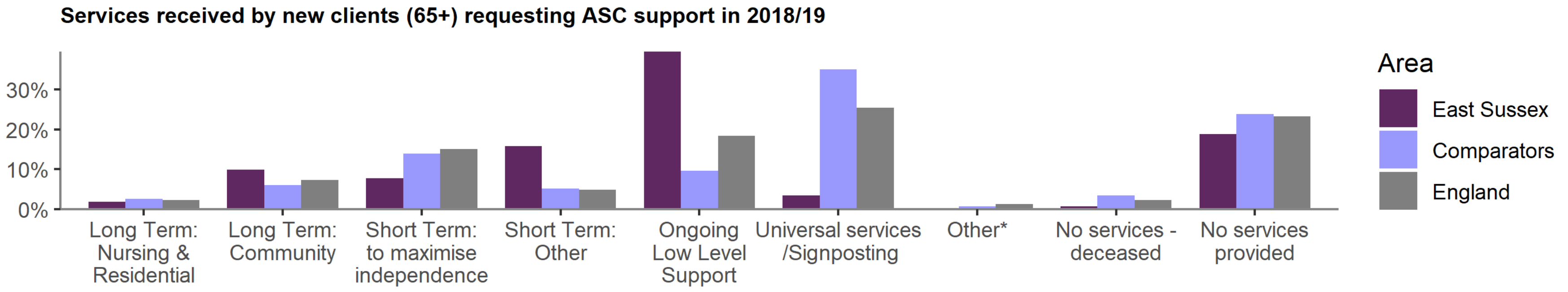
Source: CQC, ONS

Requests for adult social care support





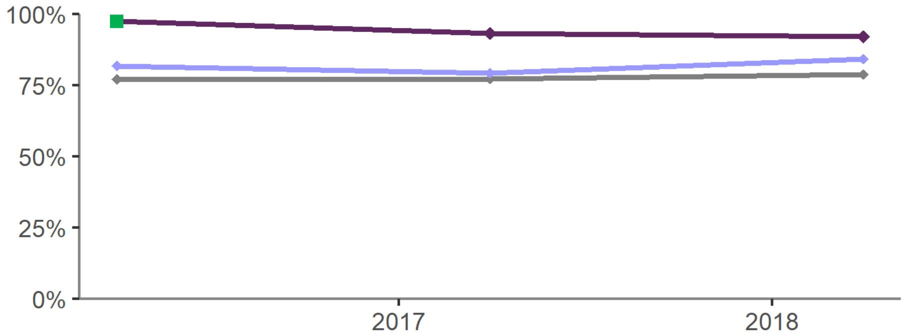
This slide shows the number of requests for ASC support from new clients aged 65+ received by East Sussex local authority over the last 3 years, and the rate of those requests per 100,000 population in 2018/19 compared to comparators and the England average. The below chart shows what support services the local authority provided or arranged for those new clients aged 65+ in 2018/19.



Source: ASC-FR- 2018/19

Short-term support outcomes and long-term care home admissions

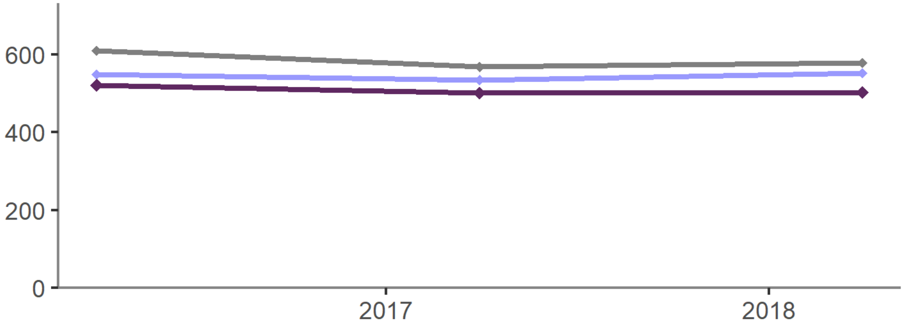
Positive outcomes from short term services to maximise independence for new service users (65+)



This shows the proportion of older people (65+) who received a short term social care service to maximise their independence who went on to require no further support or support at a lower level.

Period	LA	Comparators	England
16/17	97%	82%	77%
17/18	93%	79%	77%
18/19	92%	84%	79%

Admissions to residential and nursing care homes (65+), per 100,000 population



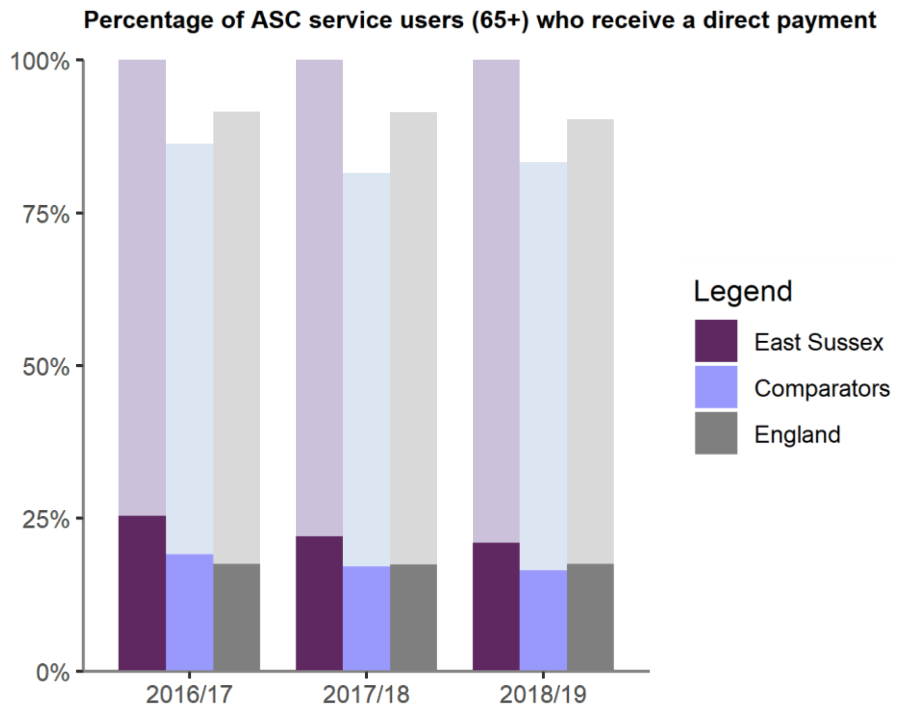
This shows the rate of council-supported older people (65+) whose long-term support needs were met by a change of setting to residential or nursing care per 100,000 population.

Period	LA	Comparators	England
16/17	521	549	611
17/18	501	535	568
18/19	503	553	579

Source: ASCOF- 2018/19

East Sussex | Comparators | England | Significantly Worse | Significantly Better

Adult social care direct payments



Percentage of older people (65+) who receive any self-directed support

Area	16/17	17/18	18/19
LA	100.0 %	100.0 %	100.0 %
Comparators	86.3%	81.4%	83.3%
England	91.6%	91.4%	90.3%

Percentage of older people (65+) who receive a direct payment

Area	16/17	17/18	18/19
LA	25.5%	22.1%	21.1%
Comparators	19.1%	17.1%	16.5%
England	17.6%	17.5%	17.6%

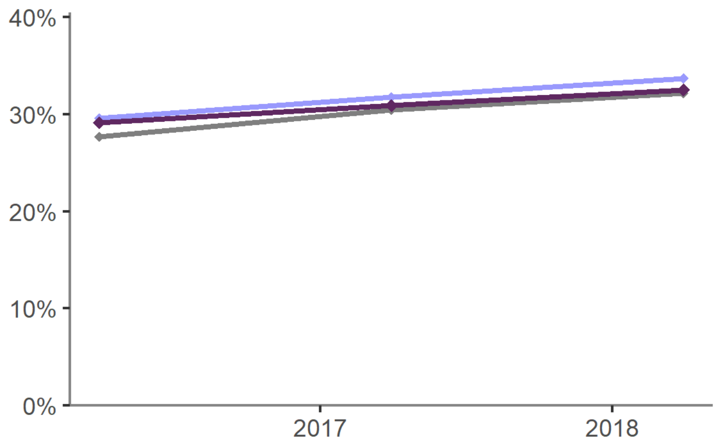
The bold-coloured bars on the chart show the percentage of people aged 65+ who were accessing long-term adult social care support at the end of March of each year who were receiving direct payments. The lighter shaded area of each bar represents the percentage who have a council-managed Personal Budget in place (another kind of self-directed support).

Source: ASCOF- 2018/19

Adult social care staff turnover and vacancy

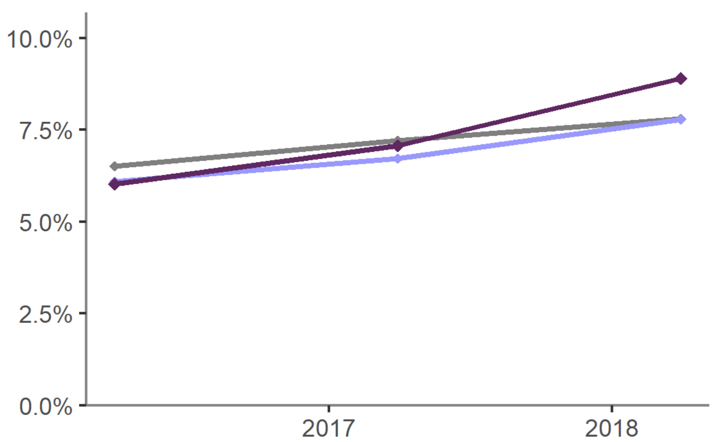
This shows estimated levels of staff turnover and vacancies within ASC services in recent years. These estimates are developed by the Workforce Intelligence team at Skills for Care using data supplied by ASC organisations. The data refers to jobs working in the statutory local authority sector and the independent sectors only, jobs for direct payment recipients and those working in the NHS are not included. Low numbers are suppressed. For more information about Skills for Care data please go to www.skillsforcare.org.uk/ourdata.

