



**EAST SUSSEX HEALTH AND WELLBEING BOARD**

**TUESDAY, 28 APRIL 2015**

**2.30 PM COUNCIL CHAMBER, COUNTY HALL, LEWES**

**MEMBERSHIP -** Councillor K Glazier (Chair) (ESCC)  
Councillors B Bentley (ESCC), P Rodohan (ESCC) and T Webb (ESCC)  
Councillor C Dowling – Wealden District Council, District and Borough  
Councils' representative  
Dr E Gill – High Weald Lewes Havens CCG (Deputy Chair)  
Amanda Philpott – Hastings and Rother CCG  
Dr M Writer – Eastbourne, Seaford and Hailsham CCG  
Stuart Gallimore – Director of Children's Services, ESCC  
Keith Hinkley – Director of Adult Social Care and Health, ESCC  
Cynthia Lyons – Acting Director of Public Health, ESCC  
Julie Fitzgerald – Healthwatch East Sussex Representative  
Pennie Ford – Director of Operations, [NHS England South \(South East\)](#)

**Also invited -** Councillor T Tester – Eastbourne Borough Council  
Councillor M Turner – Hastings Borough Council  
Councillor T Nicholson – Lewes District Council  
Councillor M Kenward – Rother District Council  
Marie Casey – Voluntary and Community Sector Representative  
Darren Grayson – Chief Executive, East Sussex Healthcare NHS Trust  
Colm Doneghay – Chief Executive, Sussex Partnership NHS  
Foundation Trust  
Becky Shaw – Chief Executive, ESCC  
Katy Bourne – Sussex Police and Crime Commissioner

**AGENDA**

- 1 Minutes of meeting of Health and Wellbeing Board held on 15 January 2015 (*Pages 3 - 8*)
- 2 Apologies for absence
- 3 Disclosure by all members present of personal interests in matters on the agenda
- 4 Urgent items  
Notification of items which the Chair considers to be urgent and proposes to take at the end of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgently
- 5 Involving people with learning disabilities in checking the quality of their services -  
Presentation by The Q Team (*Pages 9 - 18*)  
A presentation providing an overview of how the Q-Kit involves people with learning disabilities in checking the quality of their services
- 6 Healthwatch East Sussex Public Feedback Centre - Presentation by Healthwatch East

Sussex (Pages 19 - 38)

A presentation providing an overview of Healthwatch East Sussex's new Public Feedback Centre

7 East Sussex Better Together - Presentation by the Director of Adult Social Care and Health (Pages 39 - 62)

A presentation providing an introduction to the East Sussex Better Together programme.

8 Better Care Fund - Report by the Director of Adult Social Care and Health (Pages 63 - 66)

A report providing the Health and Wellbeing Board with an update on the Better Care Fund and setting out the plan for how Better Care Fund funding will be used

9 ESHT CQC report - At Cllr Turner's request

10 MEETING TOPIC: Obesity

All meeting attendees

11 Date of next meeting: Tuesday 7 July 2015, 2.30pm

The next meeting topic will be Health Inequalities

20 April 2015

Contact: Harvey Winder, Democratic Services Officer (01273 481796)

Email: [harvey.winder@eastsussex.gov.uk](mailto:harvey.winder@eastsussex.gov.uk)

NOTE: This meeting will be broadcast live on the East Sussex County Council website and the record archived for future viewing. The broadcast/record is accessible at [www.eastsussex.gov.uk/yourcouncil/webcasts](http://www.eastsussex.gov.uk/yourcouncil/webcasts)

## HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Health and Wellbeing Board held on 15 January 2015 at County Hall, Lewes.

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PRESENT - Councillor K Glazier (Chair) (ESCC)  
Councillors B Bentley (ESCC), P Rodohan (ESCC) and T Webb (ESCC)  
Dr E Gill – High Weald Lewes Havens CCG (Deputy Chair)  
Amanda Philpott – Hastings and Rother and Eastbourne, Seaford and Hailsham CCG's  
Dr M Writer – Eastbourne, Seaford and Hailsham CCG  
Stuart Gallimore – Director of Children's Services, ESCC  
Keith Hinkley – Director of Adult Social Care and Health, ESCC  
Cynthia Lyons – Acting Director of Public Health, ESCC  
Julie Fitzgerald – Healthwatch East Sussex Representative

ALSO PRESENT - Councillor M Turner – Hastings Borough Council  
Councillor T Nicholson – Lewes District Council  
Councillor M Kenward – Rother District Council  
Councillor D Elkin – ESCC  
Councillor M Ensor – ESCC  
Wendy Carberry – Chief Officer, High Weald Lewes Havens CCG  
Marie Casey – Voluntary and Community Sector Representative  
Becky Shaw – Chief Executive, ESCC  
Rupert Clubb – Director Communities, Transport and Environment, ESCC  
Brian Banks – Road Safety, Team Manager, ESCC  
Anita Counsell – Head of Specialist Health Improvement  
Barbara Pratt – Health Improvement Partnership Specialist  
Brenda Mason – Rother District Council  
Jeremy Leach – Wealden District Council  
Pat Taylor – Community Development Manager, Eastbourne Borough Council  
Sarah Feather - Policy Manager, ESCC  
Stuart Russell - Strategic Performance Manager, ESCC

## 21. MINUTES

21.1 The Minutes of the last meeting held on 30 September 2014 were approved as a correct record.

## 22. APOLOGIES

22.1 Apologies for absence were received from: Councillor Troy Tester, Eastbourne Borough Council; Councillor Claire Dowling, Wealden District Council; Pennie Ford, Director of Operations; NHS England Surrey and Sussex Area Team; Colm Donaghy, Chief Executive, Sussex Partnership NHS and Darren Grayson, Chief Executive, East Sussex Healthcare NHS Trust.

23. INTERESTS

23.1 None.

24. URGENT ITEMS

24.1 The Chair agreed to receive an update from Keith Hinkley, Director of Adult Social Care and Health and Pauline Butterworth, Practice Manager, East Sussex Healthcare Trust (ESHT) on the current position of A&E units within East Sussex.

24.2 There has been a significant increase in attendance and ambulance conveyances to both A&E units within East Sussex in recent months. Despite the challenge presented as a result of the increase, ESHT have stayed within a 94-95% range for year to date performance of A&E.

24.3 The Christmas period saw a significant increase in attendance to A&E by over 20%. There was a challenge with increased discharges being required but both ESHT and ESCC Adult Social Care department worked together in the week preceding Christmas and in the week between Christmas and New Year to stabilise the position. Although both A&E units were challenged, ESHT believe that a good level of service was delivered to the residents of East Sussex.

24.4 There are particular challenges faced in terms of patient discharge, particularly home care capacity within Eastbourne and intermediate care and reablement. The East Sussex Better Together and the Better Care Fund plans intend to increase access to reablement services to improve the flow through the hospital, this is important to consider for future improvement to services.

25. HEALTH AND WELLBEING STRATEGY (HWS) 6 MONTHLY REPORT

25.1 The Board considered a report by the Chief Executive, East Sussex County Council, which updated the Board on the six month progress of the East Sussex Health and Wellbeing Strategy 2013-16.

25.2 The Board discussed the lack of data in relation to the HWS target to increase the take up of Health Checks for people with Learning Disabilities. The Director of Adult Social Care and Health explained that data is collected at year end and is therefore not obtainable yet; an update will be provided when this is available.

25.3 The Board further discussed the End of Life Care survey and the use of national statistics. The surveys are carried out nationally to enable the Local Authority to collect comparative data and identify how the local area measures against the rest of the country.

25.4 RESOLVED to (1) note the report  
(2) agree the proposed changes to the measure and targets at paragraph 2.8

## Reasons

25.5 Information is now available to establish suitable strategy measures and targets for Priority 1, Outcome 1.2 and Priority 5, Outcome 5.2.

### 26 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2014-15: GROWING COMMUNITY RESILIANCE IN EAST SUSSEX

26.1 The Board considered the annual report by the Acting Director of Public Health which informed the Board how East Sussex can identify, better understand and support development of existing and potential new community assets in order to increase community resilience.

26.2 The Board discussed the WARM component ratings and the areas rated as red; it was noted that this is a cause for concern. However it is important to identify the strengths within the community areas rated as green, and use these to develop and build on assets. Joint working with the voluntary sector and within the communities themselves can help to address some of the issues which have persisted for a long time.

26.3 RESOLVED to note the annual report.

### 27. THE MENTAL HEALTH – CRISIS CARE CONCORDAT

27.1 The Board considered a report inviting them to formally support the East Sussex Declaration committing itself and partner agencies to work together to implement standards set out in the national Crisis Care Concordat for 'improving outcomes for people experiencing mental health crisis'.

27.2 The Board discussed the gaps identified between existing mental health services and the standards set out in the Concordat. It is important to note that the action plan sets out to develop services and address the gaps recognised by looking at pathways and the way in which services are delivered.

27.3 RESOLVED to (1) note the background to signatories being invited to the East Sussex Declaration on the Crisis Care Concordat set out in Appendices 2 and 3; and  
(2) authorise the Chair of the Health and Wellbeing Board to sign the Declaration set out in Appendix 1 for and on behalf of the Board.

### 28. MEETING TOPIC: SERIOUSLY KILLED AND INJURED

28.1 The Board received a presentation from Brian Banks, Road Safety Team Manager, ESCC. The Board noted that the delivery of road safety includes a range of activity such as: influencing driver behaviours; engineering methods for reducing risk through traffic calming; pedestrian crossings; road safety and speed management and enforcement by way of safety cameras, speed awareness and community speed watch.

28.2 The presentation highlighted the main contributory reasons for road traffic accidents which identified factors such as: driver/rider failure to look properly or judge another persons path/speed; driver/rider carelessness; poor turn or manoeuvre; loss of

control, slippery roads due to weather conditions, and travelling too fast for conditions. These are all factors not directly related to the actions of ESCC.

28.3 Members of the Board had been asked to come to the meeting with knowledge of what their particular organisation does in the area of Killed and Seriously Injured and what partnerships they participate in with reference to road safety. At the meeting the Members of the Board were organised into three groups and asked to work through a series of questions about road safety. The questions the Members were asked to consider can be summarised as follows:-

- What your organisation currently does in this area.
- Anything more we can do as a Partnership?
- Anything organisations should be doing differently?

28.4 Following the break out session, the feedback given by each group was taken away to be analysed and can be summarised as follows:-

- The Partnership felt there was more they needed to understand about current work and its effectiveness in particular:
  - Why are the statistics so much worse in East Sussex than the rest of England?
  - What work has been done to see why we have such a higher rate of incidents?
  - How other authorities are solving this problem?

- Education:

Attendance at any information sessions/fairs – use these as an opportunity to reinforce the road safety message

Economic modelling – teach people that they can retain independence whilst not driving e.g. cost of using taxis instead of cost of maintaining and running a car.

All road users – cyclists and lights important

Road use – parking on junctions

Send messages through those that already have access to the population through existing contracts.

Road safety messages at partnership meetings/existing forums

Roadside messages and notices (number of people killed on accidents on dangerous routes)

Driving instructor session to be reintroduced to road safety education sessions for people caught speeding

Log book of driving experience (night driving, road types, weather) Wealden has written to DVLA to suggest

Test driving to get experience of a car before purchasing.

- Environmental

State of roads – street cleaning, maintenance of potholes, street lighting

Issues with black spots forwarded to ESCC

20mph speed limits

- CCGs

Less aware of agenda but do commission part of the Sussex wide trauma network. No prevention role as such.

Pharmacists give information – not to drive while using certain medications

GPs responsible for writing to DVLA when person not fit to drive

- Localised campaign:

An organisation or individual that people will notice, or a locally recognised company  
Society of motor manufacturers – need to involve the trade to sell road safety.

Doesn't always have to be a public body that is responsible

Any changes in Wealden due to publication of report

Development of road safety action groups Neighbourhood panels

- Organisations messages to staff:

Business links – permission to be late -stop people pushing themselves.

Meet cross county staff – staff initiatives, message about expectations to drive better for work

Cars soon an extension of work – agile, more text and emails

Moderate working styles, have more virtual meetings to cut out travel

28.5 RESOLVED – that the information contained above will be passed to Brain Banks and they will be invited to a future meeting to provide an update.

