

HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Health and Wellbeing Board held on 13 February 2014 at County Hall, Lewes.

PRESENT - Councillor Keith Glazier, ESCC, Chair
Councillor Bill Bentley, ESCC – Lead Cabinet Member for Adult Social Care
Councillor Trevor Webb, ESCC
Councillor Claire Dowling – Wealden District Council
Councillor Mike Turner – Hastings Borough Council
Dr Martin Writer – Chair, Eastbourne, Hailsham and Seaford CCG
Catherine Ashton – Associate Director of Strategy and Whole Systems Working, Eastbourne, Hailsham and Seaford CCG and Hastings and Rother CCG in attendance for Amanda Philpott
Frank Sims – Accountable Officer High Weald Lewes Havens CCG in attendance for Dr Elizabeth Gill
Keith Hinkley – Director of Adult Social Care and Health, ESCC
Ged Rowney – Interim Director of Children's Services, ESCC
Cynthia Lyons – Acting Director of Public Health, ESCC
Julie Fitzgerald – Representative, Healthwatch East Sussex
Pennie Ford – Director of Operations, NHS England Surrey and Sussex Area Team

ALSO PRESENT - Darren Grayson – Chief Executive, East Sussex Healthcare NHS Trust
Neil Waterhouse, Service Director East Sussex, Sussex Partnership NHS Foundation Trust
Becky Shaw, Chief Executive, ESCC
John Eagles, Chief Finance Officer – Office of the Sussex Police and Crime Commissioner
Jeremy Leach – Wealden District Council
Lisa Schrevel – Policy Officer, ESCC
Mike Hepworth – Hastings Borough Council

30. WELCOME AND INTRODUCTIONS

30.1 The Chair informed the Board that Dr Wilcox had stood down from the Board. The Board thanked Dr Wilcox for his contribution since the establishment of the Board in its shadow form in 2011. The Board noted that Amanda Philpott, Joint Chief Operating Officer for Eastbourne, Hailsham and Seaford CCG and Hastings and Rother CCG would be replacing Dr Wilcox on the Board as the Hastings and Rother CCG representative.

30.2 The Board welcomed Catherine Ashton, Associate Director of Strategy and Whole Systems Working, Eastbourne, Hailsham and Seaford CCG and Hastings and Rother CCG to the meeting as she was attending for Amanda Philpott. The Board also welcomed Frank Sims, Accountable Officer, High Weald Lewes Havens CCG who was attending for Dr Elizabeth Gill.

30.3 The Board also welcomed Neil Waterhouse, Service Director East Sussex, Sussex Partnership NHS Foundation Trust who was attending for Lorraine Reid.

30.4 Finally, the Chair informed the Board that the second District and Borough nominated voting Board Member would be filled on a rotating basis at alternative meetings by Eastbourne Borough Council and Hastings District Council, commencing with Hastings Borough Council. Councillor Turner, from Hastings Borough Council was welcomed as one of the two District and Borough nominated voting members with Councillor Dowling welcomed at the last meeting in December.

31. MINUTES

31.1 The Minutes of the last meeting held on 10 December 2013 were approved as a correct record

32. APOLOGIES

32.1 Apologies for absence were received from Dr Elizabeth Gill, High Weald Lewes Havens CCG; Amanda Philpott, Hastings and Rother CCG; Marie Casey, Voluntary and Community Sector representative; Councillor Nicholson, Lewes District Council; Lorraine Reid, Sussex Partnership NHS Foundation Trust; Councillor Troy Tester, Eastbourne Borough Council; Ian Fitzpatrick, Eastbourne Borough Council and Katy Bourne, Sussex Police and Crime Commissioner.

33. INTERESTS

33.1 Councillor Bentley declared a personal interest in Agenda item 10, in that he was a Member of the Ministerial Programme Board for Learning Disabilities which was the accountable body for the Winterbourne Review Report Action Plan and Concordat. Councillor Bentley did not consider this interest to be prejudicial.