ASC staff turnover rate



Period	LA	Comparators	England
16/17	29%	30%	28%
17/18	31%	32%	30%
18/19	33%	34%	32%

ASC staff vacancy rate

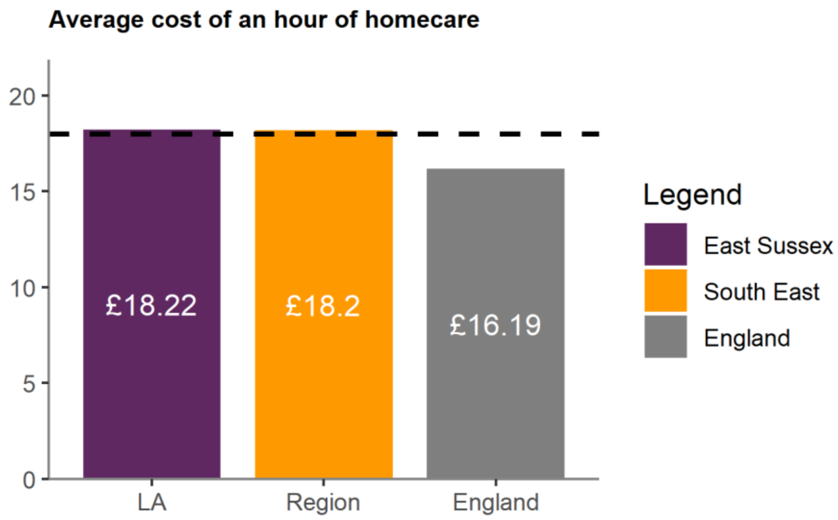


Period	LA	Comparators	England
16/17	6%	6%	7%
17/18	7%	7%	7%
18/19	9%	8%	8%

Source: Skills for Care - 2018/19

East Sussex | Comparators | England | Significantly Worse | Significantly Better

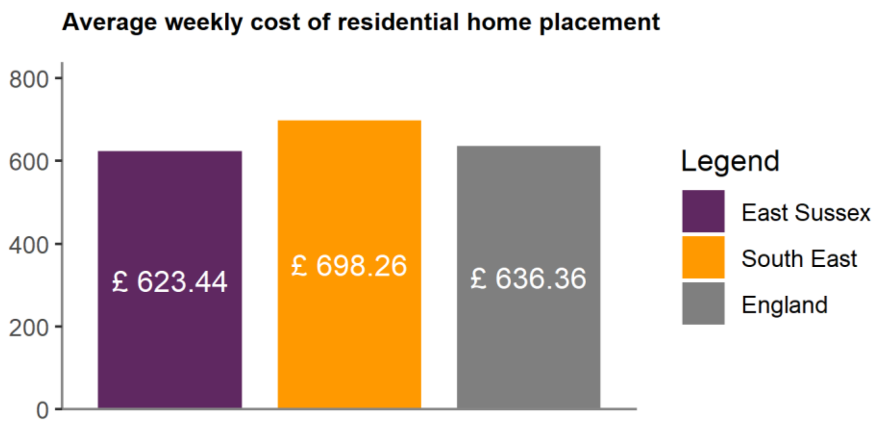
Adult social care costs

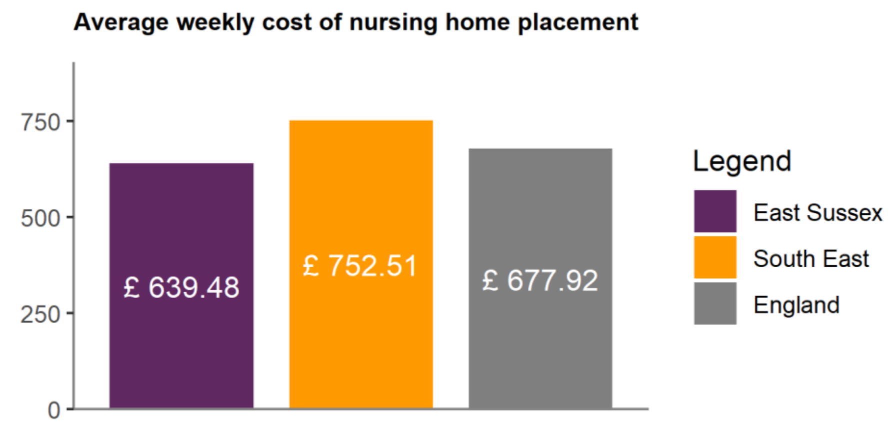


This chart uses figures from the 2018 UK Homecare Association report to show the average cost of an hour of homecare within the selected LA compared to the wider region and England. Data collected via FoI requests submitted to each council for their average cost during a week in April 2018.

The UKHCA also calculated a minimum price of £18.01 per hour of homecare, represented as the dotted line on the chart. UKHCA's minimum price is designed to cover the cost of an hour of homecare commissioned by local authorities, while enabling providers to meet their legal obligations (including the National Minimum Wage) and the ability to run a sustainable business. The UKHCA have also set a minimum price of £18.93 for April 2019.

The charts below show the average weekly costs of residential and nursing home placements funded by the Local Authority

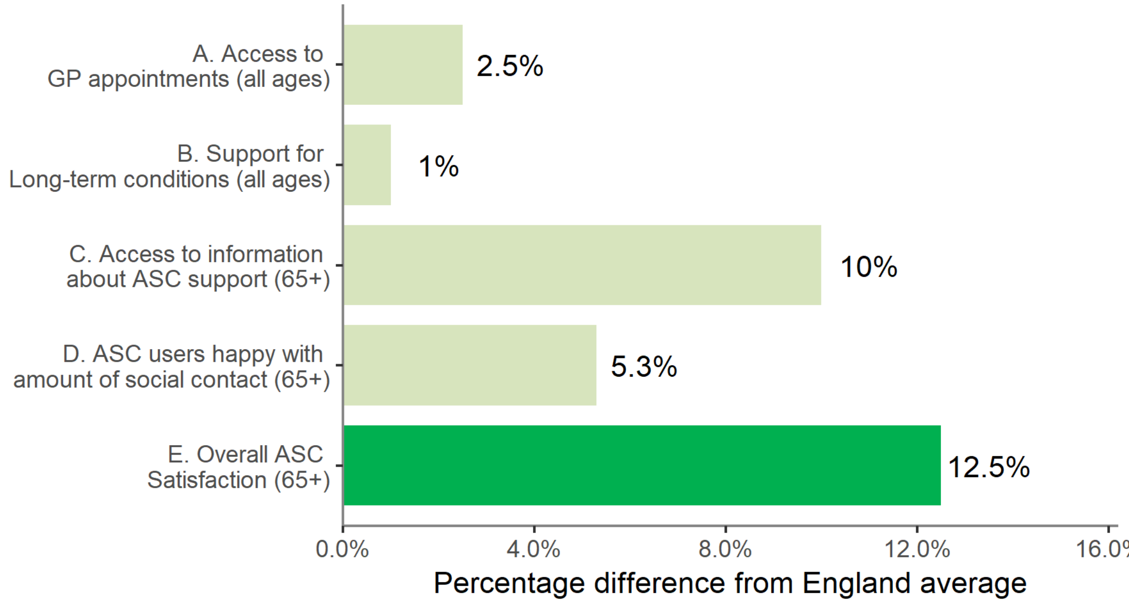




Source: UKHCA- 2018; ASC-FR- 2018/19

Service user experience measures

Performance of East Sussex compared to the England average on selected 2018/19 patient experience measures



Indicator	East Sussex	England
A	69.9%	67.4%
B	59.4%	58.4%
C	81.7%	71.7%
D	48.8%	43.5%
E	74.3%	61.8%

The chart above shows the performance of East Sussex compared to the England average for selected service user experience measures for primary care and adult social care. Measures where East Sussex is performing better than the England average are in green and measures where it is performing worse than the England average are in red. Bolder colours mean performance is significantly better or worse. The actual values for each measure are detailed in the table on the right. Further details of the source and time period of each measure can be found in the technical annex.

Source: NHSOF; NHSOF; ASCOF; ASCOF; ASCOF, all 2018/19

Worse | Better | Significantly Worse | Significantly Better

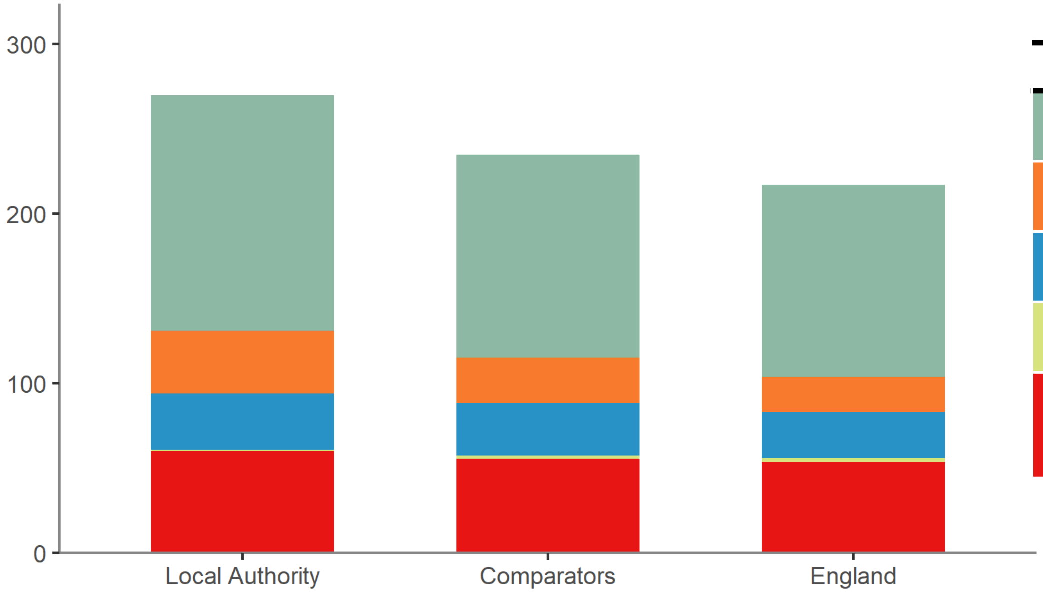
GP practice ratings and workforce

Area	Inadequate	R.I.	Good	Outstanding	Unrated
This LA	3% (2)	3% (2)	88% (53)	5% (3)	0% (0)
England	1%	4%	87%	5%	3%
Comparators	1%	4%	87%	7%	2%

This table shows CQC overall ratings of GP surgeries physically located within the LA.

The below shows the number of general practice staff per 100,000 registered patients within East Sussex, comparator areas and England, as at December 2019. This analysis uses full time equivalent figures.

General Practice workforce per 100,000 patients

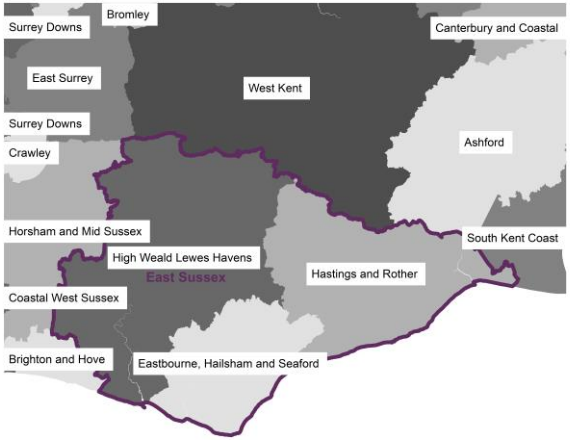


Staff Group	East Sussex	Comparators	England
Admin/ non-clinical	139	120	113
Direct patient care	37	27	21
Nurses	33	31	27
Locum GPs	1	2	2
Regular GPs	60	55	53

Source: CQC- 17 March 2020; NHSD- 31 December 2019

LA to CCG mapping and CCG ratings

CCG code	CCG name	% of LA in CCG	Overall NHS England Rating	Quality of Leadership Rating
09F	NHS Eastbourne, Hailsham and Seaford CCG	34.7%	Requires improvement	Requires improvement
09P	NHS Hastings and Rother CCG	33.3%	Requires improvement	Requires improvement
99K	NHS High Weald Lewes Havens CCG	29.6%	Requires improvement	Requires improvement



The table above details the percentage of the LA population that is contained within the relevant CCGs in 2018/19. It also shows the 2018/19 overall rating from NHS England's annual assessment of CCGs and the quarter 1 2019/20 quality of leadership rating from the NHS Oversight Framework: CCG metrics. Mergers that happened at April 2019 are noted and represented in the map but not the table.

