

HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Health and Wellbeing Board held on 16 April 2013 at County Hall, Lewes.

PRESENT - Councillor Sylvia Tidy, ESCC – Chairman
Councillor Keith Glazier, ESCC – Lead Cabinet Member for Community and Resources
Councillor Bill Bentley, ESCC – Lead Cabinet Member for Adult Social Care
Councillor David Elkin, ESCC – Lead Cabinet Member for Children’s and Adults Services
Dr Elizabeth Gill – Chair High Weald, Lewes and the Havens CCG
Dr Greg Wilcox – Chief Clinical Officer Hastings and Rother CCG
Dr Martin Writer – Chair Eastbourne, Hailsham and Seaford CCG
Keith Hinkley – Director of Adult Social Care, ESCC
Dr Diana Grice – Director of Public Health, ESCC
Julie Fitzgerald – Director, Healthwatch

ALSO PRESENT - Becky Shaw – Chief Executive, ESCC
Councillor Bob White – Rother District Council
Councillor Troy Tester – Eastbourne Borough Council
Councillor Mike Turner – Hastings Borough Council
Councillor Clare Dowling – Wealden District Council
Marie Casey – Voluntary and Community Sector Representative
Robert Cobb – Rother District Council
Ian Kedge – Lewes District Council
Dr Jeremy Leach – Wealden District Council
Pennie Ford – Director of Operations, NHS England (previously called NHS Commissioning Board)
Amanda Philpott – Accountable Officer EHS CCG and Chief Operating Officer EHS and H&R CCGs
Jo Scott – Sussex Partnership NHS Foundation Trust
Alison Jeffrey – Assistant Director of Children’s Services – Early Help and Commissioning, ESCC
Barbara Deacon – ESCC
Lisa Schrevel – Project Manager, ESCC

APOLOGIES - Councillor Tony Nicholson – Lewes District Council
Matt Dunkley – Director of Children’s Services, ESCC

46. MINUTES

46.1 The Minutes of the last meeting dated 11 December 2012 were approved as a correct record.

46.2 It was noted that this was the first meeting of the full Board, having moved out of its shadow status.

47 APOLOGIES

47.1 Apologies for absence were received from Councillor Tony Nicholson of Lewes District Council.

47.2 It was noted that Alison Jeffrey, Assistant Director – Early Help and Commissioning was substituting for Matt Dunkley.

47.3 The Board welcomed Pennie Ford, Director of Operations, NHS England and Jo Scott, Sussex Partnership NHS Foundation Trust who attended on behalf of Lorraine Reid

48. INTERESTS

48.1 Councillor Glazier declared an interest in item 9 as a Member of the Hastings Academy Trust, but he did not consider this to be prejudicial.

49. HEALTH AND WELLBEING GOVERNANCE

49.1 The Board considered a report by the Chief Executive of East Sussex County Council, which presented an update on the governance arrangements for the Board and the results of an interactive workshop held to explore governance roles and relationships. It was confirmed that a review was being conducted, the results of which would be reported in July 2013.

49.2 It was confirmed, in the light of comments and suggestions from their representatives, that the role of District and Borough Councils formed a key part of the review.

49.3 RESOLVED – to note:

- (1) the work done on reviewing the governance arrangements to date;
- (2) the terms of reference for the Board; and
- (3) the planned review and timeline.

50. CLINICAL COMMISSIONING GROUP AUTHORISATION – UPDATE

49.1 Amanda Philpott, Accountable Officer of Eastbourne, Hailsham and Seaford CCG (EHS) and Chief Operating Officer of ESH and Hastings and Rother CCG (H&R) updated the Board about the current situation. It was noted that with effect from 1 April 2013 the three CCGs were fully authorised and responsible for two thirds of the budget of the former PCTs. The financial challenges facing the CCGs developed from the former East Sussex Downs and Weald PCT were drawn to the Board's attention.

50.2 The number of conditions required by the Secretary of State on authorisation of each CCG was set out by Amanda Philpott:

- Hastings and Rother – 5
- Eastbourne Hailsham and Seaford – 8
- High Weald Lewes and the Havens – 14

It was further highlighted that additional support in developing clear and credible plans, to meet some of the imposed conditions, was to be made available from NHS Commissioning England. It was anticipated that the CCGs would work closely with acute

providers, mental health partners and the voluntary and community sector to address other conditions.

50.3 The Board discussed the issue of communication and joint working, particularly in relation to out-of-hours provision. The development of Neighbourhood Support Teams and Community Rehabilitation, drawing on NHS and Social Services resources, were highlighted, together with the potential of the voluntary and community sector to continue to offer effective solutions.

50.4 Amanda Philpott explained that the support available from NHS Commissioning England would be reviewed on a quarterly basis as progress is made on resolving the conditions. It was anticipated that significant reductions would be made by June, as some conditions can be dealt with by an appropriate appointment to the Governing Body.