## 29. DATE OF NEXT MEETING

29.1 The date of the next meeting is Tuesday 28 April 2015. The meeting will focus on Obesity.

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## Involving people with learning disabilities in checking the Quality of their services



Saxon Court pictured

# THE TEAM

Service users asking Questions, checking Quality



# The Q-Kit – what is it?

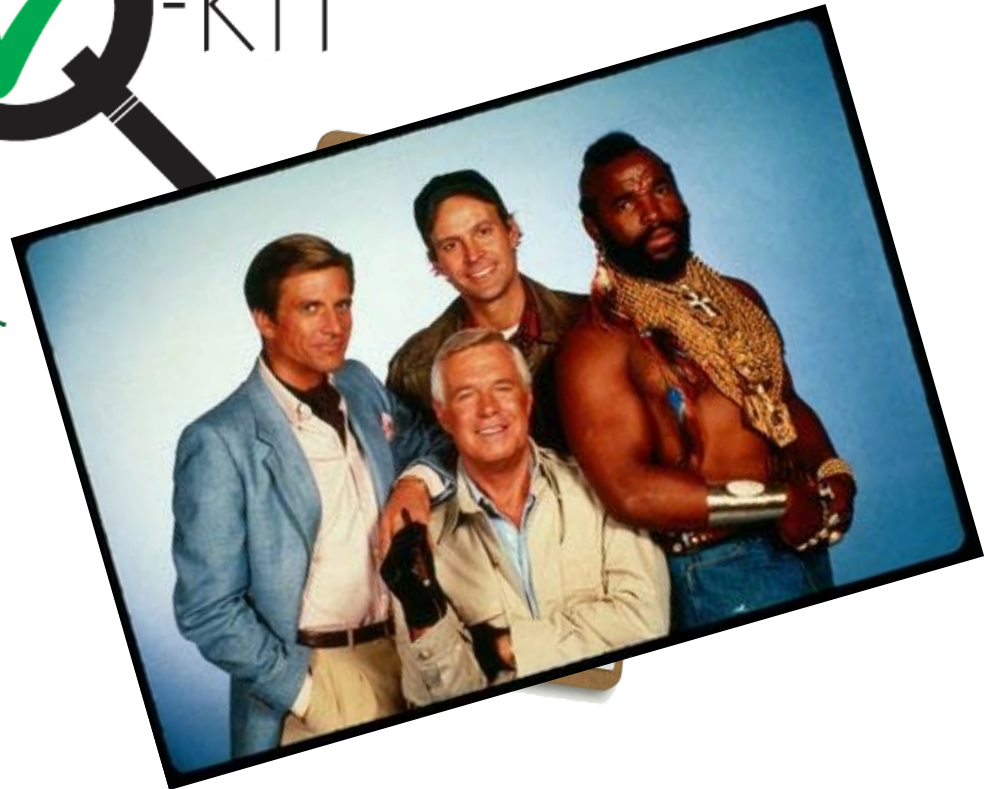


THE  -KIT

Stop Whispering  
Start Shouting



[www.southdownhousing.org](http://www.southdownhousing.org)  
[www.stayuplate.org](http://www.stayuplate.org)



# We think that Q-Kit measures the quality of..

Page 12



- The individual's happiness
- It helps to make sure that people are living the life that they want.
- And that they are able to make choices



**Saxon Court – Buxted  
Maldon House – Seaford  
Barrington House - Hastings  
Streatfield House – St Leonards  
Sedgemour & Framley – Eastbourne  
Baronsmede Family Home - Crowborough**

# Themes.....



# The Q-Team recommends....







# Independence vs. Community



Page 17

Baronsmede

# Any Questions?



# Healthwatch East Sussex

Listening | Learning | Influencing | Improving



Julie Fitzgerald

Director


Richard Eyre

Stakeholder relationship manager

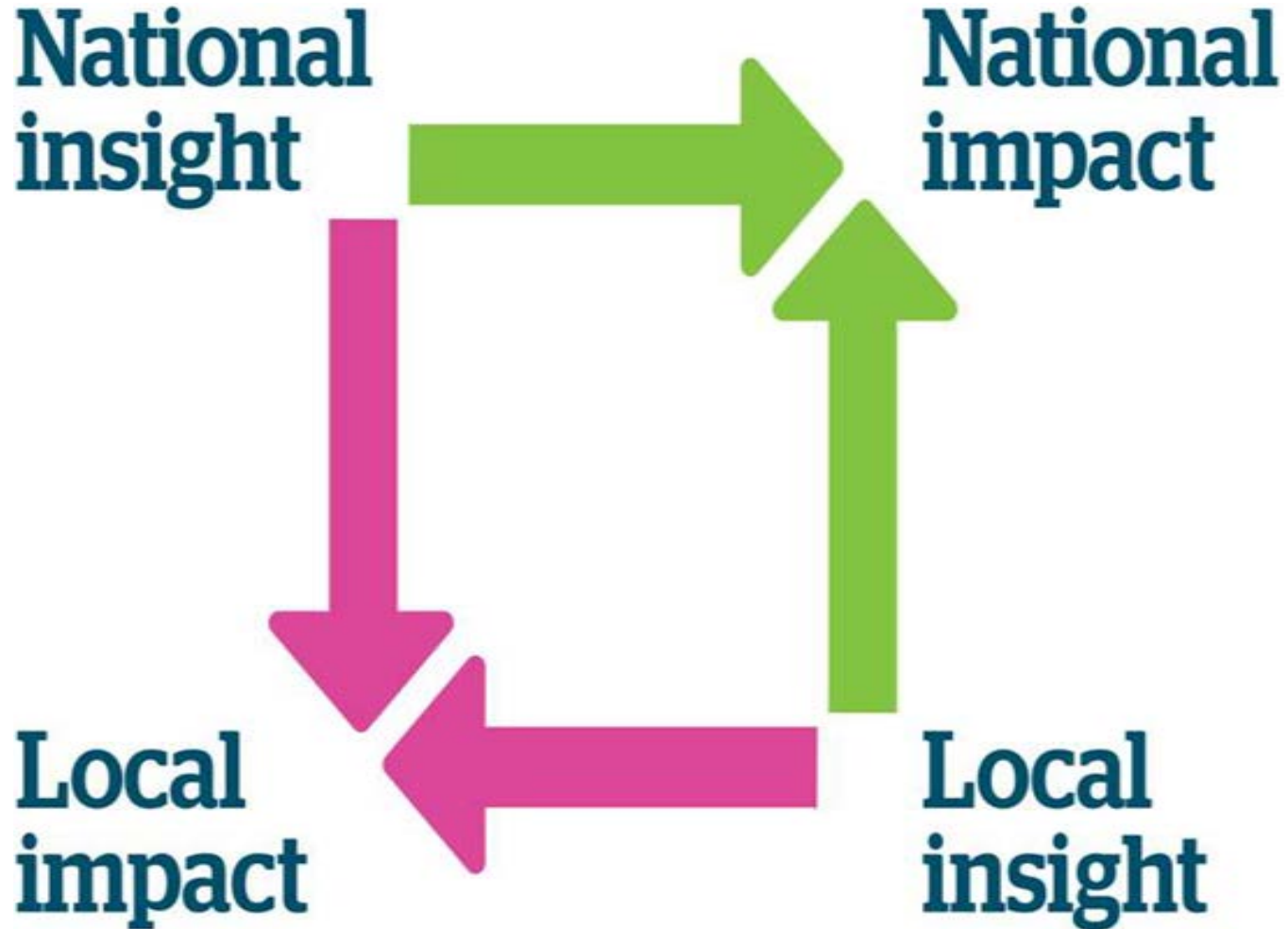


# Local Healthwatch functions

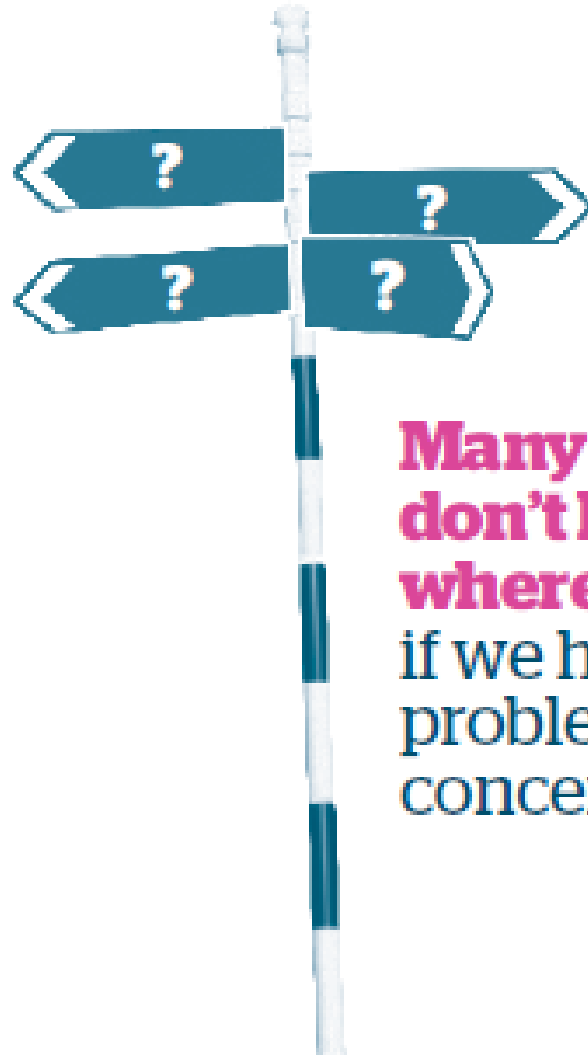
Healthwatch East Sussex acts as the Consumer Voice for health and social care in East Sussex. Our key functions are to:

1. Gather views and understanding the experiences of patients and the public
  2. Make peoples' views known
  3. Promote and support the involvement of people in the commissioning and provision of local care services and how they are scrutinized
  4. Recommend investigation or special review of services via Healthwatch England or directly to the Care Quality Commission (CQC)
  5. Provide advice and information about services and support for making informed choices; and
  6. Make the views and experiences of people known to Healthwatch England and providing a steer to help it carry out its role as national champion.
- 