The map on the left shows this LA outlined in purple with the CCGs it covers underneath.

The CCG boundaries can be seen by the greyscale shapes which are labelled with the text in the white boxes. The shading of the CCGs on the map do not indicate any value.

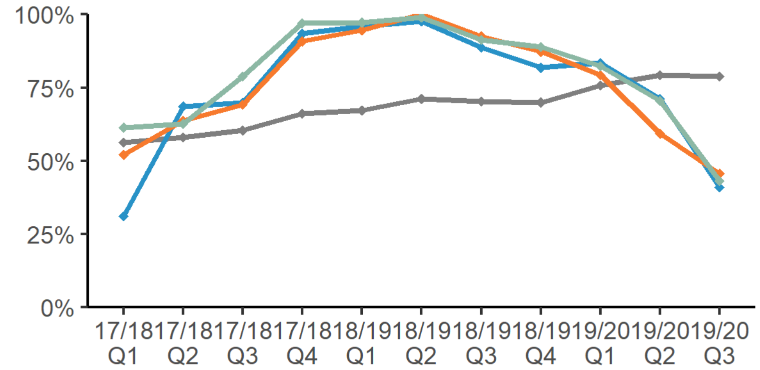
Source: NHSE- 2018/19 and 2019/20

NHS Continuing healthcare (CHC)

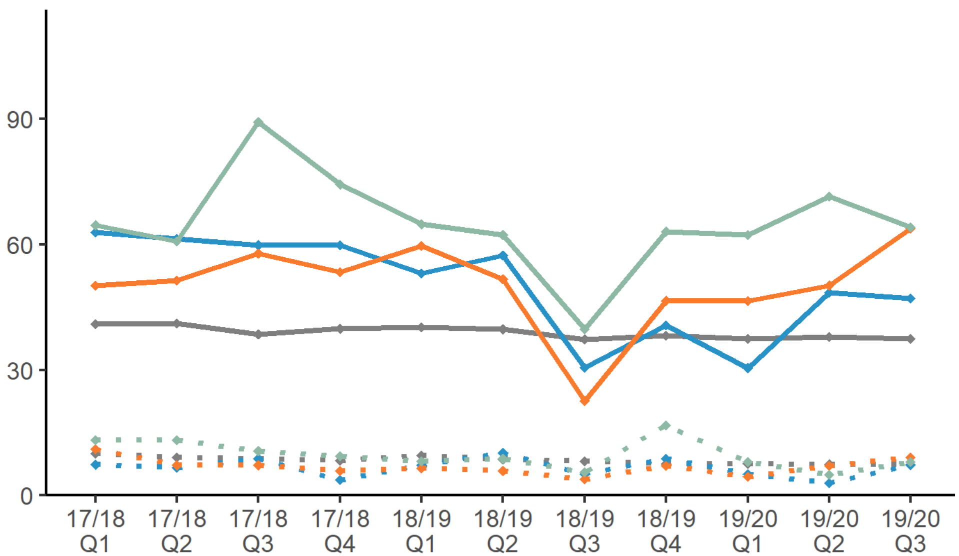
This slide shows data about the provision of packages of Continuing Healthcare (CHC) in the relevant CCGs. CHC is a package of ongoing care, arranged and funded solely by the NHS, for adults aged 18+ with a 'primary health need' that has arisen as a result of disability, accident or illness.

Legend
England
09F
09P
99K

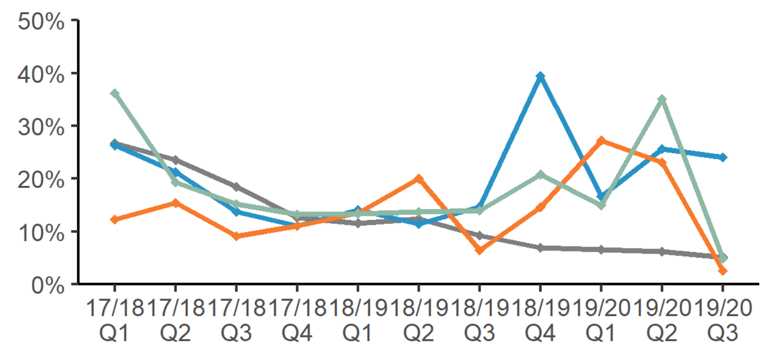
Percentage of referrals completed within 28 days



Number of new cases per 100,000 aged 18+
Thick lines are referred people,
dotted lines are eligible people



Percentage of Decision Support Tools completed within an acute setting



Source: NHSE- 2017/18 Q1 - 2019/20 Q3

CareQuality Commission

Main community, mental health and combined provider(s) ratings

The following mental health and community health provider(s) have been identified as serving East Sussex based upon data on non-acute delayed transfers of care. This is a proxy measure and some providers may be missing, see technical annex for further details.

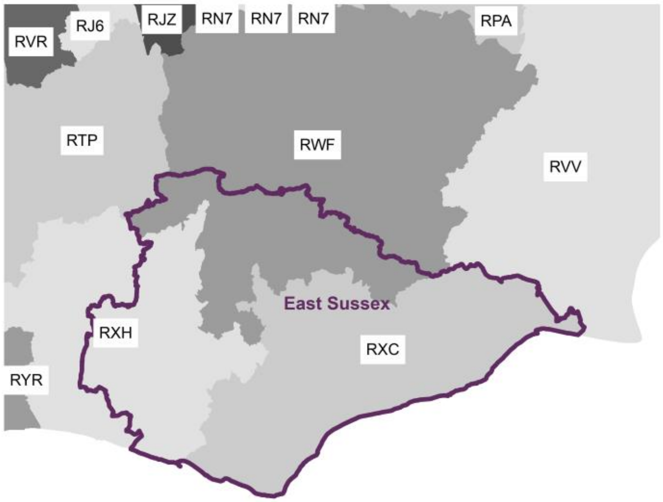
Provider code	Provider name	Provider Inspection Category	Rating
RX2	Sussex Partnership NHS Foundation Trust	Mental health - community & residential - NHS	Good
RDR	Sussex Community NHS Foundation Trust	Community health - NHS & Independent	Good
RXC	East Sussex Healthcare NHS Trust	Acute hospital - NHS non-specialist	Requires improvement

Community and MH core services relevant to older people	RX2	RDR	RXC	NA
Community health inpatient services				
Community health services for adults				
Community health (sexual health services)				
Community dental services				
Community end of life care				
Urgent care services				
Mental health crisis services and health-based places of safety				
Wards for older people with mental health problems				
Community-based mental health services for older people				
Community mental health services for people with learning disabilities or autism				
Forensic inpatient/secure wards				

Source: NHSE- 2018/19, CQC- 17 March 2020

Main acute trust(s) ratings

Trust Code	Trust Name	Rating	% of LA's admissions to trust
RXC	East Sussex Healthcare NHS Trust	Good	63.5%
RXH	Brighton and Sussex University Hospitals NHS Trust	Good	19.2%



The table above shows the main acute hospital trust(s) serving the LA population. Trusts are included in this list if they receive more than 10% of the LA's admissions (based on Hospital Episode Statistics (HES) activity for all ages across 2018/19).

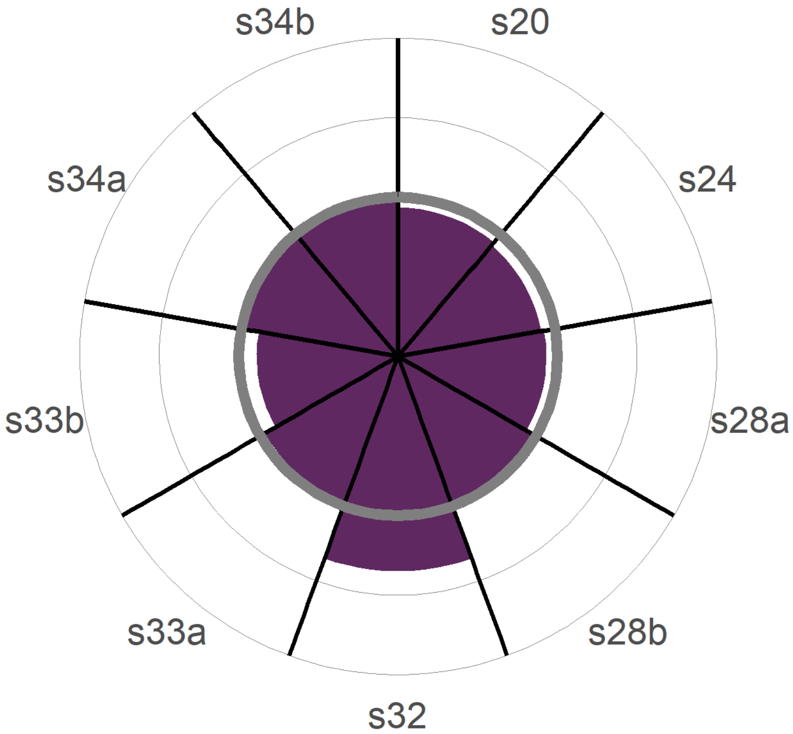
Overall trust ratings are accurate as of 17 March 2020

The map on the left estimates which is the main acute trust serving different parts of the LA and surrounding areas, based on hospital activity from MSOA populations.

Source: HES - 2018/19, CQC- 17 March 2020

Acute hospital pathway activity overview

The shaded purple area in the dartboards represents the LA's performance against each indicator relative to the average performance across England, which is denoted by the bold grey line. If the LA's performance extends outwards beyond the bold grey line then the performance of the LA is worse than the England average. The indicators are detailed in the table on the right and trend performance for each measure can be found in the subsequent slides.