50.5 RESOLVED – to note the update.

51 HIGH WEALD, LEWES AND THE HAVENS CCG LOCAL PRIORITIES

51.1 Dr Elizabeth Gill, Chair of High Weald, Lewes and the Havens CCG (HWLH) provided a brief update about the local priorities for the CCG. She presented three local measures that the CCG considered would deliver the biggest benefits:

1: Increase both the percentage offered NHS Health Checks and the take up by those in the eligible population to 10% offered a Health Check and 50% of those receiving a Health Check.

2: Increase the number of persons attending NHS Stop Smoking Services who quit smoking four weeks after setting a quit date by 3% to a total of 868 quitters.

3: A 1% reduction in the rate of emergency hospital admissions for injuries due to falls in persons aged 65 years and over per 100,000 population.

51.2 The Board discussed integrated working to facilitate people living at home with support provided through TeleCare and TeleHealth, Disabled Facilities Grants and initiatives from the District and Borough Councils in their capacity as housing authorities. Ensuring that all health related professionals, such as dentists and school medical staff, are engaged with achieving the priorities was raised as an issue. All CCGs reported an enthusiasm to embrace new ways of working together through the new vehicle of the Health and Wellbeing Board.

51.3 The national target of an eight minute response for Category A red 1 ambulance call and its achievability in rural areas was raised, and the effect of not satisfying that target. Dr Gill acknowledged that it was a big challenge and that the CCGs were in discussions with the executive team of the Ambulance Trust.

51.4 RESOLVED – to note the update.

52. HEALTH AND WELLBEING STRATEGY ACTION PLAN

52.1 The Board considered a report by the Chief Executive, ESCC concerning the East Sussex Health and Wellbeing Strategy Action Plan, which had been developed using feedback from the Board and the well attended Assembly held in February. It was explained that the information gained from the Assembly, summarised in Appendix 2 of the report, was being used to establish what the partnership's priorities ought to be, and to develop the action plan.

52.2 The Director of Public Health reported on the take up of MMR vaccinations and a publicity campaign being run through Facebook. The Director of Healthwatch set out her vision of the core role of the organisation to signpost key information about services to the public, including the services of voluntary organisations dedicated to complex conditions. The Chief Executive, ESCC stressed the crucial role of the voluntary sector and the need to build on existing relationships, built over the years, and where necessary to welcome and establish new relationships.

52.3 RESOLVED to: (1) approve the draft Action Plan, proposed outcome indicators and targets; and
(2) receive proposals on performance reporting at the July 2013 meeting.

53. DIRECTOR OF PUBLIC HEALTH – PRESENTATION

53.1 The Board received a presentation from Dr Diana Grice, Director of Public Health ESCC on reducing health inequalities among children and young people in East Sussex. The slides from the presentation are attached to these minutes.

53.2 The Director set out the demography of the County and the factors to be tackled in the antenatal and postnatal periods, such as maternal smoking and breastfeeding, to address infant mortality. Immunisation of pre-school age children, to achieve the 95% herd immunity and encourage take up of the second dose of the MMR vaccine was highlighted. The results of a survey of school aged children were shared with the Board. The link between educational achievement and health, and the gap in the achievement between pupils eligible for free school meals, and those with a statement of special educational needs, and other pupils were highlighted.

53.3 The Board discussed the importance of collaborating to mitigate the impacts of poverty, to boost educational achievement and to reinforce decisions and actions taken by other partners. The Director of Healthwatch expressed a desire to have health and wellbeing champions to take messages into the community, and to draw on the successes of other partners. Dr Writer of EHS identified pockets of rural deprivation as an issue.

53.4 The Chair highlighted the issue of lack of self-esteem, especially in young girls, as a key issue, and that successfully addressing that may help in the resolution of other related problems. The Director of Public Health drew attention to the findings of the survey of school age children and the discussions that had been undertaken with the schools to identify what could be done in partnership to address the underlying issue.

53.5 The Chief Executive, ESCC set out that the Health and Wellbeing Strategy was one of several linked strategies such as the Economic Development Strategy, Adult Learning Skills Strategy and the Children and Young People Plan, all of which will impact on health and wellbeing. Learning from other places what works and what can be done that will make a difference will be key to the success of the strategy.

53.6 RESOLVED – to note the presentation.

54. STRATEGY ACTION PLAN PRIORITIES - PRESENTATION

54.1 The Board received a presentation by the Assistant Director of Children's Services – Early Help and Commissioning, ESCC on the first two priorities in the Health and Wellbeing Strategy:

- All babies and young children have the best possible start in life
- Safe, resilient and secure parenting for all children and young people

The slides from the presentation are attached to these minutes.

54.2 The policy background and research into the importance of the first 12 months of life on brain development were explained, together with figures about the effect of socio-economic deprivation on cognitive development. The national response, such as the Healthy Child Programme and Early Intervention Foundation, and the local response were set out. In particular the role of Children's Centres and the Good Start programme were highlighted. The effects of the THRIVE agenda in reducing referrals and increasing the numbers of families the local authority is able to interact with were set out.

54.3 RESOLVED – to note the presentation.

55. DATE OF NEXT MEETING

55.1 2 July 2013 at 2:30 p.m.