34. URGENT ITEMS

34.1 None.

35. CLINICAL COMMISSIONING GROUPS (CCGs) UPDATE

35.1 Frank Sims, Accountable Officer, High Weald Lewes Havens CCG noted that the three CCGs were working closely together and there was a considerable amount of shared work being undertaken. With regard to Authorisation, it was reported that all three CCGs in East Sussex have had their final 2 conditions removed and all are now fully Authorised. The CCGs are in the process of producing Annual Reports looking back over the last year and also business plans looking forward to the next two and five years. It was the first time business plans are to be prepared over a five year period, and they are working with the County Council and CCGs to join up their thinking across East Sussex. The plans would be based on health needs assessments and what patients are reporting back. The CCGs will also be looking to national expertise to assist with preparing their plans.

35.2 Catherine Ashton, Associate Director of Strategy and Whole Systems Working confirmed that the three CCGs were working closely together with the County Council on many areas of work, but in particular the Better Care Fund. Catherine Ashton reported that through public engagement exercises it was clear that the public and patients want to see health and social care services more joined up and integrated and the CCGs were putting increasing effort and resources into developing better integrated services.

35.3 The Board noted that the Governing Bodies of all three CCGs had met in December and agreed to develop a new model of care for Dementia assessment beds. A Working Group had been set up and stakeholders had been invited to join the group including user representatives. A business case for the new model of care would come back to the Governing Bodies later in the year. In the interim existing services will not change.

35.4 Dr Writer, Chair of Eastbourne, Seaford and Hailsham CCG highlighted increased joint working between the CCGs – for example Eastbourne, Seaford and Hailsham CCG and High Weald Lewes Havens CCG had undertaken a competitive tendering process for Muscular

Skeletal (MSK) services. It was hoped the process would be concluded by summer 2014. The new scheme should enable a single point of referral for MSK services.

35.5 Dr Writer also explained that the three CCGs are working together and with the County Council, providers and the Voluntary and Community Sector to develop the Primary Care Strategy. Public engagement by Eastbourne, Seaford and Hailsham CCG and Hastings and Rother CCG was revealing that communities want a more integrated approach to out of hours services with more accessibility and better sharing of information between care providers and so the CCGs will be working with their out of hours providers to make sure the best possible service was delivered with the resources available.

35.6 Councillor Turner requested information with regard to the transfer of funds and resources between the three CCGs and was concerned that he had heard Hastings and Rother CCG had transferred funds to Eastbourne, Hailsham and Seaford CCG. Cllr Webb asked for transparency in relation to key decisions. Dr Writer informed the Board that the financial positions of the CCGs had not been finalised, but a financial report can be made available to the Health and Wellbeing Board once final positions had been settled.

35.7 The Chair noted that all CCGs are now able to present a single report and welcomed the progress this represents in joint working.

35.8 RESOLVED – to note the updates.

36. LOCAL MEASURES RELATED TO THE QUALITY PREMIUM NATIONAL MEASURES AND CCG ADDITIONAL LOCAL MEASURES – EASTBOURNE HAILSHAM and SEAFORD CCG AND HASTINGS and ROTHER CCG

36.1 The Board considered a report by Angela Simons, Strategic Planning Manager, Eastbourne Hailsham and Seaford CCG and Hastings and Rother CCG. Catherine Ashton presented the report. The Board noted that CCGs are required to identify and agree with the Health and Wellbeing Board and NHS England Area Team their local measures linked to the Quality Premium national measures and an additional local measure. If achieved, these would give additional funds to CCGs. Catherine Ashton highlighted the local measures and related targets set out within the report. Cynthia Lyons, Acting Director of Public Health noted that the CCGs are working closely with Public Health on developing the local measures and that there was quite a degree of stretch within these targets so they will be challenging but there is commitment to achieving them.