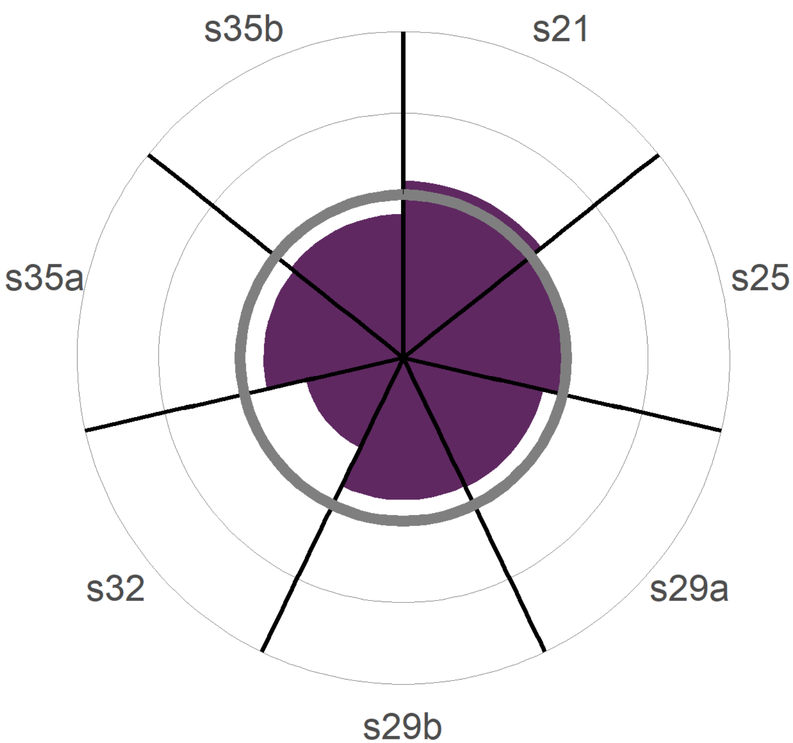
Slide	Indicator
s20	A&E attendances
s24	Emergency admissions
s28a	Length of stay over 7 days
s28b	Length of stay over 21 days
s32	Delayed transfers of care (NHS)
s33a	People receiving reablement/rehab
s33b	People at home after receiving reablement/rehab
s34a	Emergency readmissions within 7 days
s34b	Emergency readmissions within 30 days

Time periods differ between indicators. Please note our analysis of HES activity here and on subsequent slides has been amended to include only activity at acute NHS trusts. The comparator analysis shown on subsequent HES slides uses the 2018 Nearest Neighbour Model. See technical annex for further details.

Source: HES; HES; HES; HES; NHSE; ASCOF; ASCOF; HES; HES

Acute hospital pathway activity overview (from care homes)

Similar to the previous slide, this slide gives an overview of several indicators along an acute hospital pathway for older people coming in from care home postcodes



Slide	Indicator
s21	A&E attendances from care homes
s25	Emergency admissions from care homes
s29a	Length of stay over 7 days - admissions from care homes
s29b	Length of stay over 21 days - admissions from care homes
s32	Delayed transfers of care (ASC)
s35a	Emergency readmissions within 7 days - care home patients
s35b	Emergency readmissions within 30 days - care home patients

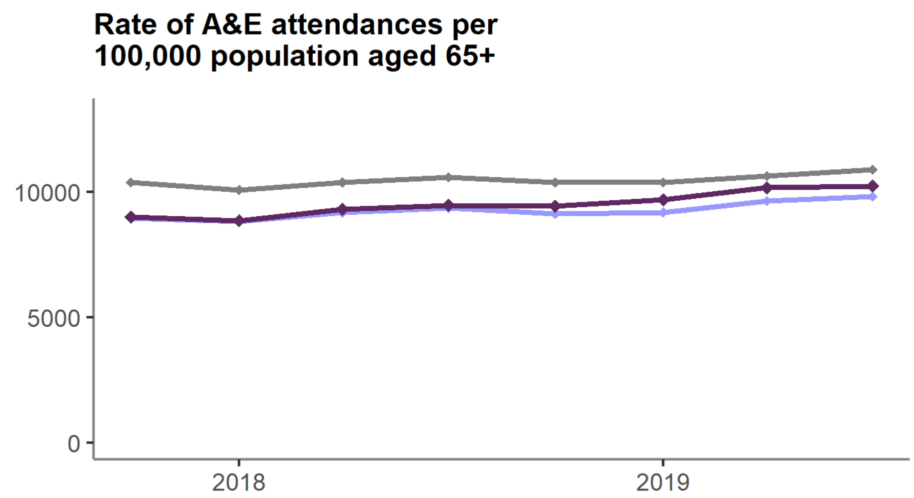
The analysis uses postcode of residence to identify activity from care homes. As such, it may include data pertaining to other addresses within the same postcode and therefore overestimate activity from care homes.

Time periods differ between indicators. Please note our analysis of HES activity here and on subsequent slides has been amended to include only activity at acute NHS trusts. The comparator analysis shown on subsequent HES slides uses the 2018 Nearest Neighbour Model. See technical annex for further details.

Source: HES; HES; HES; HES; NHSE; HES; HES

A&E attendances aged 65+

This slide shows analysis of A&E attendance rates for people aged 65+. High rates of A&E attendance may indicate problems in system working and access to primary or community care.



Period	LA	Comparators	England
18/19 Q1	9,310	9,177	10,370
18/19 Q2	9,463	9,353	10,573
18/19 Q3	9,427	9,134	10,368
18/19 Q4	9,684	9,188	10,369
19/20 Q1	10,166	9,631	10,633
19/20 Q2	10,232	9,817	10,889

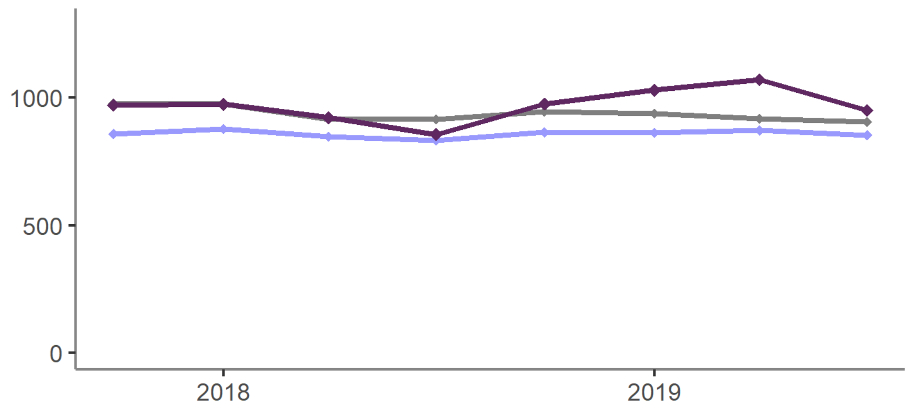
Source: HES: 2017/18 Q3 - 2019/20 Q2

East Sussex | Comparators | England | Significantly Worse | Significantly Better

A&E attendances from care homes aged 65+

This slide shows analysis of A&E attendance rates for people aged 65+ coming from care homes.

Rate of A&E attendances from care homes per 100,000 population aged 65+



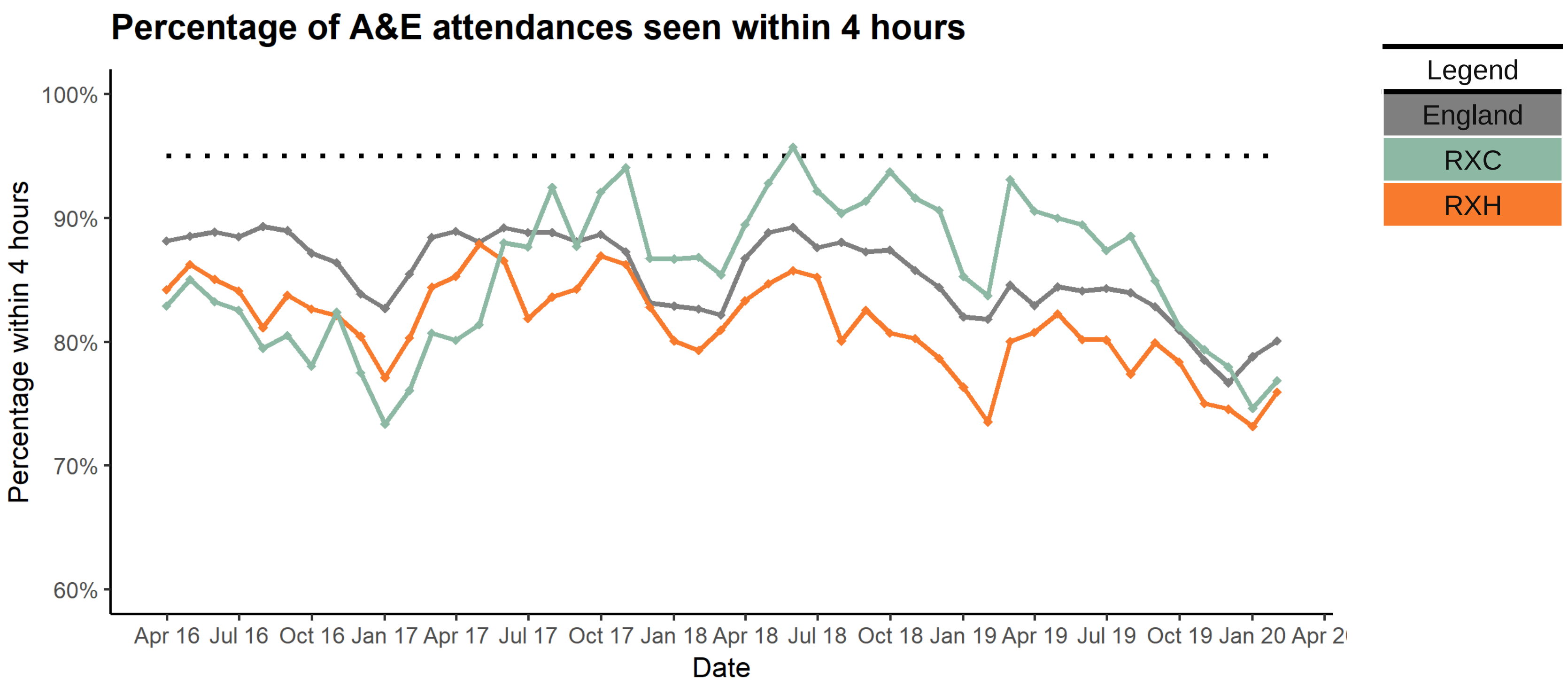
Period	LA	Comparators	England
18/19 Q1	922	847	917
18/19 Q2	856	832	916
18/19 Q3	976	864	946
18/19 Q4	1,030	863	938
19/20 Q1	1,071	872	918
19/20 Q2	950	854	906

The analysis uses postcode of residence to identify activity from care homes. As such, it may include data pertaining to other addresses within the same postcode and therefore overestimate activity from care homes.