# Local Healthwatch functions



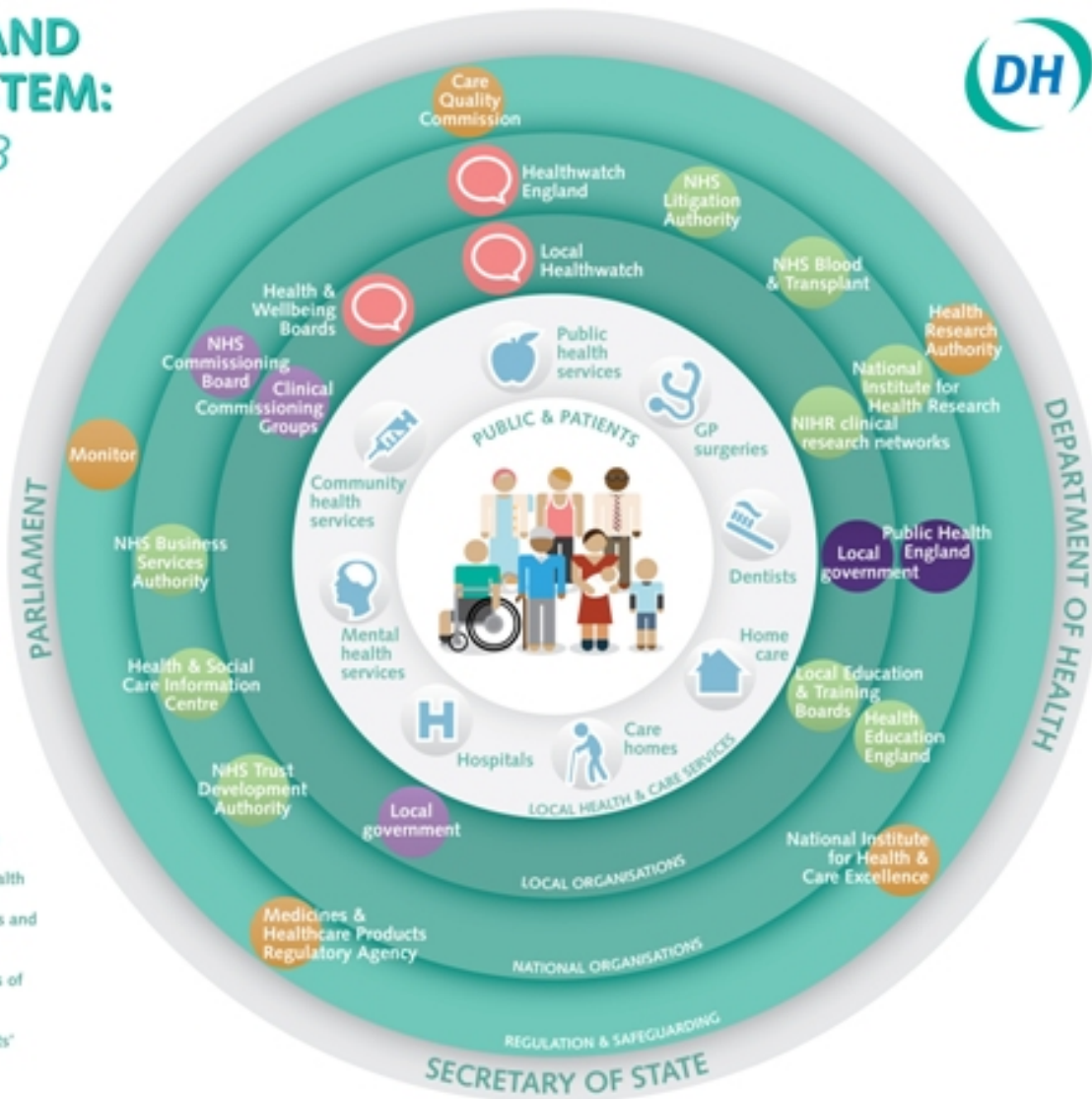
# How complex is the system?



**Many of us  
don't know  
where to go**  
if we have a  
problem or  
concern to raise

# How complex is the system?

**HEALTH AND CARE SYSTEM:**  
April 2013

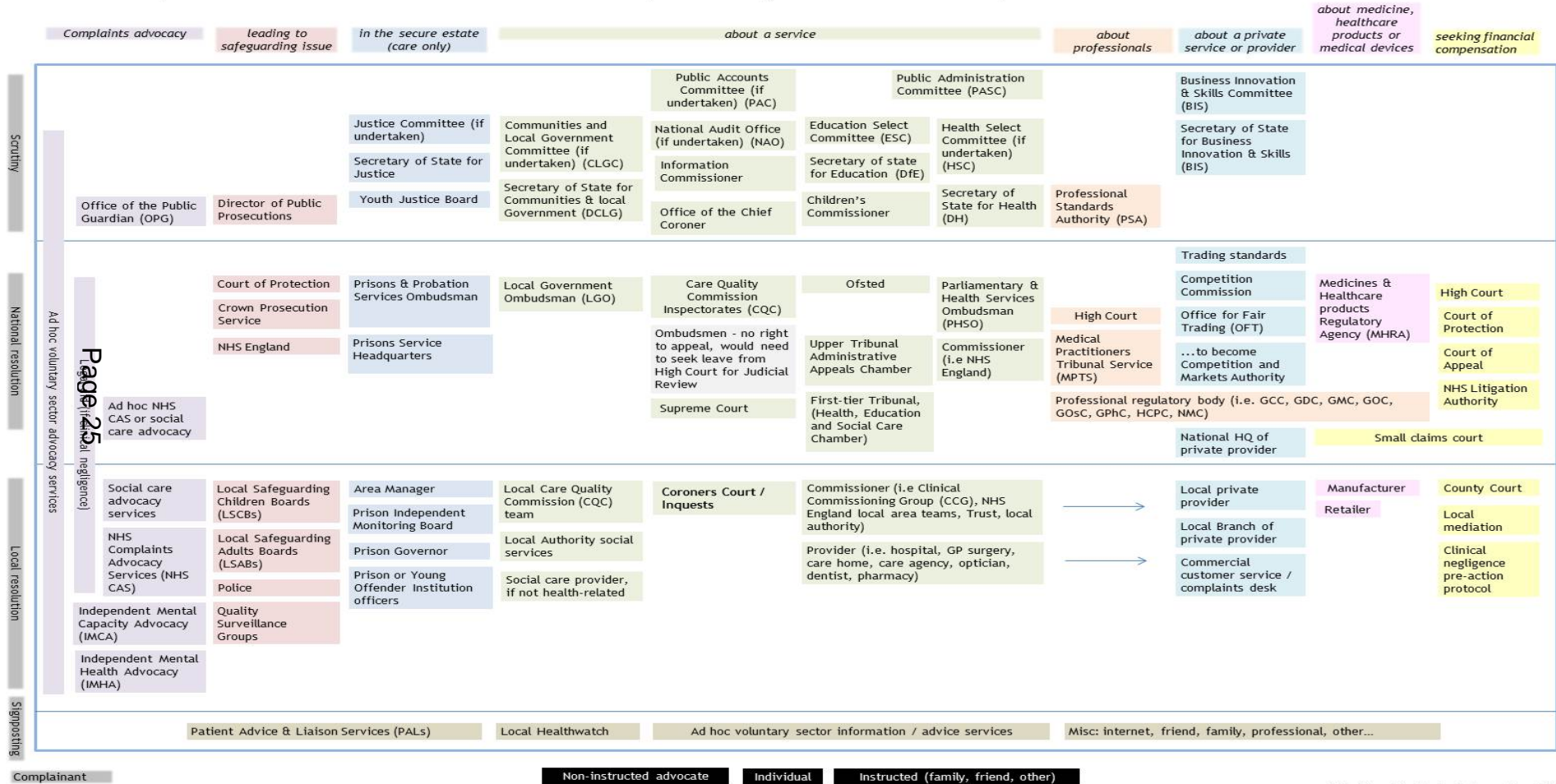


- KEY**
- Providing care
  - Commissioning care
  - Improving public health
  - Empowering patients and local communities
  - Supporting providers of care
  - Safeguarding patients' interests



# How complex is the complaints system?

How complex are health and social care complaints systems? This complex...





# Compliments and complaints

“A health service that does not listen to complaints is unlikely to reflect its patients’ needs. One that does will be more likely to detect the early warning signs that something requires correction, to address such issues and to protect others from harmful treatment.”

Page 26

*Robert Francis QC, Public Inquiry into the Mid Staffordshire NHS Foundation Trust, February 2013*

“Healthwatch England should continue to bring together patients and representative groups, and lead the Healthwatch network in the public campaign to improve complaints systems in health and social care.”

*Clwyd Hart Report, October 2013*



We come highly commended



# Current website



## Welcome to Healthwatch East Sussex

Like 72 Tweet 44 Pin it Share 11

The team at Healthwatch East Sussex would like to hear your views on the health and social care services in the area. We are here to represent your opinions at a local and national level and by working together we can make a real difference to the quality of service provision.

### Healthwatch Champions

We are now recruiting for Healthwatch Champions. For more information, or to download an application form, please [click here](#)

### Yop Poll Widget

Did you find everything you were looking for today?

- Yes
- No (Please give details)

Send

[View Results](#)

Total Votes 26

# New website



Your spotlight on local services

Home

About Us

Your Issues

Get Involved

Find a service

Our Work

News

Events

Contact



Page 29

We can make a difference,  
but we can't do it without  
your feedback

Find your local service and leave your feedback...

Search by name or location...

Search



# Search for a service

## Find a service

To leave your feedback, click on the provider and submit your experience. You will then receive an email to authenticate your email address, your feedback will then be moderated by the team at Healthwatch East Sussex. If you are unable to find the service you were looking for please [click here](#) to add your service.



Sort by

Last Reviewed ▼

Page 30



### Kamsons Pharmacy - Eastbourne

8 Albert Parade, Green Street, Eastbourne

☎ 01323-721806

<http://www.kamsons.co.uk/section.php/96/1/eastbourne>



Based on 1 reviews



### Quayside Medical Practice

Chapel Street, Newhaven

☎ 01273-615000

<http://www.quaysidemedicalpractice.nhs.uk>



Based on 1 reviews



### Bexhill Hospital



## Browse

[View All](#)



Hospitals



GPs



Dentists



Social Care



Pharmacies



Other



Opticians



Emergency Care

# Feedback centre

## Welcome to Healthwatch East Sussex

The team at Healthwatch East Sussex would like to hear your views on the health and social care services in the area. We are here to represent your opinions at a local and national level and by working together we can make a real difference to the quality of service provision.

## Feedback Centre

Leave feedback 

Page 31



### Kamsons Pharmacy - Eastbourne

Test HWAG  
[charlie]



### Bexhill Hospital

test board meeting  
[Anonymous]



### Quayside Medical Practice

test april  
[charlie r]



## your experience

Giving feedback takes minutes, but the impact could last a lifetime



Twitter

News

Events



RT @PPIsolutions:  
[@HealthwatchES](#) it was an absolute pleasure :) thanks for having us!  
6 days ago



RT @RotherVA: Jacky Duffield, Rye PPG & Elizabeth Mackie, HealthWatch [@HealthwatchES](#)  
<http://t.co/OSDhOhZENJ>  
6 days ago

# Leave your feedback

## Leave feedback

How do you rate your overall experience of this service?\*



Summary of your experience\* (max 45 characters)

Tell us more about your experience\*

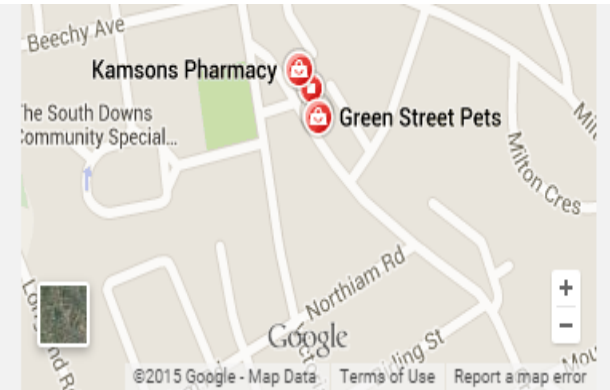
Where do you live? (town/city)