36.2 The Board noted the proposed local measures and those specifically outlined. Julie Fitzgerald, Healthwatch East Sussex sought some clarification on the likelihood of the target for increased access to psychological therapies in Hastings and Rother being achieved. Catherine Ashton reassured the Board that 15% was the national minimum target which had been set, and extra resources would be put in place to achieve it.

36.3 Cllr Turner queried the absence of targets for rarer conditions. Dr Writer confirmed the Quality Premium measures were fixed nationally but that the CCGs work closely with palliative care providers in supporting those with rare conditions. Cllr Webb asked whether the retendering of smoking cessation services would have a positive effect. Cynthia Lyons confirmed the service had been retendered to improve quality and performance.

36.4 RESOLVED – to agree and support the local measures which Eastbourne Hailsham and Seaford CCG and Hastings and Rother CCG will agree with NHS England Area Team.

37. LOCAL MEASURES RELATED TO THE QUALITY PREMIUM NATIONAL MEASURES AND CCG ADDITIONAL LOCAL MEASURES – HIGH WEALD LEWES HAVENS CCG

37.1 The Board considered a report by Peter Finn, Head of Contracts and Performance, High Weald Lewes Havens CCG. Frank Sims presented the report, which sought to identify and agree with the Health and Wellbeing Board and NHS England Area Team the CCG's local measures linked to the Quality Premium national measures, and invited comments on options for the additional local measure.

37.2 Pennie Ford, Director of Operations, NHS England Surrey and Sussex Area Team, highlighted the importance of selecting a suitable measure that had readily available local data; the benefit of stretching targets; and indicators that can shift the life expectancy gap. Julie Fitzgerald, Healthwatch East Sussex asked if any options could be framed in relation to reducing inequalities. Frank Sims confirmed that the best gain could be in relation to Diabetes or COPD, and could focus on geographic areas of greatest deprivation.

37.3 RESOLVED – to note the local measures which High Weald Lewes Havens CCG will agree with NHS England Area Team.

38. 2013/14 HEALTH FUNDING FOR SOCIAL CARE

38.1 The Board considered a report by the Director of Adult Social Care and Health, ESCC, which provided information on the transfer and allocation of the 2013/14 Health Funding for Social Care. The Board noted that a section 256 agreement would enable the 2013/14 funding to be transferred and that in future years the transfer would be captured within the Better Care Fund and related governance arrangements.

38.2 RESOLVED – to note the transfer and allocation of the 2013/14 Health Funding for Social Care.

39. JOINT WORKING BETWEEN THE CLINICAL COMMISSIONING GROUPS IN EAST SUSSEX AND EAST SUSSEX COUNTY COUNCIL – BETTER CARE FUND

39.1 The Board considered a report by the Director of Adult Social Care and Health, ESCC, which sought to provide the Board with proposals for the deployment of the Better Care Fund in East Sussex and the broader transformation of health and social care services within the county.

39.2 The Better Care Fund, established by Government aims to drive closer integration of health and social care and shift investment from acute into community based services. In East Sussex the fund will rise to £36 million in 2015/16 with approximately half of the total deployed in 2014/15. The Board noted that the funding is drawn primarily from existing sources, but £2.1 million of new money was available to accelerate integration. Local proposals appended to the report have been taken to all three CCG Governing Bodies and ESCC Cabinet. There is an assurance process led by NHS England Area Team, and the Board noted that plans may therefore be subject to change.

39.3 The Board noted the key risks in delivering the Better Care Fund local plans – it is not new funding so the net position would still see a substantial reduction in the resources available for health and social care locally; and maintaining safe and sustainable services across the health and care system when shifting resources from acute into community based care. Clarification is awaited on whether the release of the second tranche of Better Care Fund funding will be dependent upon achieving targets within 2014/15 or 2016/17. Finally the Board noted the challenge of broader transformation required across the system given that the Better Care Fund represented £36 million but that £1 billion is spent on health and care within East Sussex.