Source: HES: 2017/18 Q3 - 2019/20 Q2

East Sussex | Comparators | England | Significantly Worse | Significantly Better

A&E four hour waits



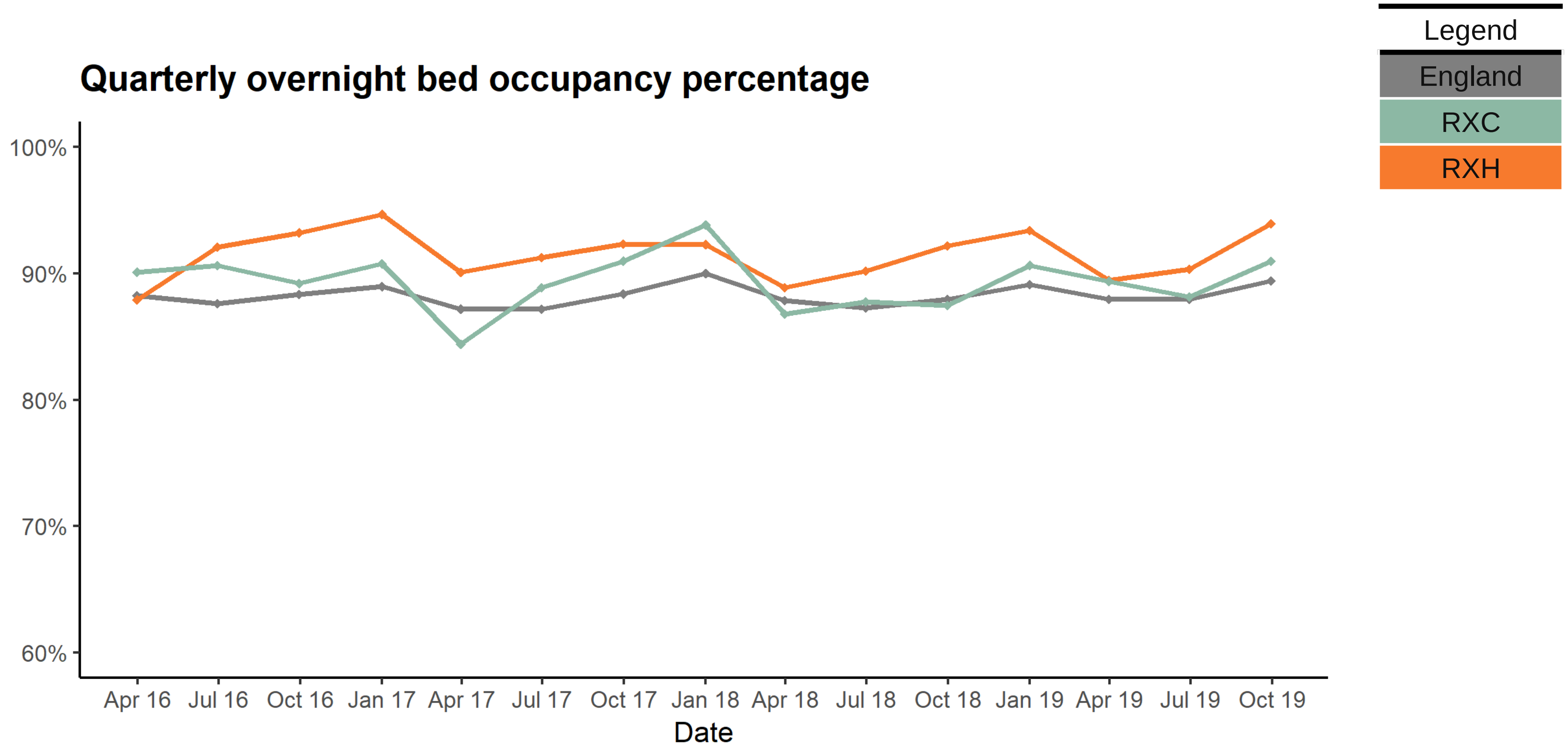
The NHS Constitution sets out that a minimum of 95% of patients attending an A&E department in England must be seen, treated and then admitted or discharged in under four hours.

Please note that as at May 2019, fourteen NHS acute trusts have agreed to work with national bodies to test proposed new standards for urgent and emergency care and, as such, they are not returning data against the four hour standard. This will impact on the national average. Please see the technical annex for further information.

Source: NHSE- January 2020

Acute trust bed occupancy

This slide shows the percentage of overnight beds that were occupied in the main trusts serving the LA in each quarter against the England average. Please note that England average figures may be affected by missing data.



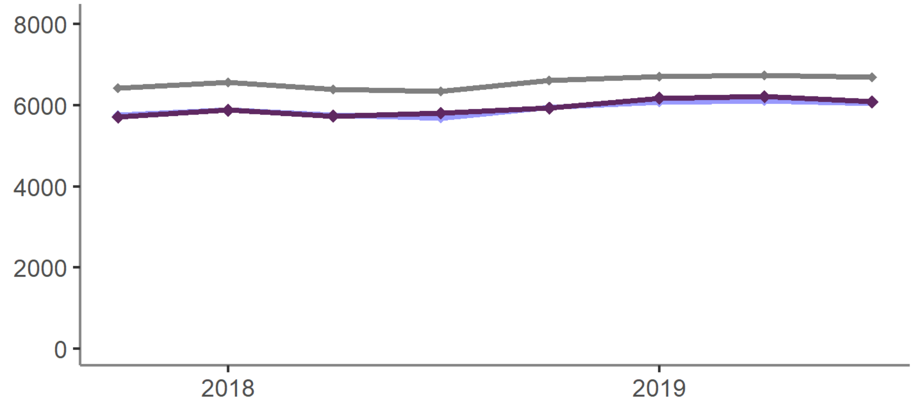
Although optimum occupancy rates for hospital beds may vary according to type of services offered, hospitals with continuously high average bed-occupancy levels risk facing bed shortages, periodic bed crises and increased numbers of health care-acquired infections.

Source: NHSE- 2019/20 Q2

Emergency admissions aged 65+

This slide shows analysis of emergency admission rates for people aged 65+. High rates of emergency admission may indicate problems with the wider health and social care system.

Rate of emergency admissions per 100,000 population aged 65+



Period	LA	Comparators	England
18/19 Q1	5,739	5,767	6,399
18/19 Q2	5,813	5,689	6,347
18/19 Q3	5,935	5,958	6,623
18/19 Q4	6,181	6,080	6,708
19/20 Q1	6,219	6,118	6,745
19/20 Q2	6,094	6,050	6,692

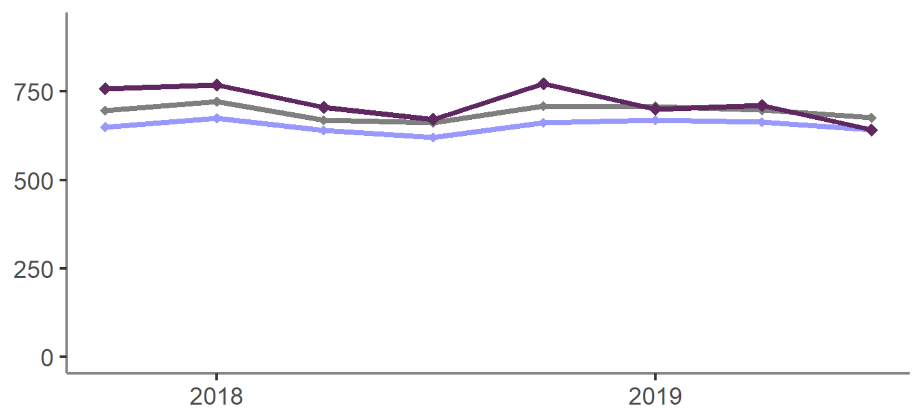
Source: HES: 2017/18 Q3 - 2019/20 Q2

East Sussex | Comparators | England | Significantly Worse | Significantly Better

Emergency admissions from care homes aged 65+

This slide shows analysis of emergency admission rates for people aged 65+ coming from care homes.

Rate of emergency admissions from care homes per 100,000 population aged 65+



Period	LA	Comparators	England
18/19 Q1	706	641	670
18/19 Q2	672	620	663
18/19 Q3	773	662	709
18/19 Q4	701	670	708
19/20 Q1	711	664	698
19/20 Q2	642	643	676

The analysis uses postcode of residence to identify activity from care homes. As such, it may include data pertaining to other addresses within the same postcode and therefore overestimate activity from care homes.

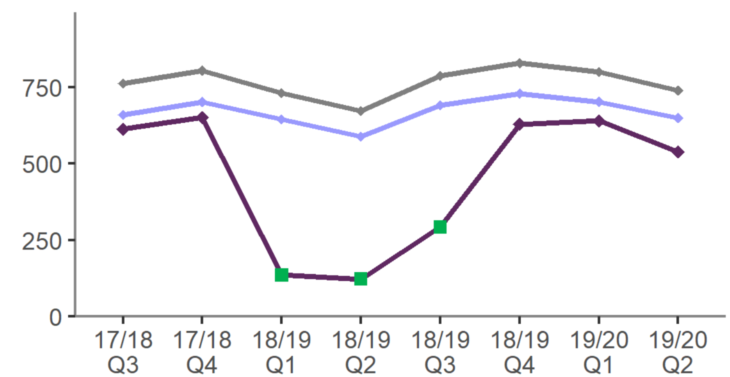
Source: HES: 2017/18 Q3 - 2019/20 Q2

East Sussex | Comparators | England | Significantly Worse | Significantly Better

Avoidable emergency admissions for chronic and acute conditions aged 65+

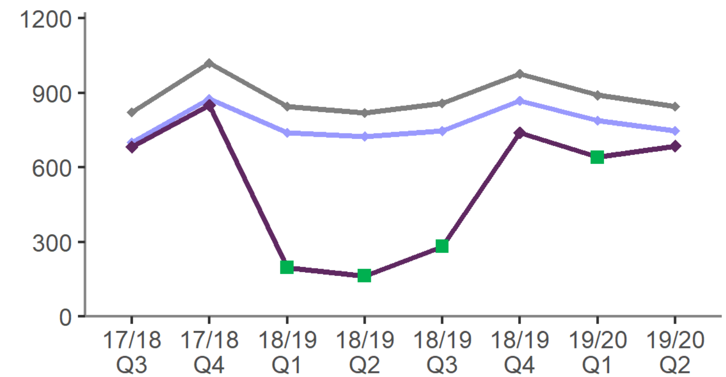
This slide shows analysis of emergency admission rates for people aged 65+ for a range of chronic and acute conditions that should not usually require hospitalisation if they are well managed in the community. The chronic conditions include things such as diabetes, epilepsy and high blood pressure while the acute conditions include things like ear, nose and throat infections and kidney/urinary tract infections.