Do you want to know more about how to make an official complaint?\*

No  Yes

## About you

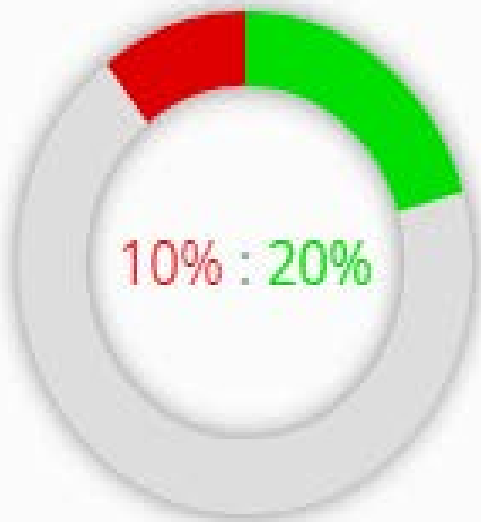
Name



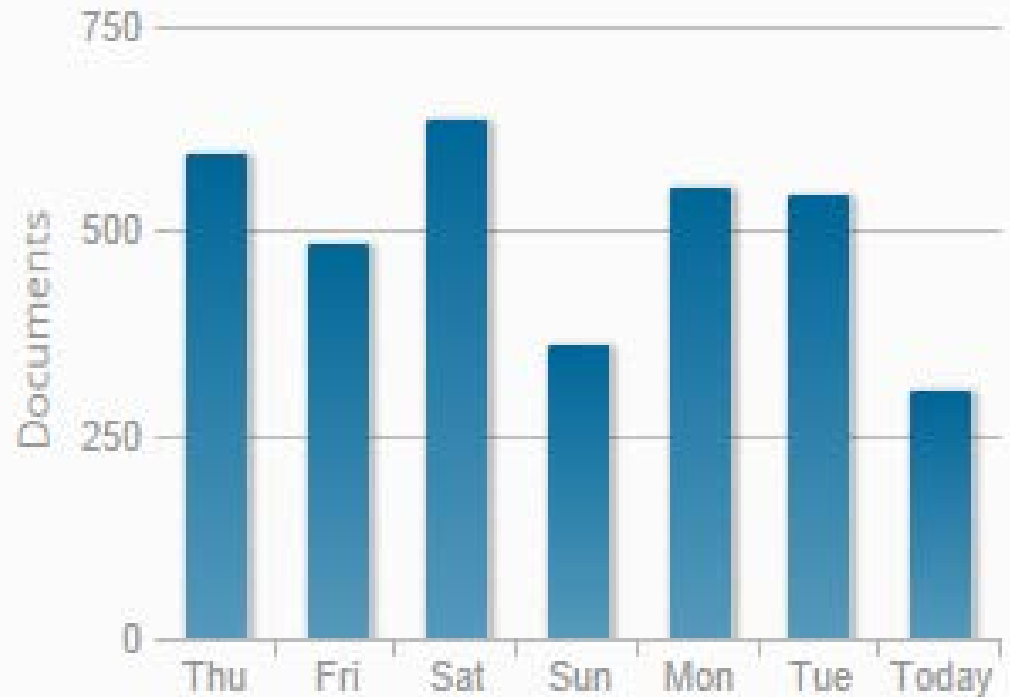


# Sentiment analysis

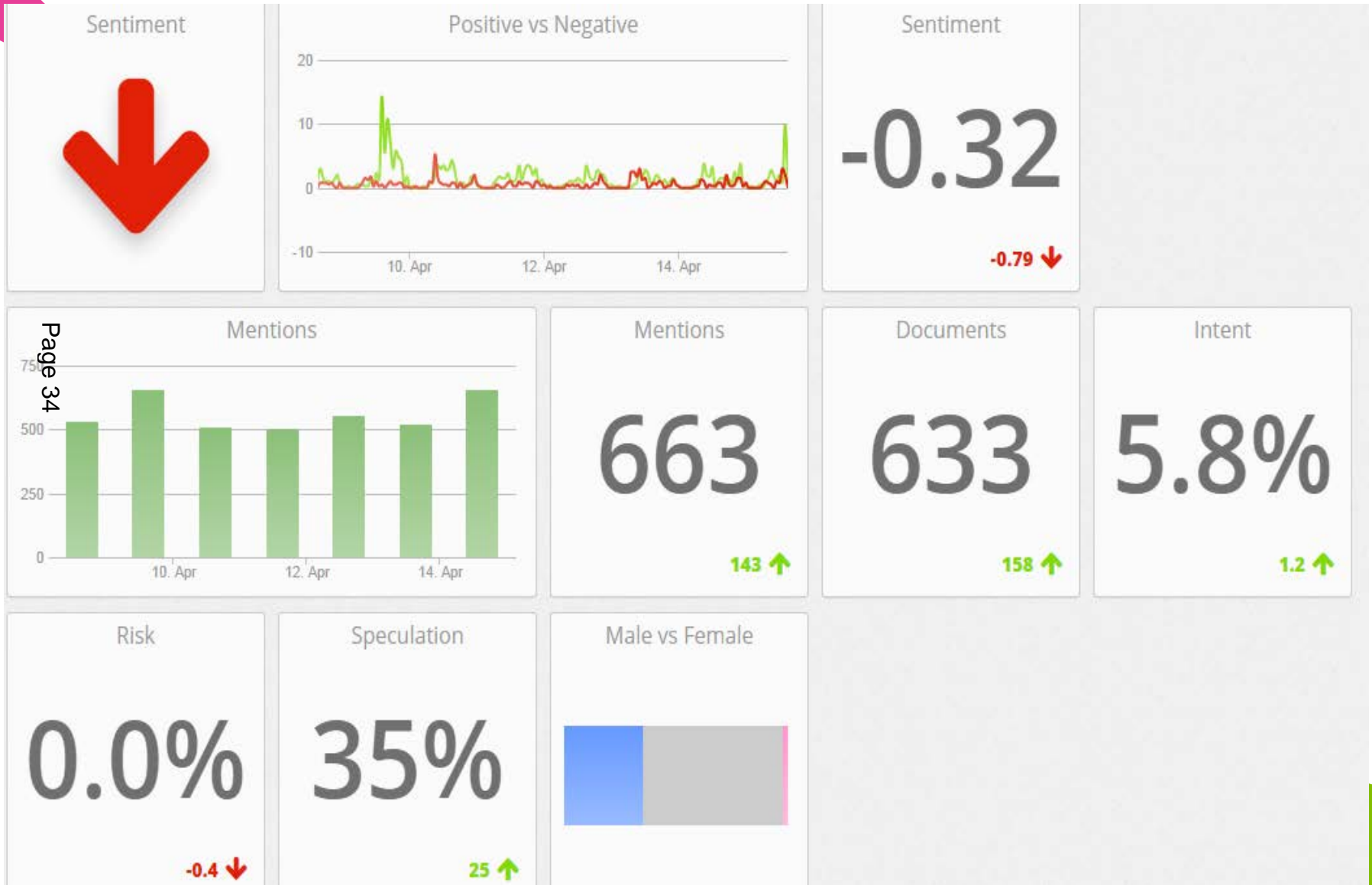
EDGH



Sentiment Snapshot

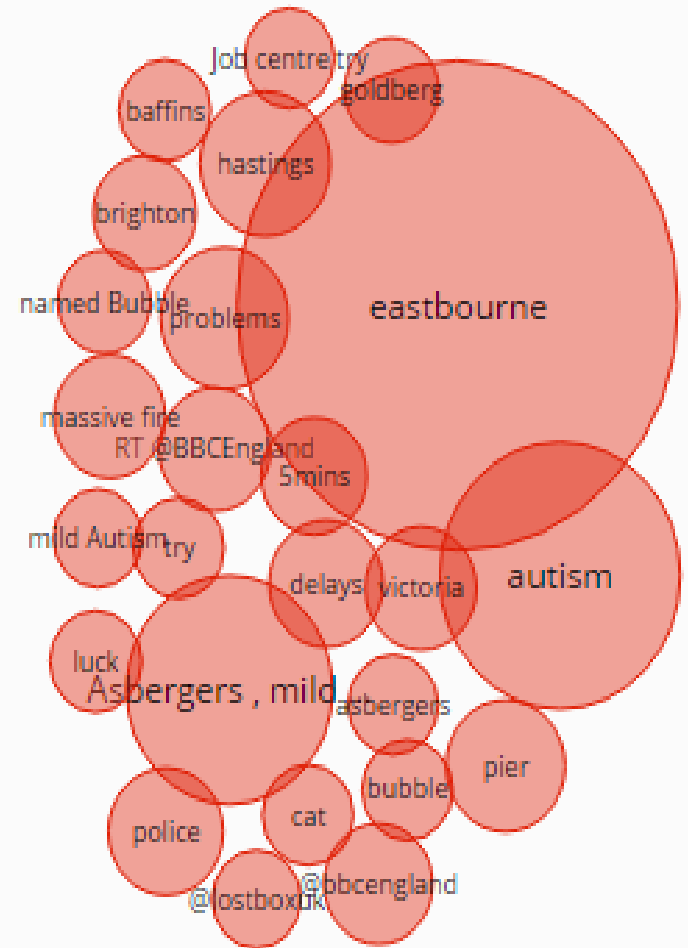
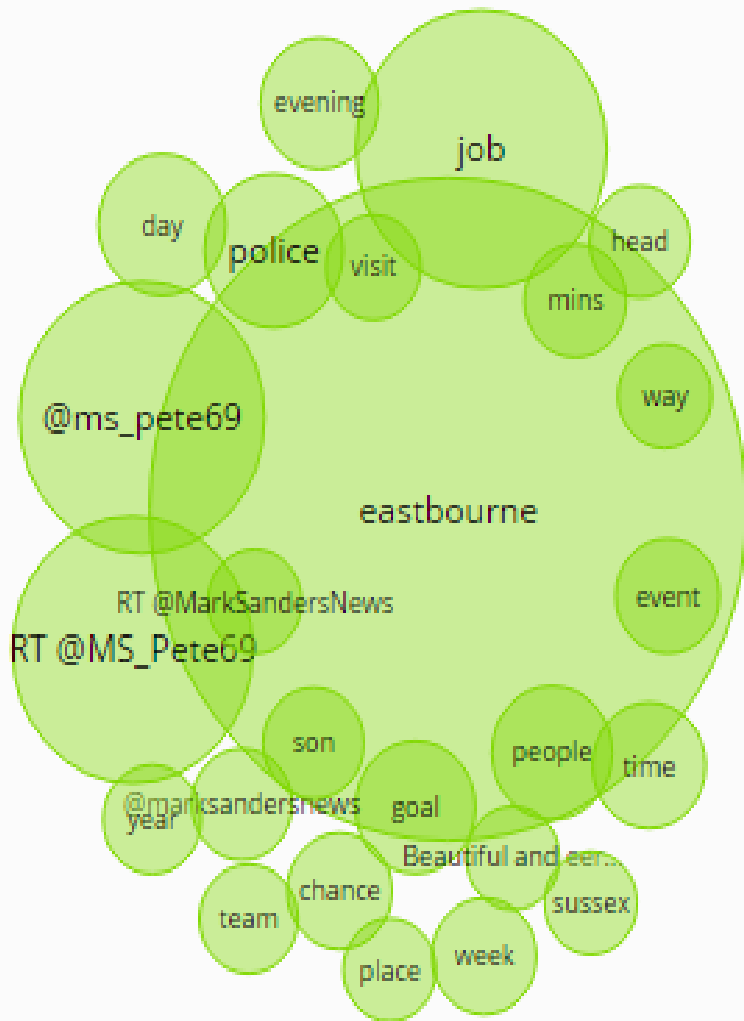


# Sentiment analysis



# Sentiment analysis

Page 35





# Big user experience data, big impacts

Informing strategy, priorities and decision making for:

1. Healthwatch East Sussex
2. Healthwatch England information hub
3. East Sussex Health and Wellbeing Board
4. East Sussex Health Overview Scrutiny Committee
5. East Sussex Better Together
6. East Sussex health and care commissioning teams
7. Voluntary and community sector partners
8. Health and social care providers
9. Advocacy services





## Next steps

1. Launching end May 2015
2. Promotional campaign
3. Use our networks and local partner networks
4. Red Bus Tour September 2015

[www.healthwatcheastsussex.co.uk](http://www.healthwatcheastsussex.co.uk)

[enquiries@healthwatcheastsussex.co.uk](mailto:enquiries@healthwatcheastsussex.co.uk)

0333 101 4007



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Report to: **East Sussex Health and Wellbeing Board**  
Date: **28 April 2015**  
By: **Director of Adult Social Care and Health**  
Title: **East Sussex Better Together**  
Purpose: **To provide an introduction to the East Sussex Better Together programme.**

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## ***RECOMMENDATION***

**The East Sussex Health and Wellbeing Board is recommended to consider and note the presentation.**

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### **1. Background**

1.1. Attached as appendix 1 is a presentation on the East Sussex Better Together (ESBT) programme to be given to the East Sussex Health and Wellbeing Board by Paula Gorvett, Programme Director, ESBT.

1.2. The presentation covers:

- Background and overview of East Sussex
- East Sussex Better Together: Vision & Framework
- Whole system transformation in 150 weeks
- The ultimate aim
- The challenges we face
- Next Steps.