39.4 The local plan, entitled East Sussex Better Together, would require the engagement of all providers across all sectors. The intention is to gain a full understanding of current and

future need and resources and the effectiveness of current services, followed by the development of a range of options for further consideration across communities in East Sussex. The outcomes would inform commissioning decisions by the CCGs and ESCC which would aim to deliver the best outcomes for local people and return on investment. Whilst taking a common approach it was recognised that there are communities that have different needs and local delivery arrangements will need to reflect those. The Board also noted the importance of including children's services and children's mental health services, and to working with partners beyond health and social care.

39.5 Julie Fitzgerald, Healthwatch East Sussex requested, and was assured, that the public voice will sit at the heart of governance and co-production of options and the information and assets collected to inform them. The Board noted that Healthwatch East Sussex and the Voluntary and Community Sector could use their resources to facilitate this. The Chair noted the importance of Board members and observers engaging with and championing the programme.

39.6 Councillor Turner, Hastings Borough Council received assurance that carers would be engaged and consulted through the Carer's Strategy Group and other existing forums.

39.7 Councillor Dowling, Wealden District Council received assurance that the Disabilities Facilities Grant, currently allocated to Borough and District Councils but to be incorporated into the Better Care Fund, would be passported to Boroughs and Districts in good time to ensure continuity of provision.

39.8 Darren Grayson, Chief Executive, East Sussex Healthcare NHS Trust reported to the Board that the Trust supports further integration, but emphasised the risks involved in shifting resources from acute to community, the importance of redesigning care pathways to enable this to happen safely and efficiently, and that Better Together is likely to lead to radical service transformation. Pennie Ford, NHS England noted their interest in helping to identify and tackle the risks and challenges highlighted.

39.9 RESOLVED to:

- (1) agree proposals, as set out in the report, for joint working between CCGs in East Sussex and ESCC which commits each organisation to work in partnership to develop a clinically and financially sustainable local health and social care system;
- (2) agree the proposals set out in the report for the use of the Better Care Fund; and
- (3) agree to receive a further report if there are any significant changes to the Better Care Fund proposals through the NHS assurance process.

40. IMPLEMENTATION OF THE WINTERBOURNE VIEW REVIEW CONCORDAT

40.1 The Board considered a report by Martin Komen, East Sussex CCGs which sought to apprise Members of progress locally against the commitments in the Winterbourne View Review Concordat, which was developed after safeguarding issues emerged at Winterbourne View Hospital. The CCGs have now identified all people with Learning Disabilities in in-patient beds outside of the county, and all have had an initial needs assessment and review of their placements. For those where a service could be provided closer to home that meets their needs, the CCGs are finding placements and negotiating these with those people and their carers.

40.2 The Board welcomed report and requested an update in six months time.

40.3 RESOLVED – to note the report and receive an update at a future meeting.

41. TO INFORM THE HEALTH AND WELLBEING BOARD OF THE BETTER BEGINNINGS PROGRAMME FOR SAFE AND SUSTAINABLE MATERNITY AND PAEDIATRIC SERVICES IN EAST SUSSEX

41.1 The Board considered a report by Catherine Ashton, Eastbourne Hailsham and Seaford CCG and Hastings and Rother CCG which sought to provide a briefing on the progress of the Better Beginnings Programme and the process CCGs have undertaken to develop the options that are currently subject to public consultation. Dr Writer presented the report and informed the Board that a final decision will be considered by the Health Overview Scrutiny Committee (HOSC) in July 2014. The Board noted that service reconfigurations are within the remit of HOSC. The Health and Wellbeing Board can however consider, at an appropriate time in the future, whether relevant and related commissioning plans are aligned with the priorities in the Health and Wellbeing Strategy.

41.2 Julie Fitzgerald, Healthwatch East Sussex informed the Board that Healthwatch East Sussex had arranged three public meetings during March which will have a panel consisting of CCG representatives, MPs and other interested parties. The information from these meetings will be fed back to HOSC as part of the consultation process.

41.3 RESOLVED – to note the update.