Rate of emergency admissions for chronic ambulatory care sensitive conditions per 100,000 population aged 65+



Period	LA	Comparators	England
18/19 Q3	293	692	788
18/19 Q4	629	730	829
19/20 Q1	641	703	800
19/20 Q2	539	651	740

Rate of emergency admissions for avoidable acute conditions per 100,000 population aged 65+



Period	LA	Comparators	England
18/19 Q3	282	746	859
18/19 Q4	740	869	977
19/20 Q1	641	789	891
19/20 Q2	686	748	846

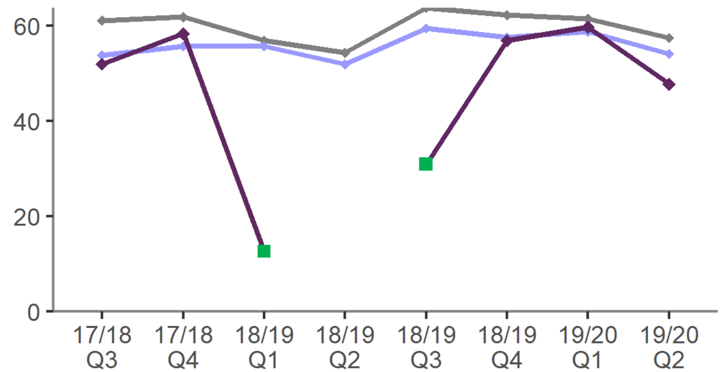
Source: HES: 2017/18 Q3 - 2019/20 Q2

East Sussex | Comparators | England | Significantly Worse | Significantly Better

Avoidable emergency admissions from care homes for chronic and acute conditions aged 65+

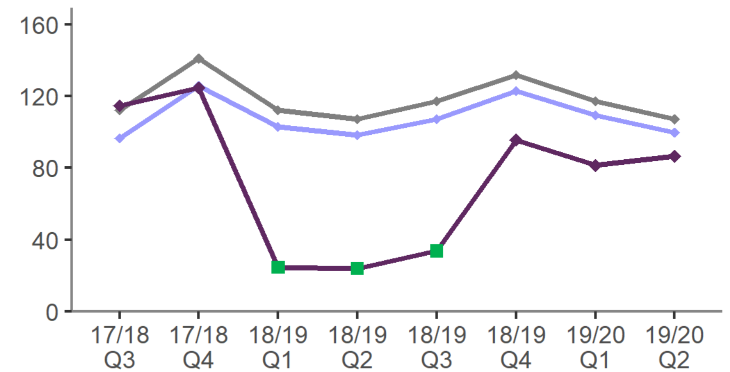
This slide shows analysis of emergency admission rates from care homes for people aged 65+ for chronic and acute conditions that should not usually require hospitalisation.

Rate of emergency admissions for chronic ambulatory care sensitive conditions fro care homes per 100,000 population aged 65+



Period	LA	Comparators	England
18/19 Q3	31	60	64
18/19 Q4	57	58	62
19/20 Q1	60	59	61
19/20 Q2	48	54	57

Rate of emergency admissions for avoidable acute conditions from care homes per 100,000 population aged 65+



Period	LA	Comparators	England
18/19 Q3	34	107	117
18/19 Q4	96	123	132
19/20 Q1	81	109	117
19/20 Q2	86	100	107

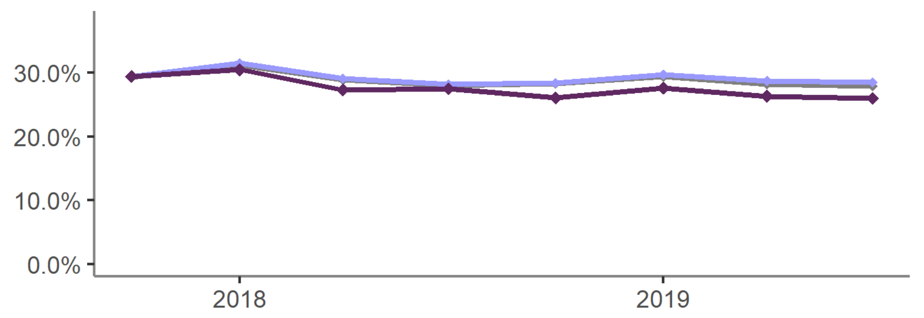
Source: HES: 2017/18 Q3 - 2019/20 Q2

East Sussex | Comparators | England | Significantly Worse | Significantly Better

Length of hospital stay aged 65+

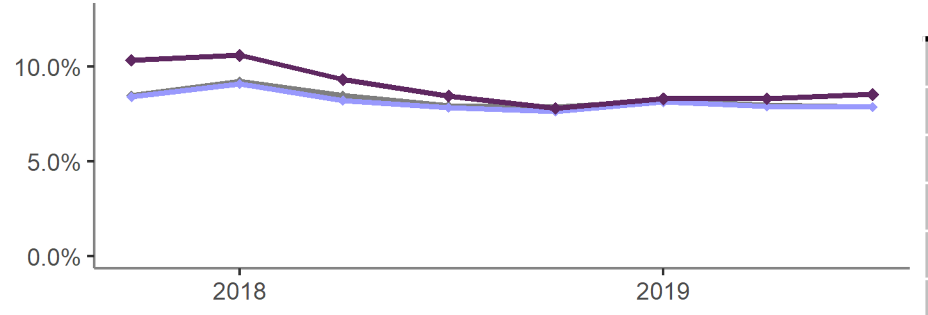
Longer lengths of stay can act as a powerful proxy indicator of poor patient flow. This slide shows quarterly trends in emergency admissions for people aged 65+ that lasted longer than 7 days and 21 days.

Percentage of emergency admissions that last longer than 7 days (age 65+)



Period	LA	Comparators	England
18/19 Q1	27%	29%	29%
18/19 Q2	28%	28%	28%
18/19 Q3	26%	28%	28%
18/19 Q4	28%	30%	29%
19/20 Q1	26%	29%	28%
19/20 Q2	26%	28%	28%

Percentage of emergency admissions that last longer than 21 days (age 65+)



Period	LA	Comparators	England
18/19 Q1	9%	8%	8%
18/19 Q2	8%	8%	8%
18/19 Q3	8%	8%	8%
18/19 Q4	8%	8%	8%
19/20 Q1	8%	8%	8%
19/20 Q2	9%	8%	8%

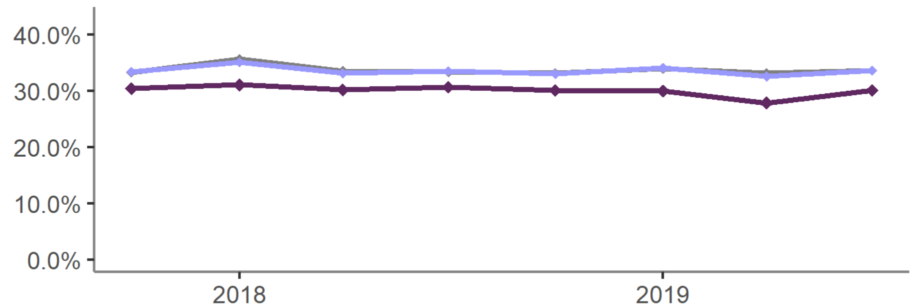
Source: HES: 2017/18 Q3 - 2019/20 Q2

East Sussex | Comparators | England | Significantly Worse | Significantly Better

Length of hospital stay - from care homes aged 65+

This slide shows emergency admissions for people aged 65+ coming in from care homes that lasted longer than 7 days and 21 days.

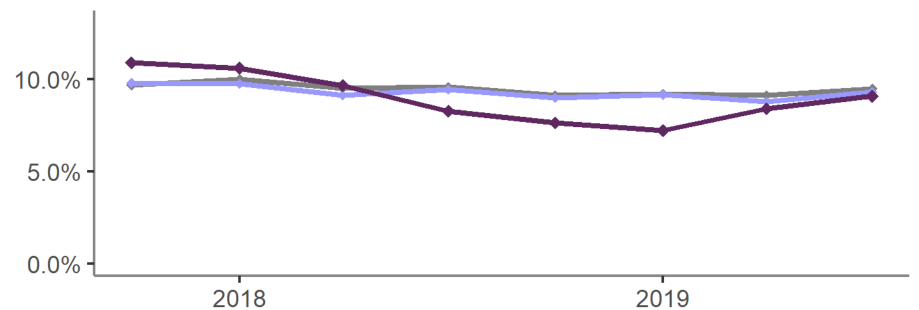
Percentage of emergency admissions from care homes that last longer than 7 days (age 65+)



Period	LA	Comparators	England
18/19 Q1	30%	33%	34%
18/19 Q2	31%	33%	33%
18/19 Q3	30%	33%	33%
18/19 Q4	30%	34%	34%
19/20 Q1	28%	33%	33%
19/20 Q2	30%	34%	34%

The analysis uses postcode of residence to identify activity from care homes. As such, it may include data pertaining to other addresses within the same postcode and therefore overestimate activity from care homes.

Percentage of emergency admissions from care homes that last longer than 21 days (age 65+)



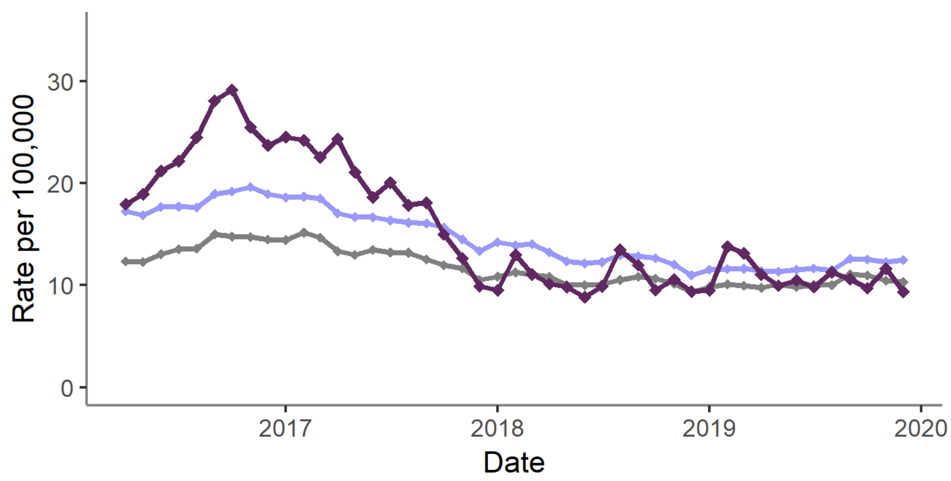
Period	LA	Comparators	England
18/19 Q1	10%	9%	10%
18/19 Q2	8%	9%	10%
18/19 Q3	8%	9%	9%
18/19 Q4	7%	9%	9%
19/20 Q1	8%	9%	9%
19/20 Q2	9%	9%	9%