1.3. The Board is recommended to consider and note the presentation.

KEITH HINKLEY  
Director of Adult Social Care and Health

Contact Officer: Paula Gorvett

Tel No: 01273 481751

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# Transforming health and social care in East Sussex

## East Sussex Better Together

Presentation to the Health and Wellbeing Board  
28<sup>th</sup> April 2015



# East Sussex Better Together

## What will we cover today?

- Background and overview of East Sussex
- East Sussex Better Together: Vision & Framework
- Whole system transformation in 150 weeks
- The ultimate aim
- The challenges we face
- Next Steps

Page 42



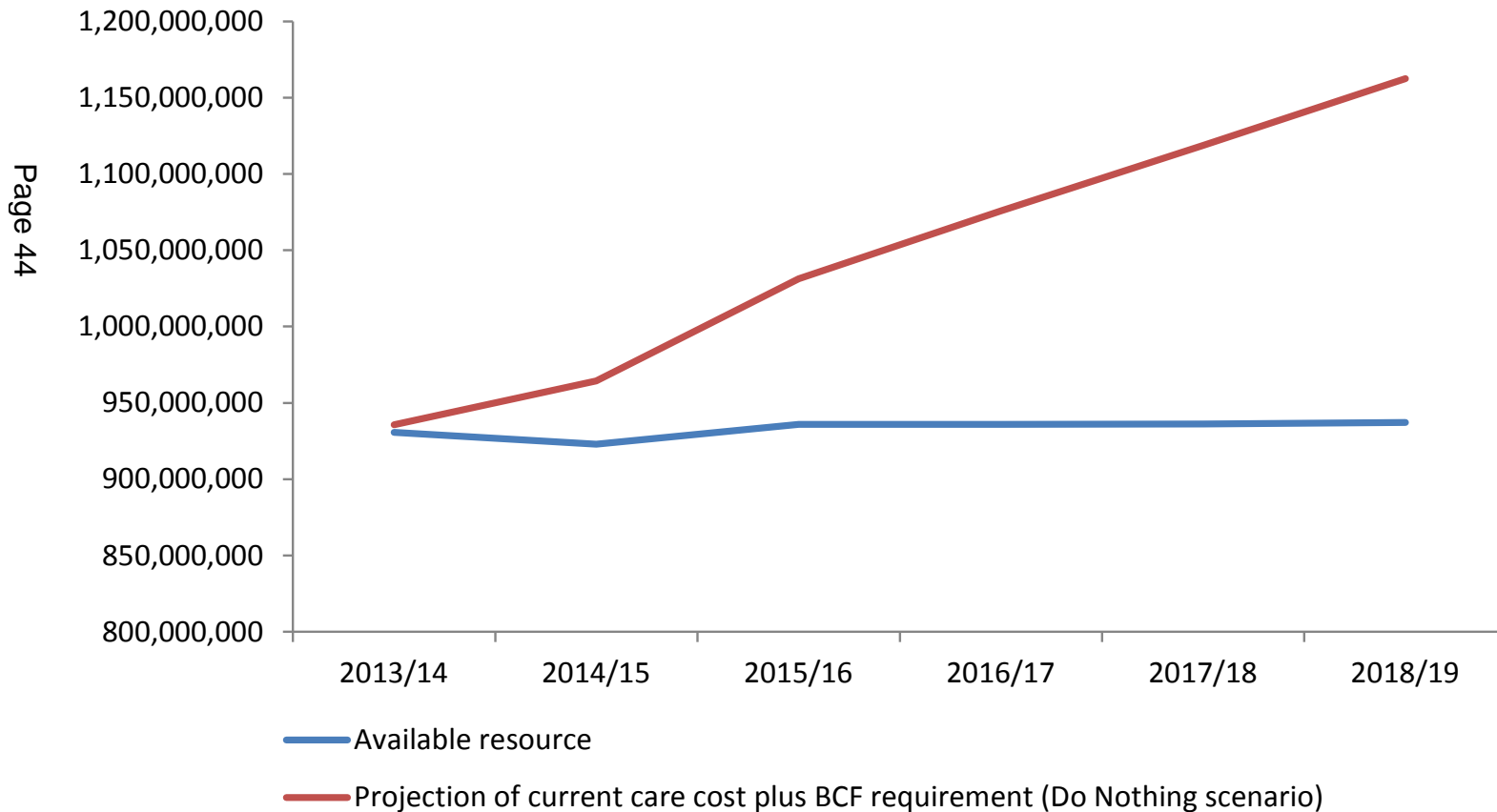
# Background to East Sussex

- Across the County Council and Clinical Commissioning Groups we spend around **£935 million** every year on commissioning health and social care (planning and buying the majority of local services)
- The services we provide at the moment, whilst often good, are not always the services that best meet the needs of how we live our lives today
- More than half the total spend is for people over 65 years (for health spend it is 54%). Patients over 85 years use on average health and social services equivalent to £8,180 per year as compared with £1,740 average for all other age groups in East Sussex
- **Our population is growing, people are living much longer and developing multiple long term conditions** – the demand for local health and care services is growing faster than our budget

Page 43



# Projection of current resource use in a 'do nothing' scenario highlights challenge ahead for East Sussex





# East Sussex Better Together Vision

Our vision is to create a **sustainable** health and social care system that promotes health and wellbeing whilst addressing quality and safety issues, in order to **prevent ill health** and deliver **improved patient experience and outcomes** for our population. This will be delivered through a focus on population needs, better prevention, self care, improved detection, early intervention, **proactive and joined up responses** to people that require care and support **across** traditional organisational and geographical boundaries.

Page 45

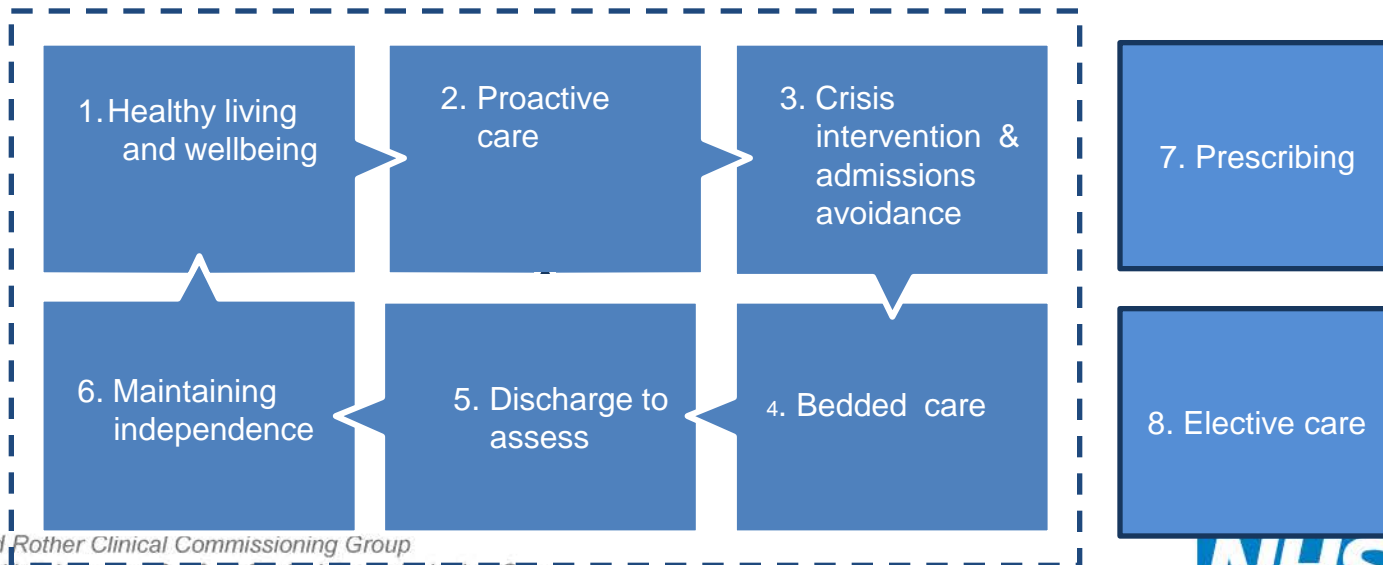


# East Sussex Better Together Framework

**A single framework to cover 100% of what we do, bringing together the entire spectrum of services people need to be fully supported at every stage of their health and social care needs**

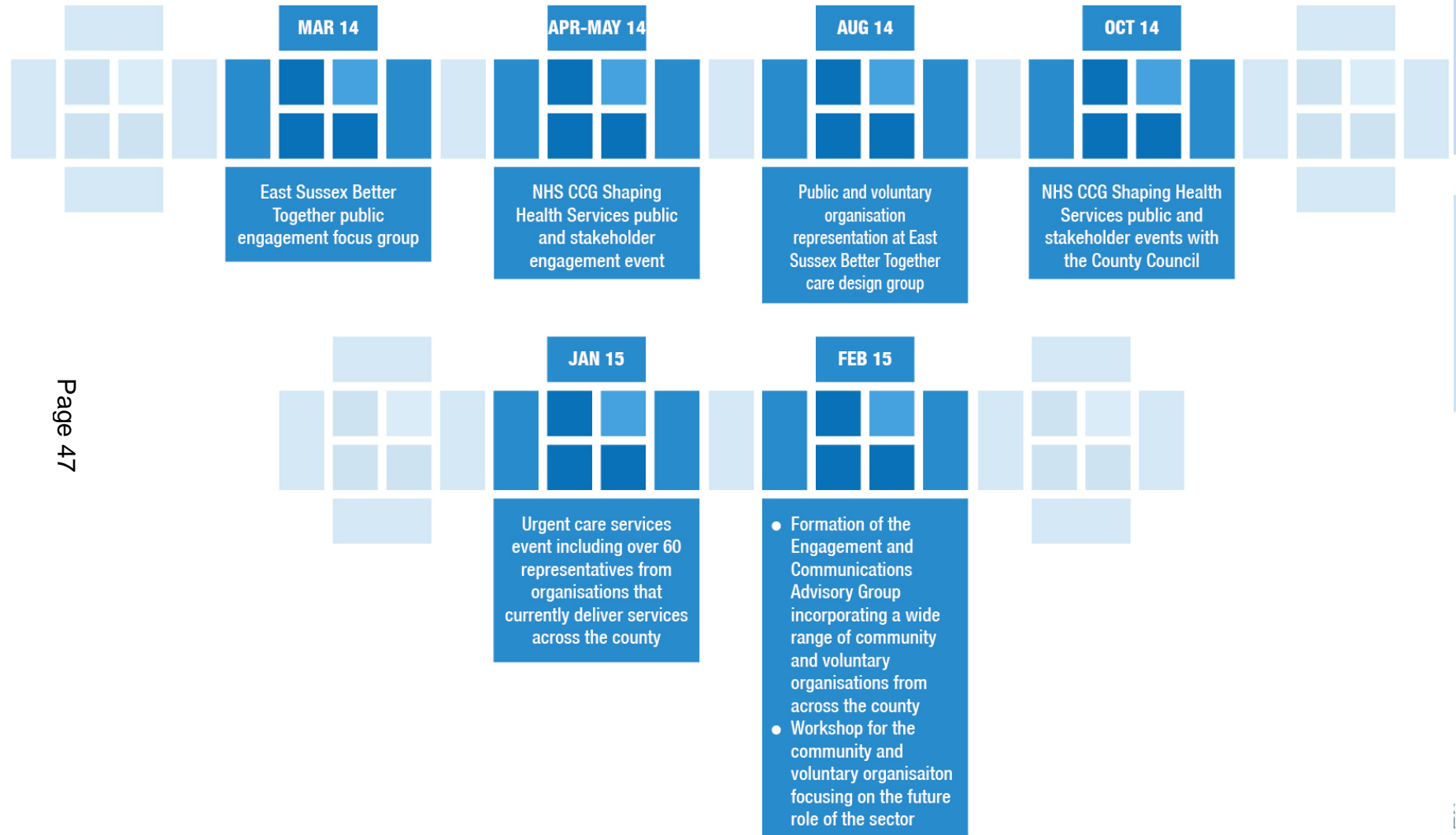
- The first six boxes bring together our aspirations to focus on proactive care in order to meet people's needs, make sure services are joined-up and prioritise services that help people be more independent.

The second two focus on the very important aspects of 'prescribing' and 'elective care' (e.g. surgery and other planned care) where we believe we can make big improvements in value and service quality



# A snapshot of public engagement so far

We want to make sure local people help shape local services





# Partnership Working

- Shaping Health and Social Care and service design groups
- Patient participation group forums,
- Critical Friends Partnership,
- Partnership Boards,
- Client and carer forums,
- East Sussex Seniors Association Health and Community Care Theme Group
- Individual working group forums

Page 48





# Words into action

## Care Design Groups

The way we are bringing the 6+2 box model to life for local communities is through a Care Design Group (CDG) approach.

