

## HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Shadow Health and Wellbeing Board held on 12 June 2012 at County Hall, Lewes.

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PRESENT - Councillor Sylvia Tidy (ESCC) – Chairman  
Councillor Keith Glazier – Lead Cabinet Member for Community and Resources ESCC  
Councillor Bill Bentley – Lead Cabinet Member for Adult Social Care (ESCC)  
Councillor David Elkin – Lead Cabinet Member for Children’s and Adults Services (ESCC)  
Dr E Gill – High Weald, Lewes and the Havens CCG  
Dr M Writer - Coastal Community Healthcare Consortium  
Dr G Wilcox - Hastings and Rother Consortium  
Alan Keys - LINK  
Keith Hinkley – Director of Adult Social Care  
Matt Dunkley - Director of Children’s Services  
Dr Diana Grice – Director of Public Health

ALSO PRESENT - Becky Shaw - Chief Executive ESCC  
Councillor B White – Rother District Council  
Councillor T Nicholson – Lewes District Council  
Councillor T Tester – Eastbourne Borough Council  
Councillor M Turner – Hastings Borough Council  
Councillor Howell – Wealden District Council  
Marie Casey-Voluntary and Community Sector  
Dr J Leach-Wealden District Council  
Claire Quigley – NHS Sussex  
Ian Kedge- Lewes District Council  
Brenda Mason – Rother District Council  
Lorraine Reid Sussex Partnership Foundation Trust  
Councillor Simmons (Chairman of Health Overview Scrutiny Committee, HOSC)  
Claire Lee, Scrutiny Lead Officer for HOSC

APOLOGIES - Ian Fitzpatrick Eastbourne Borough Council

### Chairman’s Business

The Chairman reported that since the Lewes Havens CCG had merged with the Wealden CCG, Dr C Gurtler would not be attending the Health and Wellbeing Board in the future. The Chairman thanked Dr C Gurtler for his contribution to the Board.

The Chairman also welcomed back Councillor Nicholson who was representing Lewes District Council and welcomed Councillor Turner who represented Hastings Borough Council.

The Chairman also reminded the Board that any matters concerning the ESHT Clinical Strategy came under the remit of the Health Overview and Scrutiny Committee and should not be discussed at the Board.

## 18. MINUTES

18.1 The Minutes of the last meeting dated 6 March 2012 were approved as a correct record.

## 19 APOLOGIES

19.1 Apologies for absence were received from Ian Fitzpatrick, Eastbourne Borough Council.

## 20. CLINICAL COMMISSIONING GROUPS (CCGs) – UPDATE

20.1 The CCGs confirmed that they continued to work together and their formal structures were moving forward. The CCGs had already organised the nominations for Chairman and Accountable Officers. The main focus of attention for the CCGs was working with Practices to deliver QIPP (quality, innovation, productivity and prevention).

20.2 The CCGs were also talking to local providers about service re design and hospital strategy.

20.3 RESOLVED to receive a further update from CCGs at the next meeting in October.

## 21.1 NHS SUSSEX UPDATE

21.1 Claire Quigley from NHS Sussex provided an update. NHS Sussex had agreed four objectives at their Board meeting at the end of May 2012. The PCTs would cease to exist at the end of March 2013 . NHS Sussex would need to continue to provide services during this transition whilst maintaining and improving quality.

21.2 NHS Sussex would therefore continue to deliver services – focusing on improving performance (waiting lists, MRSA targets etc). It was recognised that NHS Sussex needed to continue to improve and work towards performance indicators so that when structures are handed over to the other organisations performance within the health system is at its best.

21.3 The second objective agreed at the Board meeting centred on transition. NHS Sussex are working with new organisations to make sure they are fit for purpose when the PCTS cease to exist. There are eighteen receiver organisations – East Sussex County Council being one of them. East Sussex County Council had already taken on the public health function. The main objective during transition being to ensure the performance indicators are in place and to continue to improve the quality of service provided. Programmes of work with providers will be commissioned to establish the right framework for hand over to the eighteen receiver organisations.

21.4 A paper had been submitted to the NHS Sussex Board which would be circulated to the Health and Wellbeing Board which focused on the four agreed objectives. With regard to the transition objective Claire Quigley was currently

working on establishing a key milestone process – this document would be agreed at the NHS Board in July and would then be circulated to the Health and Wellbeing Board for information.

21.5 The programme of Sussex Together would be sustained and it was suggested that the Clinical Senate across Sussex would lead on this in the future once the PCTs ceased to exist. The CCGs would probably decide this issue.

21.6 The Board noted that this was a very complex transition and as further progress is made NHS Sussex would release information in order to update the public. A further update would be given to the Health and Wellbeing Board at their next meeting in September.

21.7 RESOLVED to note the update.

## 22. HEALTH AND WELLBEING STRATEGY

22.1 The Board considered a report by the Chief Executive of East Sussex County Council which informed them of the process and progress towards developing the first Health and Wellbeing Strategy for East Sussex.

22.2 The Chief Executive of East Sussex County Council thanked the Board for the clear direction that they had given with regard to the Strategy. The Strategy had followed the lifecycle approach and was a document which was intended to capture those areas which the Health and Wellbeing Board by working together and engaging could make an actual difference to. It was agreed that links should be made to other useful documents and strategies and also a glossary should be provided. Once these suggestions had been included, the Strategy would go out for consultation for twelve weeks.

22.2 RESOLVED to approve the consultation draft subject to the inclusion of a glossary and links to other useful documents.

## 26. PUBLIC HEALTH SYSTEMS PARTNERSHIP

26.1 The Board received an update about the Public Health Systems Partnership.

26.2 Councillor Tidy as Chairman of the Board would attend the next meeting of the Partnership.

26.3 RESOLVED to note the update.

## 27. FUTURE AGENDA ITEMS

27.1 The following Agenda items were Agreed:

- Update form CCGs
- Results of Consultation on the Strategy
- Update on Public Health Systems

27. DATE OF NEXT MEETING

27.1 9 October 2012 at 2:30 p.m..