Source: HES: 2017/18 Q3 - 2019/20 Q2

East Sussex | Comparators | England | Significantly Worse | Significantly Better

Delayed transfers of care

Period	LA	Comparators	England
Jan 2019	9.5	11.5	9.9
Feb 2019	13.8	11.6	10.1
Mar 2019	13.2	11.6	10.0
Apr 2019	11.1	11.4	9.7
May 2019	10.0	11.4	10.1
Jun 2019	10.5	11.5	9.8
Jul 2019	9.8	11.6	10.0
Aug 2019	11.2	11.5	10.0
Sep 2019	10.6	12.6	11.1
Oct 2019	9.7	12.5	11.0
Nov 2019	11.6	12.3	10.5
Dec 2019	9.3	12.5	10.3

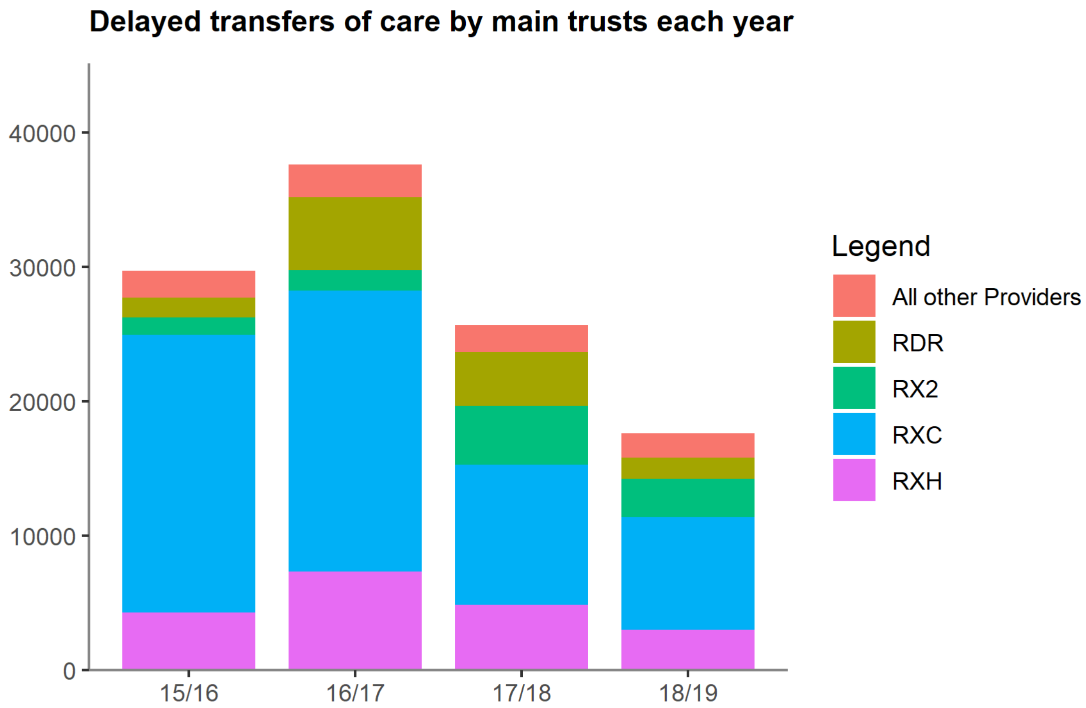


The chart below shows the daily average number of days transfers of care have been delayed as a rate per 100,000 population aged 18+. Delayed transfers of care reflect the ability of the system to ensure appropriate transfer from hospital to services within the community and so is an important marker of effective joint working and of the interface between health and social care services.

Source: NHSE- April 2016 - December 2019

East Sussex | Comparators | England | Significantly Worse | Significantly Better

Delayed transfers of care by main trust(s)



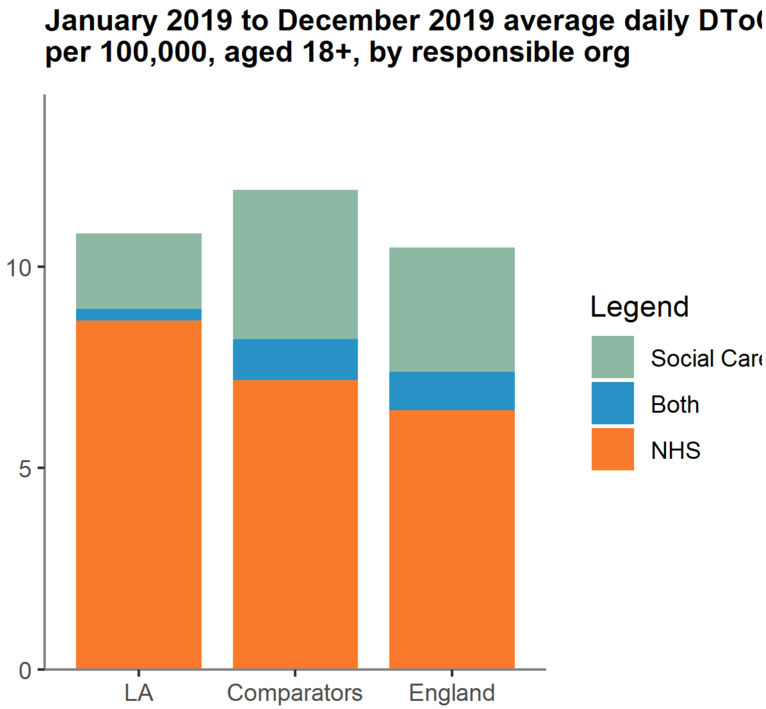
ID	Name
RDR	Sussex Community NHS Foundation Trust
RX2	Sussex Partnership NHS Foundation Trust
RXC	East Sussex Healthcare NHS Trust
RXH	Brighton and Sussex University Hospitals NHS Trust

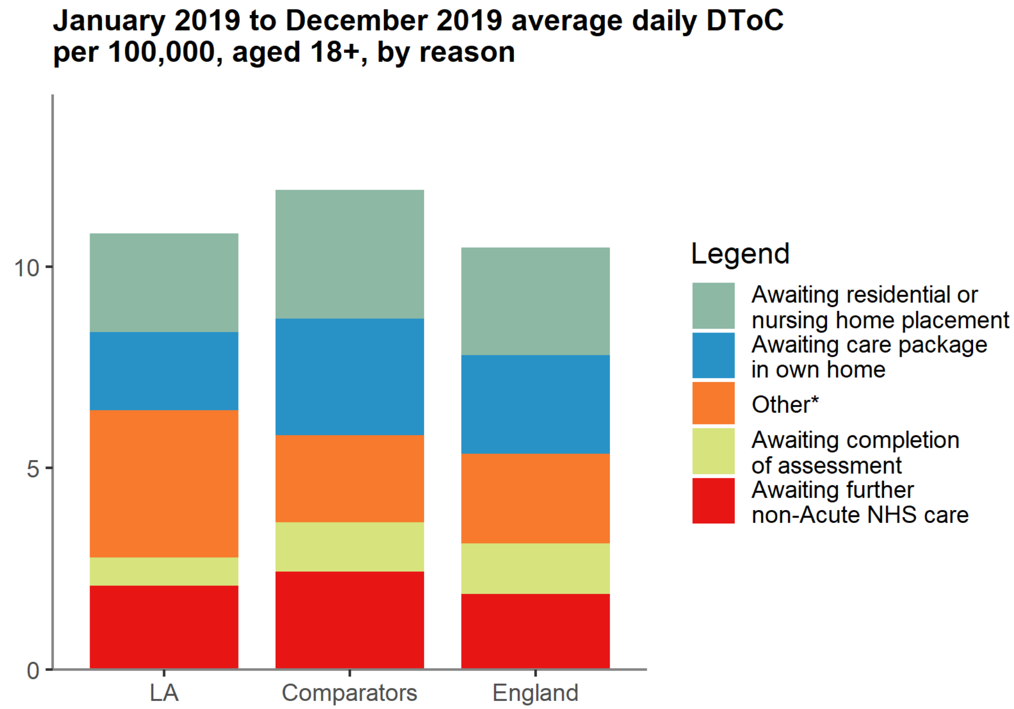
The chart shows delayed transfers of care within East Sussex broken down by the trusts those delays occurred at. Trusts are included if more than 15% of delayed transfers in any year occurred within them. As well as acute trusts, this slide may include delayed transfers from MH or community healthcare providers. Please note that the main trusts delayed transfers of care occurred within may not be the main providers for the area in terms of volume of activity

Source: NHSE- 2018/19

Delayed transfers of care by responsible organisation and reason

This slide shows the rate of delayed transfers of care over 12 months from January 2019 - December 2019, broken down to show the rate of delays attributed to the NHS, social care organisations or shared between both. The slide also shows the rate of delayed days according to the reported reason for delay. For the purpose of our analysis, some of the reasons have been grouped.





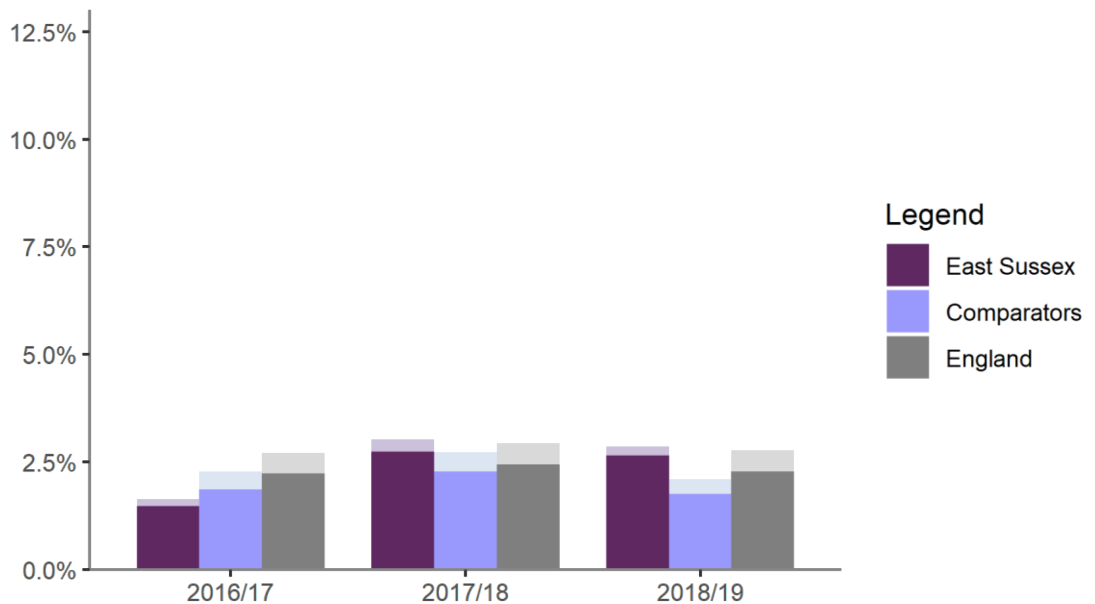
'Further non-acute NHS care' includes community and mental health care, intermediate care, rehabilitation etc. 'Other' includes public funding, patient or family choice, disputes and housing.