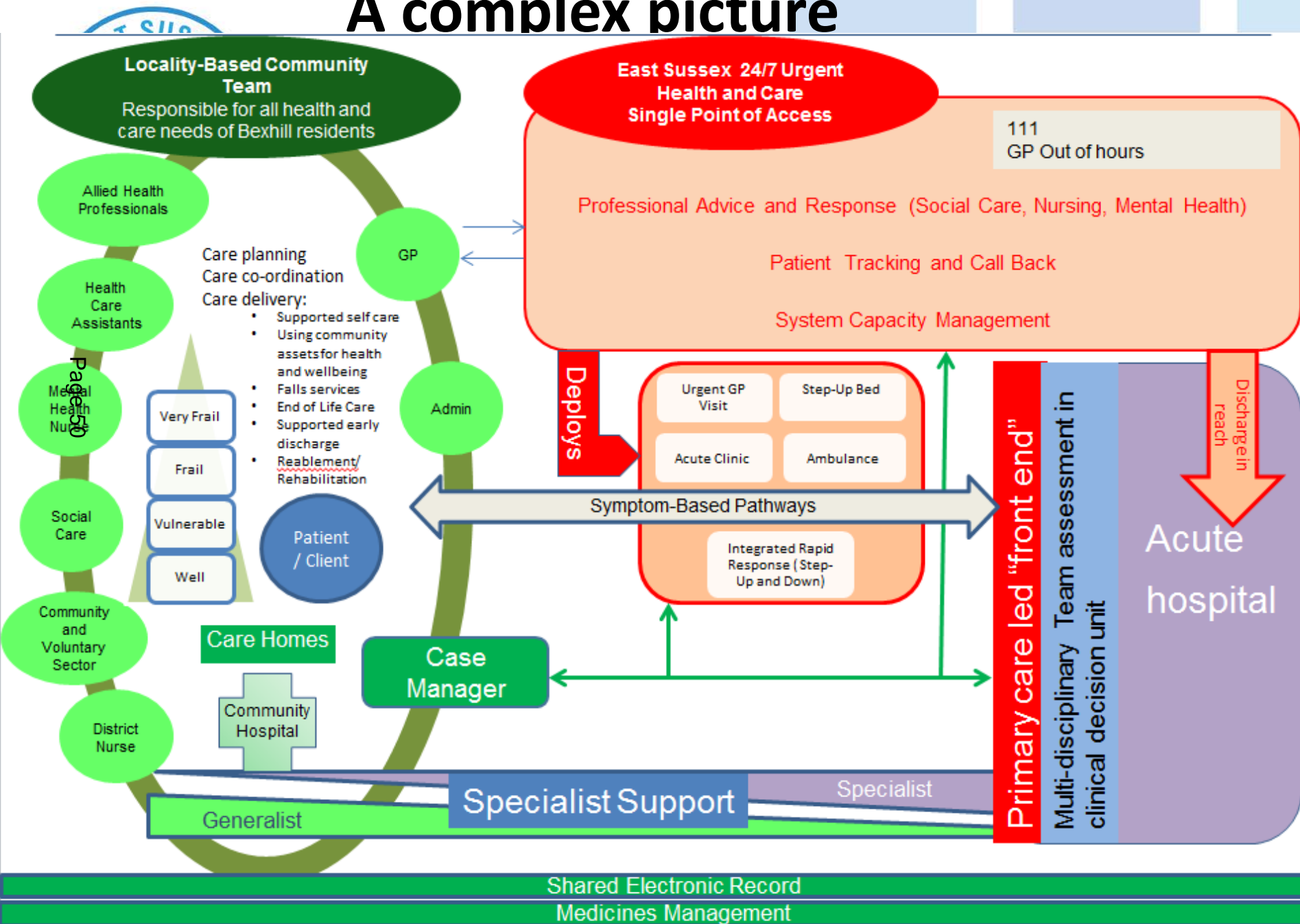
- Over 40 health and social care professionals, voluntary sector and patient and public representatives have come together in a care design group
- This is a process that helps us to review peoples health and care needs and look at services we need to commission to meet these needs

Page 49

### Priorities for development:

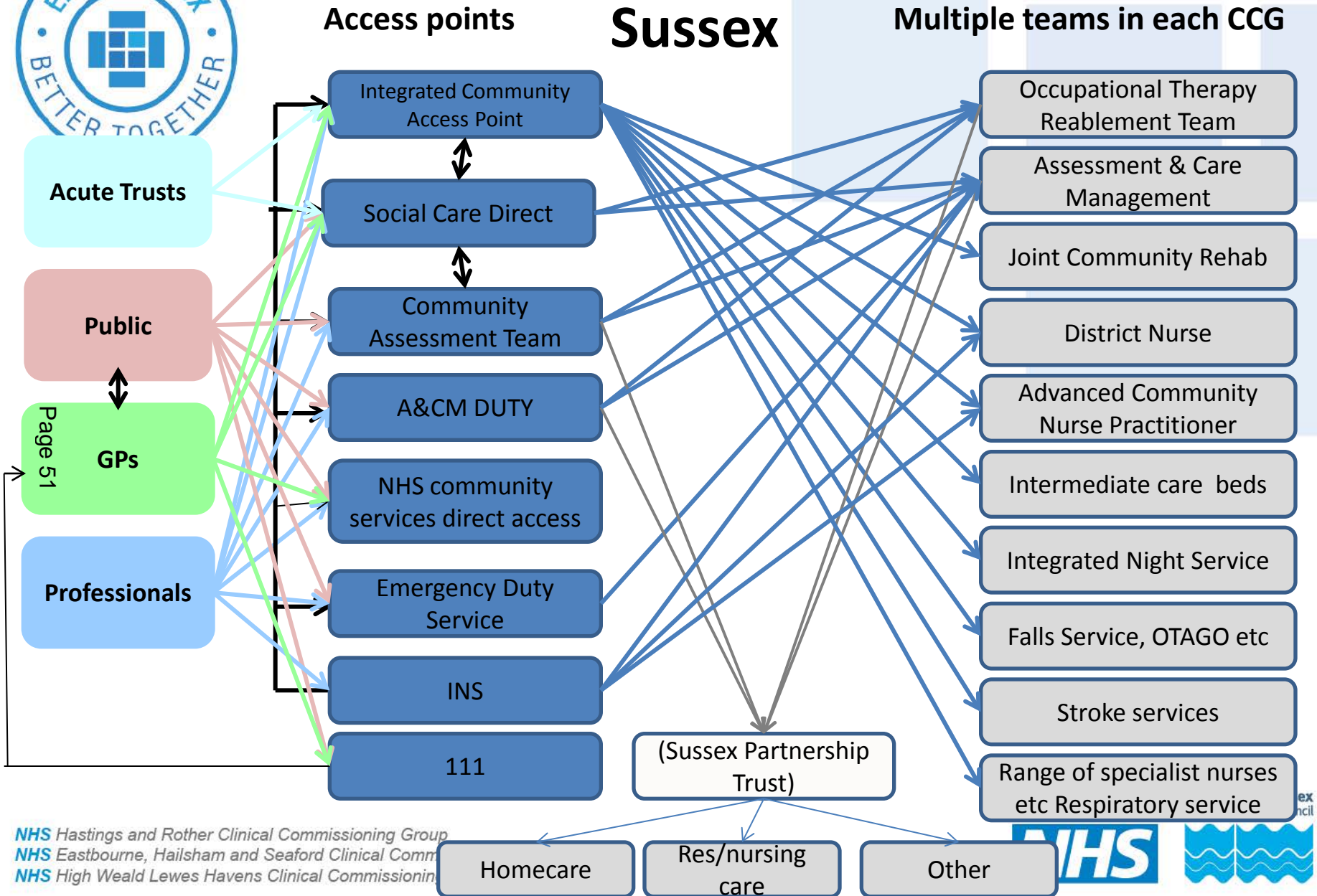
- How to make access to services easier
- How to better design services for people around a community
- How to access services on an urgent basis or in an emergency