Source: NHSE- 2019

Access to and outcomes from reablement/rehabilitation aged 65+

This slide shows the proportion of people aged 65+ discharged from hospital into reablement services, and the proportion still at home 91 days after discharge from hospital into reablement services.

Percentage of people aged 65+ discharged from hospital who receive reablement and the percentage still at home after 91 days



Percentage who received reablement

Area	16/17	17/18	18/19
LA	1.6%	3.0%	2.8%
Comparators	2.3%	2.7%	2.1%
England	2.7%	2.9%	2.8%

Percentage who received reablement and were still at home 91 days after discharge

Area	16/17	17/18	18/19
LA	81.7%	83.9%	83.5%
England	90.5%	90.7%	92.8%
Comparators	82.5%	82.9%	82.4%

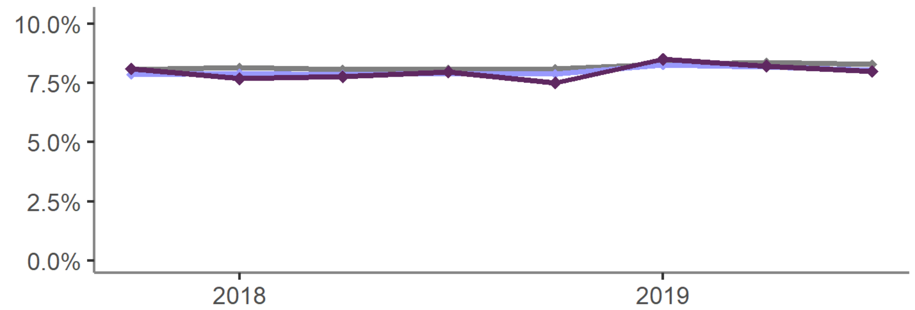
The chart provides a more nuanced view of the two indicators by combining them to show the proportion receiving reablement following discharge from hospital (total bar height) and, of those people, the proportion that were still at home 91 days later (bold shaded bars). The chart therefore shows the true volume of older people who benefitted from 'successful' reablement.

Source: ASCOF- 2018/19

Emergency readmissions aged 65+

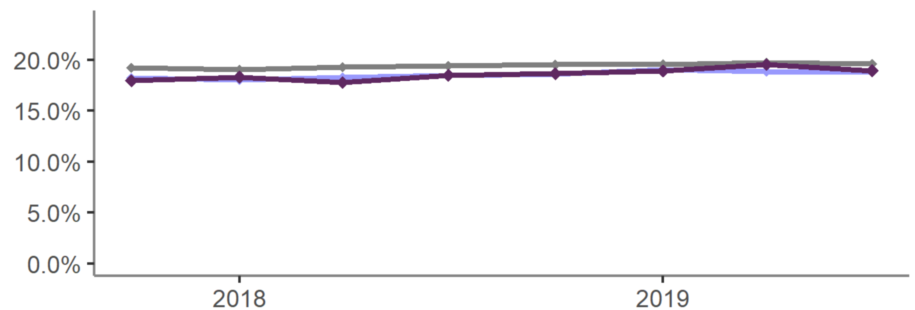
Emergency readmissions to hospital may reflect poor discharge planning and handover of care. This slide shows quarterly trends in emergency readmissions for people aged 65+ within 7 days and 30 days of discharge.

Percentage of emergency readmissions within 7 days of discharge (age 65+)



Period	LA	Comparators	England
18/19 Q1	8%	8%	8%
18/19 Q2	8%	8%	8%
18/19 Q3	8%	8%	8%
18/19 Q4	8%	8%	8%
19/20 Q1	8%	8%	8%
19/20 Q2	8%	8%	8%

Percentage of emergency readmissions within 30 days of discharge (age 65+)



Period	LA	Comparators	England
18/19 Q1	18%	18%	19%
18/19 Q2	19%	18%	19%
18/19 Q3	19%	19%	20%
18/19 Q4	19%	19%	20%
19/20 Q1	20%	19%	20%
19/20 Q2	19%	19%	20%

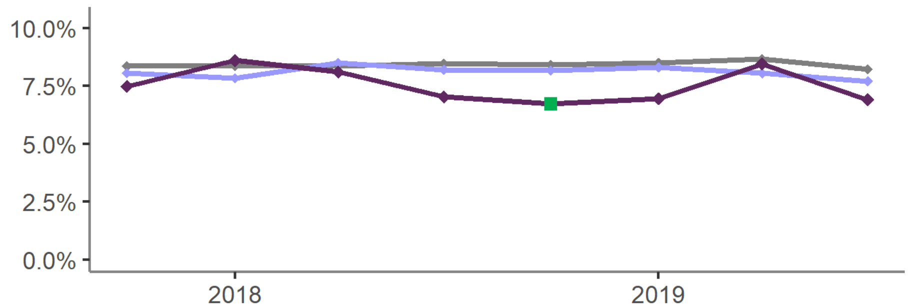
Source: HES: 2017/18 Q3 - 2019/20 Q2

East Sussex	Comparators	England	Significantly Worse	Significantly Better

Emergency readmissions from care homes aged 65+

This slide shows quarterly trends in emergency readmissions from care homes of people aged 65+ within 7 days and 30 days of discharge.

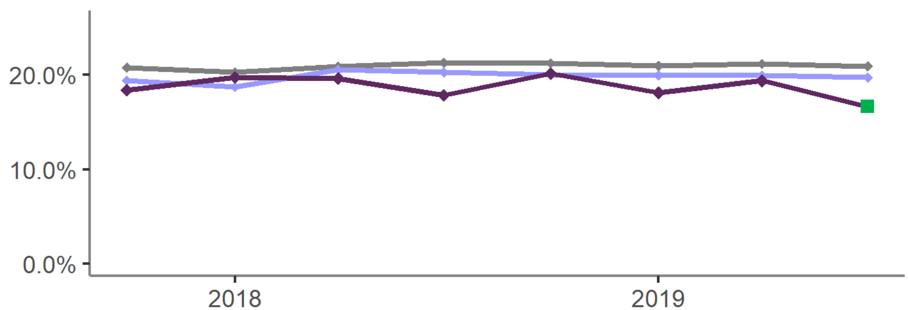
Percentage of emergency readmissions from care homes within 7 days of discharge (age 65+)



Period	LA	Comparators	England
18/19 Q1	8%	8%	8%
18/19 Q2	7%	8%	8%
18/19 Q3	7%	8%	8%
18/19 Q4	7%	8%	8%
19/20 Q1	8%	8%	9%
19/20 Q2	7%	8%	8%

The analysis uses postcode of residence to identify activity from care homes. As such, it may include data pertaining to other addresses within the same postcode and therefore overestimate activity from care homes.

Percentage of emergency readmissions from care homes within 30 days of discharge (age 65+)



Period	LA	Comparators	England
18/19 Q1	20%	21%	21%
18/19 Q2	18%	20%	21%
18/19 Q3	20%	20%	21%
18/19 Q4	18%	20%	21%
19/20 Q1	19%	20%	21%
19/20 Q2	17%	20%	21%

Source: HES: 2017/18 Q3 - 2019/20 Q2

East Sussex | Comparators | England | Significantly Worse | Significantly Better

Progress against High Impact Change Model

Implementation of the High Impact Change Model is designed to support system-wide improvements in transfers of care and is one of the four national conditions for the Better Care Fund plans for 2017-19.

Quarter	Early Discharge Planning	Systems to monitor patient flow	Multi-disciplinary/multi-agency discharge teams	Home first/discharge to assess	Seven-day services	Trusted assessors	Focus on choice	Enhancing health in care homes	Red Bag scheme
Performance 2018-19 Q1	Established	Established	Established	Plans in place	Established	Established	Established	Established	Not yet established
Performance 2018-19 Q2	Established	Established	Established	Plans in place	Established	Established	Established	Established	Not yet established
Performance 2018-19 Q3	Established	Established	Established	Plans in place	Established	Established	Established	Established	Not yet established
Performance 2018-19 Q4	Established	Established	Established	Plans in place	Established	Established	Established	Established	Not yet established

The table above details the HWB's self-assessment of current and planned performance against each of the High Impact Changes for each quarter of 2018/19. The table at the bottom shows the national distribution of performance for the most recently published quarter.

National Performance 2018/19 Q4	Early Discharge Planning	Systems to monitor patient flow	Multi-disciplinary/multi-agency discharge teams	Home first/discharge to assess	Seven-day services	Trusted assessors	Focus on choice	Enhancing health in care homes	Red Bag scheme
Not yet established	0%	0%	0%	1%	3%	0%	0%	0%	5%
Plans in place	8%	5%	4%	7%	21%	21%	4%	5%	15%
Established	61%	62%	52%	61%	59%	59%	65%	68%	57%
Mature	27%	29%	38%	27%	17%	18%	30%	24%	20%
Exemplary	5%	4%	6%	5%	1%	1%	1%	3%	3%

Source: BCF- 2018/19 Q4

Appendix - comparators

Local authority comparator areas have been drawn from the Chartered Institute of Public Finance and Acccountancy's (CIPFA) Nearest Neighbours model. Where indicators in our profile only go up to April 2019, the comparator analysis uses the 2014 Nearest Neighbour Model(downloaded on 04/05/2017), where indicators only use post-April 2019 data, the 2018 Nearest Neighbour Model is used (supplied to CQC on 05/09/2019). For indicators that span periods both before and after April 2019, check details on individual slides and in the technical annex to see which Nearest Neighbour Model has been used. The model identifies the 15 local authorities that are most similar to a selected LA, based on a range of socio-economic and geographic variables. Local authorities are not compared to all other authorities in the country, but according to their categorisation into the following groups: London Boroughs, Metropolitan Districts and Unitary Authorities, and Counties.

The comparator groups for East Sussex LA for both pre and post April 2019 are made up of the following local authorities. The order the LAs appear in holds no significance.

Comparator LA name
Devon
Suffolk
West Sussex
Dorset
Essex
Warwickshire
Hampshire
Kent
North Yorkshire
Worcestershire
Gloucestershire
Cumbria
Norfolk
Lincolnshire
Somerset

Comparator LA name- 2019
Devon
Staffordshire
Suffolk
West Sussex
Kent
North Yorkshire
Worcestershire
Warwickshire
Hampshire
Essex
Lancashire
Gloucestershire
Norfolk
Nottinghamshire
Somerset

Source: CIPFA- September 2019

Appendix - statistical analysis

Where we can transform the data into a standard normal distribution we have generated z-scores to measure how far the observed values of the selected LA deviate from the national average or 'mean'.

The z-scores reflect the number of standard deviations from the mean, after winsorising the data at the 10% level and controlling for over-dispersion. Where an LA's z-score is greater than 2 or less than -2 it is said to be either 'significantly better' or 'significantly worse' than the national average.

Organisations are excluded from statistical analysis if their values are too low.