# A complex picture





# "Simple" version of current services in East

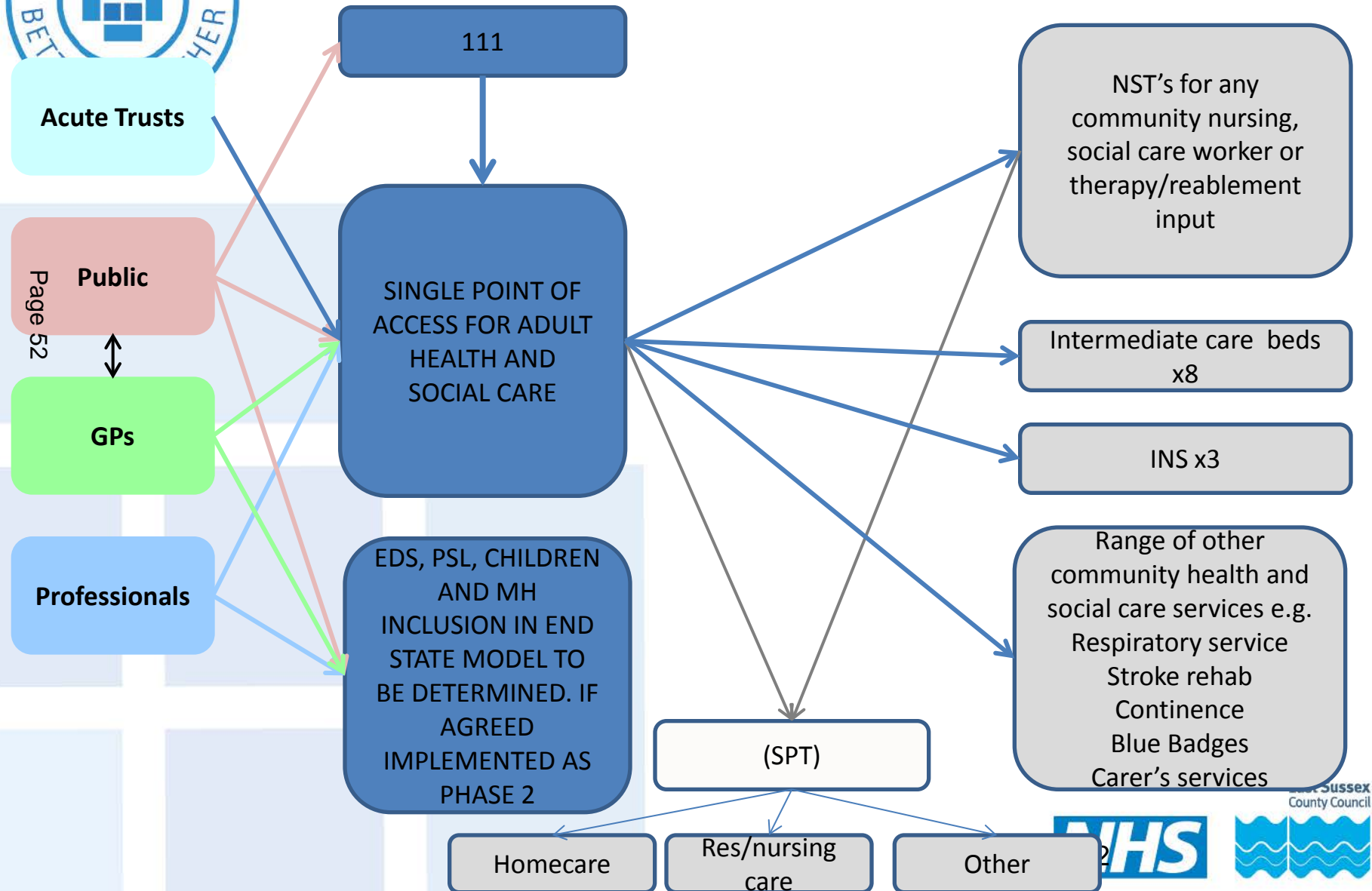


# Future access model Phase 1 - Adults



Access points

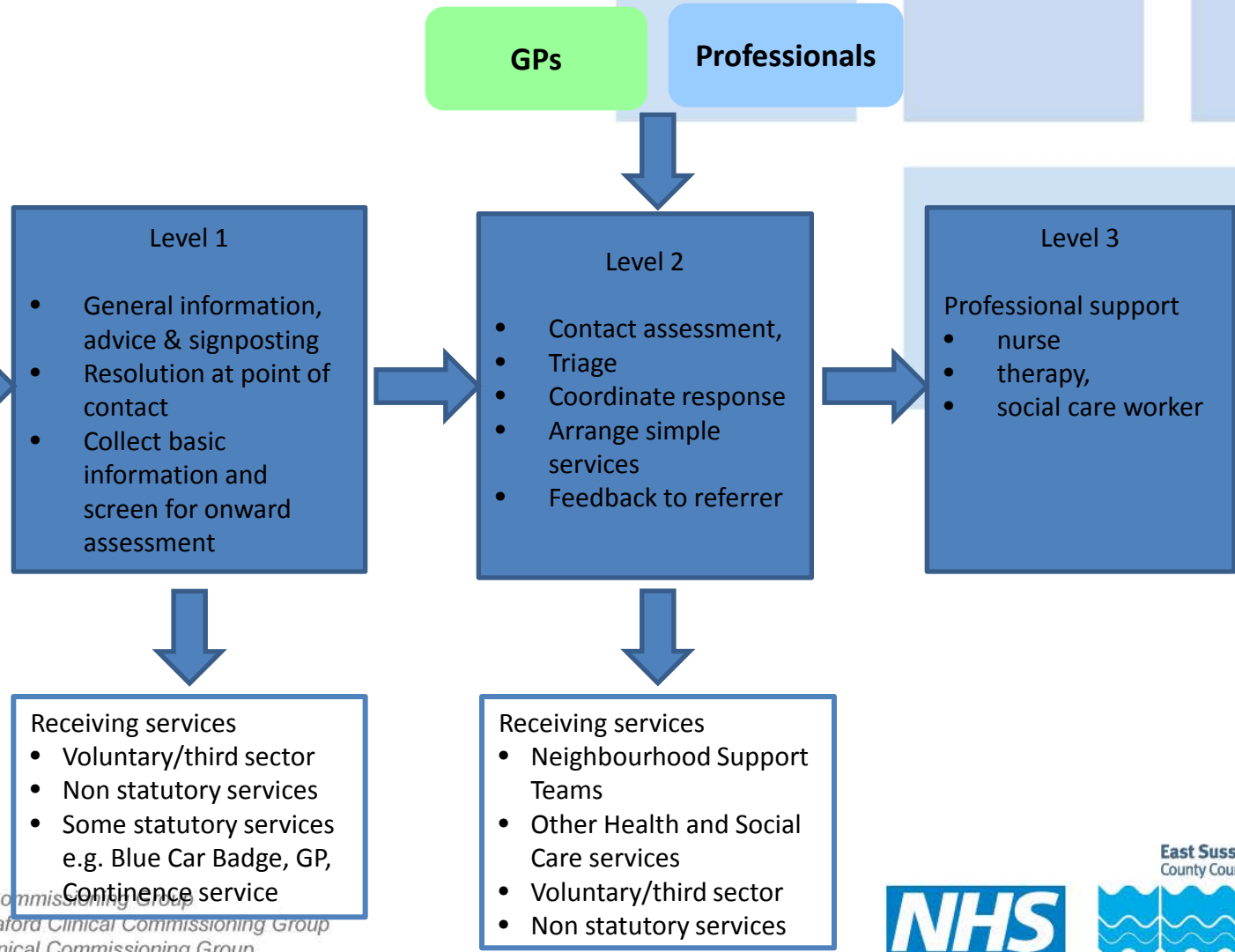
Multiple teams in each CCG





# Future Single Point of Access delivery model

Page 53





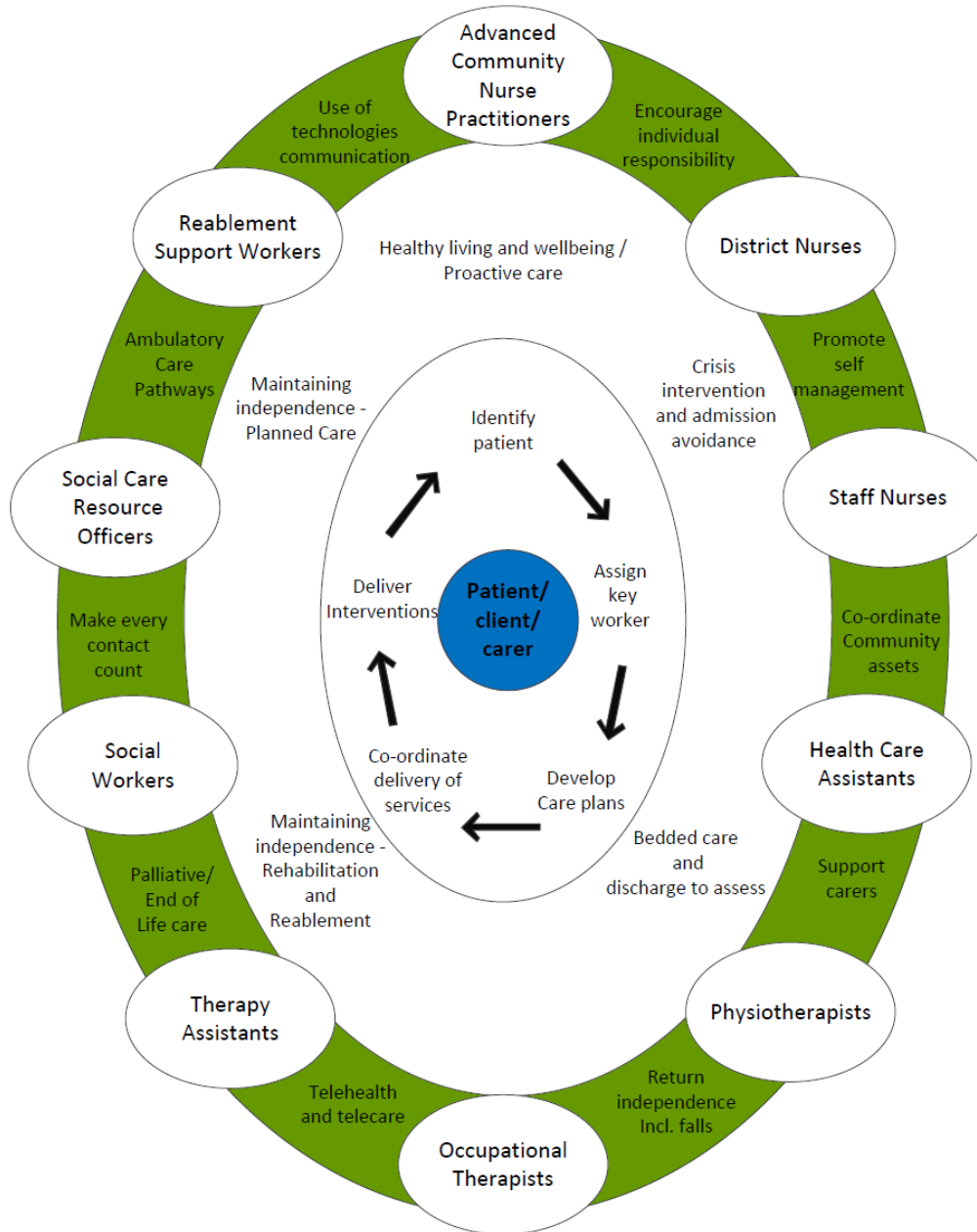
# Integrated Community Health & Social Care teams - Adults

Overarching proposal to change the way services are provided to deliver proactive joined up care; promote independence and improve outcomes for adults in locally defined communities

Page 54

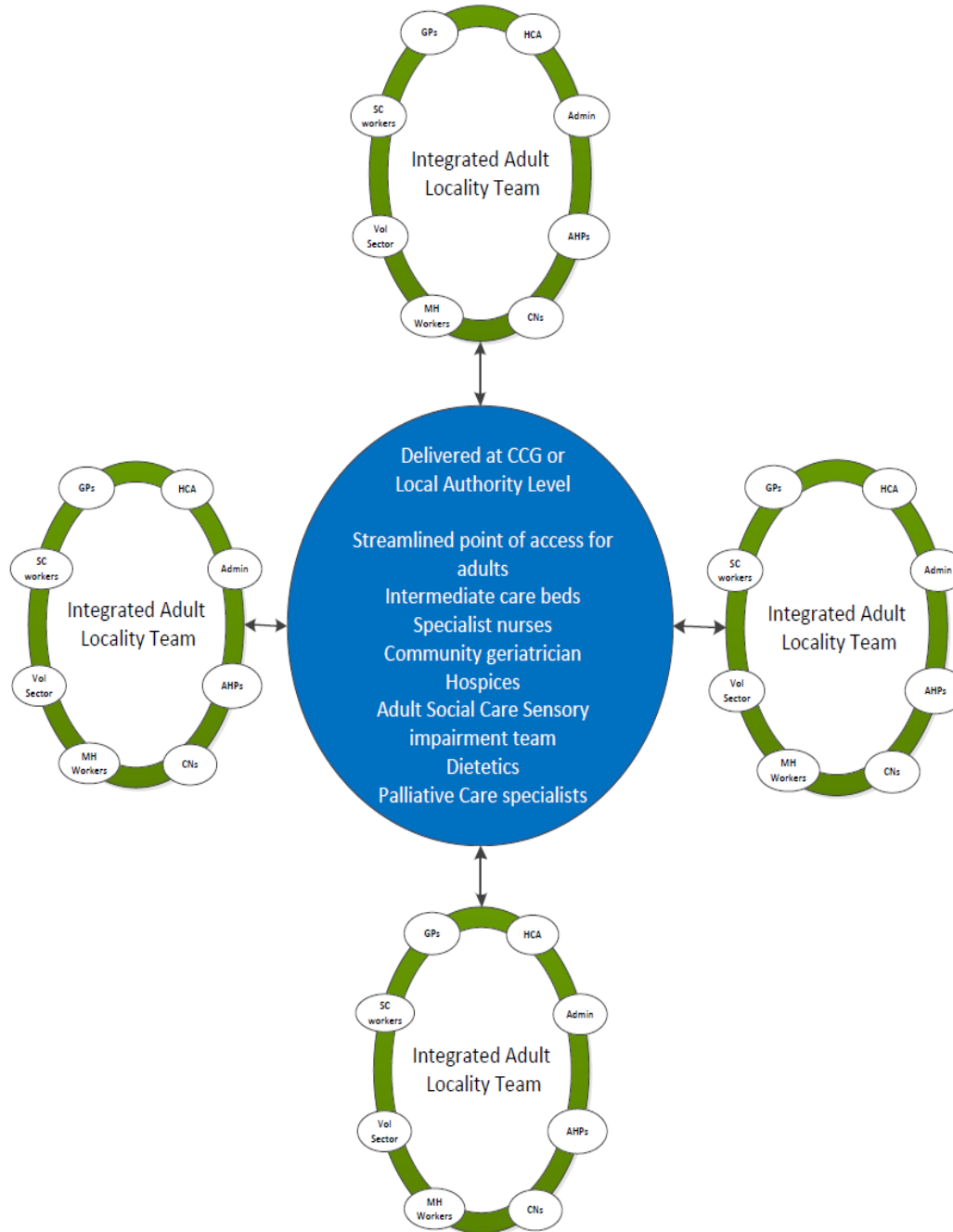
- Proactive care to actively identify people with complex needs and help people to manage their long term conditions more effectively
- Crisis intervention and admission avoidance
- In-reach into bedded care and supporting discharge to reduce length of stay in hospital
- Maintaining independence – rehabilitation and reablement integrated across health and social care
- Maintaining independence – planned and routine care by nurses and social care

# The core integrated locality adult team



Overview of locality team made up of nursing, therapy and social care delivering full range of functions for that locality





**Locality teams fit into the broader adults community services and pull on services delivered at a CCG or county level**

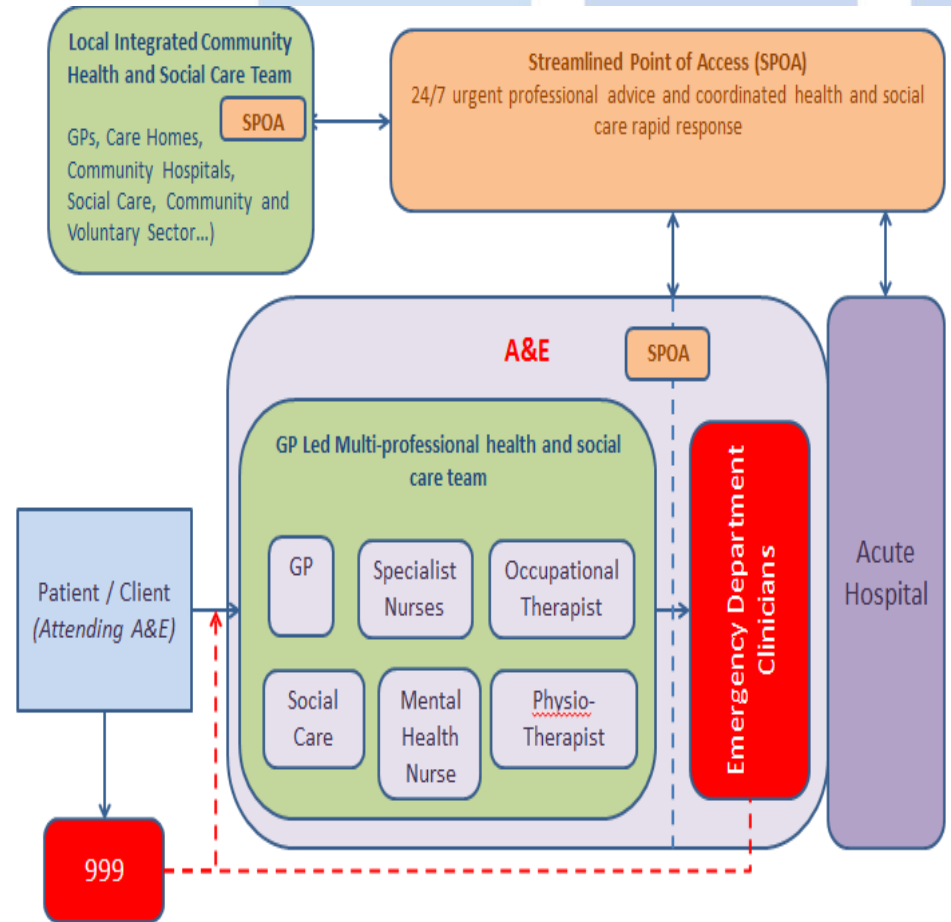
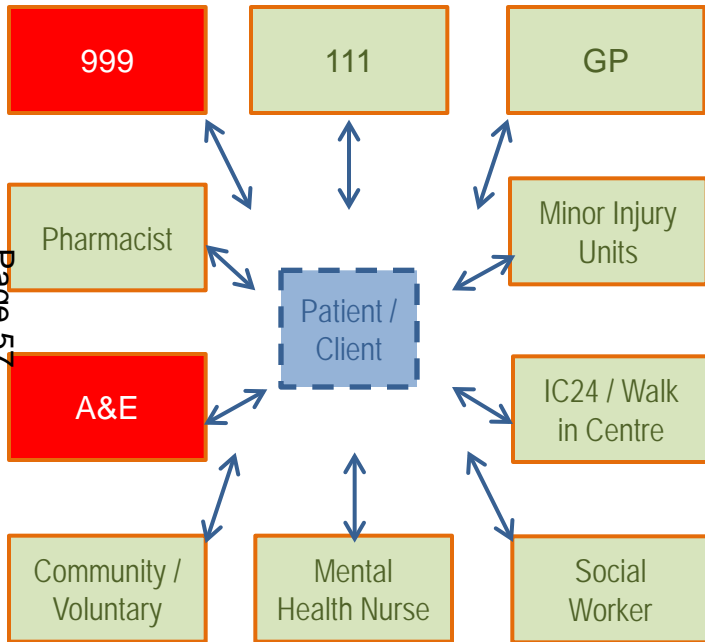






# Current and proposed urgent care landscape

Page 57





# Maintaining the pace

## Whole system transformation in 150 weeks

Page 58

Delivering the 6 Boxes		2015/16
Streamlined Points of Access	Phase 1 (Adults) Go-live:	Q1
Integrated Locality Teams	Phase 1 (Adults) Go-live	Q3
Whole System Urgent Care	Options Appraisal	Q1
Self-care and Prevention	Scoping of existing services, apps & technology	Q1

Delivering the 'Plus 2' Boxes		2015/16
Medicines Optimisation	New services agreed	Q2
Planned Care	Programme Plan agreed	Q2

Nine Enablers		
Patient Public Engagement	Governance and Decision Making	Strategic Planning
Innovation and Research	Financial Planning	Workforce Planning
Primary Care Strategy	Provider Landscape	IM&T



# East Sussex Better Together

## The ultimate aim of the programme

A fully integrated health and social care economy in East Sussex that makes sure people receive proactive, joined up care, supporting them to live as independently as possible

### What will this look like?

- Improved health and well being with reduced health inequalities
- a sustainable approach to community resilience and primary and secondary prevention
- Our experiences of using services will be better
- Our staff will be working in a way that really makes the most of their dedication, skills and professionalism
- The cost of care will have been made affordable and sustainable

***We will have secured the future of our NHS and social care for the next generation***



# Challenges

- Sustaining and improving current services during a period of transformation
- Meeting the immediate requirements of the Better Care Fund to reduce demand on hospitals whilst ensuring any service developments support the delivery of our strategic goals
- National organisational changes to the NHS and social care
- Significant budget reductions to social care
- Sustaining a focus on health and wellbeing and prevention
- Delivering significant cultural, behaviour and organisational change

**Maintaining a locally led programme of transformation which delivers the best possible outcomes within available resources**



# Next Steps - Engagement

- Strong communication and engagement group to ensure appropriate input as we continue to co-design services
- Developing a Public Reference Group to ensure we engage as many people of East Sussex as possible
- Working with all stakeholders to develop and refine the proposed new service models
- Building local partnerships with community based teams

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**Report to:** East Sussex Health and Wellbeing Board

**Date:** 28 April 2015

**By:** Director of Adult Social Care and Health

**Title:** Better Care Fund

**Purpose:** To provide the East Sussex Health and Wellbeing Board with an update on the Better Care Fund and set out the plan for how Better Care Fund funding will be used

## RECOMMENDATIONS

The East Sussex Health and Wellbeing Board is recommended to:

- 1) Note that the approved Better Care Fund submission is consistent with the approach set out through the East Sussex Better Together Programme
- 2) Agree to receive future updates on health and social care transformation through reports on the East Sussex Better Together programme which will include, when appropriate, details about the Better Care Fund.

## 1 Background

1.1. The East Sussex Health and Wellbeing Board received a report on 30 September 2014 which provided an update on the re-submission of the plans for the Better Care Fund (BCF) and its alignment with the East Sussex Better Together Programme (ESBT).

1.2. The plans were approved subject to conditions in October 2014. Following a National Assurance Review and further minor revisions, the final BCF Plan was approved by NHS England on 6 February 2015.

## 2 Supporting information

2.1 The ESBT Programme is responsible for leading the transformation of health and social care in the county, taking into account the full available joint investment across health and social care of approximately £1bn. Within this context, the deployment of the BCF is one part of a much broader programme.

2.2 The BCF will consist of £42.2m in 2015/16. This is not new money; it is being created by the recycling of resources from within existing Clinical Commissioning Groups (CCGs) and East Sussex County Council (ESCC) budgets. Part of these resources have been spent at a system-wide level in previous years, for example NHS Funding for Social Care. However, £36.5m will transfer from the 2015/16 CCG budgets into the BCF (see below), largely as an expected saving in the cost of acute services as, in line with national expectations, activity is transferred to community settings.

<b>2015/16</b>	
East Sussex County Council	5,663
<b>Total Local Authority Contribution</b>	<b>5,663</b>
NHS High Weald Lewes Havens CCG	10,614
NHS Hastings and Rother CCG	13,188
NHS Eastbourne, Hailsham and Seaford CCG	12,749
<b>Total CCG Contribution</b>	<b>36,551</b>
<b>Total Contribution</b>	<b><u>42,214</u></b>

2.3 The effective deployment and monitoring of the BCF will be overseen by the ESBT Programme Board, ensuring that the schemes supported by the fund are aligned to the health and social care transformation ambitions in East Sussex.

2.4 Governance, responsibilities and budget management will be outlined in a Section 75 arrangement. The East Sussex CCGs have agreed the pooled budget arrangement. On 28 April the agreement is due to be considered by the Lead Member for Strategic Management and Economic Development on behalf of East Sussex County Council; an oral update will be provided to the Board.

2.5 The approved plans provide increased detail of the schemes to be delivered by the BCF. Indicative budgets have been set for each scheme, or set of schemes, and in some cases these will continue to fund existing expenditure commitments.

2.6 A summary of the BCF Schemes can be found in Appendix 1. The background documents (to be found in the link at the end of the report) contain links to the detailed information supporting the BCF in East Sussex.

### **3. Conclusion and reasons for recommendations**

3.1 The East Sussex Health and Wellbeing Board is asked to note that the approved BCF submission is consistent with the approach set out through the ESBT Programme for health and social care transformation.

3.2 The Board is also asked to agree to receive future updates on health and social care transformation through reports on the ESBT programme which will include, when appropriate, details about the BCF.

KEITH HINKLEY  
Director of Adult Social Care and Health

Contact Officer: Sally Reed – Joint Commissioning Manager  
Tel. No. 01273 481912  
Email: [sally.reed@eastsussex.gov.uk](mailto:sally.reed@eastsussex.gov.uk)

#### LOCAL MEMBER(S):

All

#### BACKGROUND DOCUMENTS

Better Care Fund Planning Template

Better Care Fund Action Plan

([www.eastsussex.gov.uk/yourcouncil/about/committees/meetingpapers/healthwellbeing/2015/28april.htm](http://www.eastsussex.gov.uk/yourcouncil/about/committees/meetingpapers/healthwellbeing/2015/28april.htm))



## Summary of Schemes supporting East Sussex Better Care Fund

Ref no.	Scheme 2015/16	£000
1a	Protecting Adult Social Care of benefit to health services: further support in line with BCF conditions to maintain current eligibility criteria	5,343
1b	Protecting Adult Social Care via a range of social care services that support health care, with a focus on discharge support. To be reviewed along with other schemes to ensure best integrated approach.	4,353
2a	Reablement: Community bed based intermediate care:	299
2b	Reablement: Maintaining Independence (rehabilitation and reablement) Joint Community Rehabilitation/Living at Home (JCR/LAH) services to be reviewed and further developed to support discharge, admissions avoidance and enhanced rapid response.	591
3	IT systems: shared access to client records and enhancing risk stratification methodology	150
4	Carers: investment to support implementing the agreed multiagency joint carers strategy to help people continue in their caring roles.	4,729
5	Care Act Implementation: amount of BCF identified by government as contributing to implementation of Care Bill, including additional assessments, safeguarding and Care Accounts for the care cost cap system.	1,486
6	Social Care Capital Grant	1,440
7	Disabled Facilities Grant: existing grant for residents not in council housing, enabling disabled people to live at home.	3,108
8	Urgent Care schemes: <ul style="list-style-type: none"> <li>Redesign of urgent care system and pathways</li> </ul>	3,609
9	Planned Care schemes	886
10	Community schemes: <ul style="list-style-type: none"> <li>Streamlined Points of Access (SPOA)</li> <li>Locality Teams (NST): proactive care and crisis intervention</li> <li>Self management</li> </ul>	1,275
11	Mental Health	432
12	Discharge to Assess schemes: 7 day working	419
13	Other programmes/schemes <ul style="list-style-type: none"> <li>Prescribing</li> </ul>	385
<b>SUB TOTAL</b>		<b>28,505</b>
Contingency		13,709
<b>TOTAL</b>		<b>42,214</b>

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