

EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at Council Chamber, County Hall, Lewes on 7 July 2015.

PRESENT – Councillors Keith Glazier (Chair), Trevor Webb, Bill Bentley, Pat Rodohan, Claire Dowling, Councillor Margaret Salisbury, Dr Elizabeth Gill, Stuart Gallimore, Keith Hinkley, Cynthia Lyons, Sarah MacDonald and Julie Fitzgerald

ALSO PRESENT – Councillor Mike Turner; Becky Shaw; Marie Casey; and Carl Rushbridge

1 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 28 APRIL 2015

1.1 The minutes of the previous meeting were agreed.

2 APOLOGIES FOR ABSENCE

2.1 Apologies for absence were received from Dr Martin Writer (Dr Alison Grimston substituted), Amanda Philpott (Jessica Britton substituted), Cllr Martin Kenward, Cllr Linda Wallraven, Colm Donaghy, Katy Bourne (Carl Rushbridge substituted), and Darren Grayson.

3 DISCLOSURE BY ALL MEMBERS PRESENT OF PERSONAL INTERESTS IN MATTERS ON THE AGENDA

3.1 There were no disclosures of interest.

4 URGENT ITEMS

4.1 There were no urgent items.

5 GOVERNANCE OF THE HEALTH AND WELLBEING BOARD - REPORT BY CHIEF EXECUTIVE, EAST SUSSEX COUNTY COUNCIL

5.1 The Board considered a report by the Chief Executive of East Sussex County Council on proposals to amend its terms of reference and to agree what type of issues it should consider at its meetings.

5.2 Cllr Claire Dowling expressed her support for the current system used by the district councils whereby one district councillor represents all three districts as the voting member on the Board for a year at a time.

5.3 Cllr Mike Turner expressed his support for the current system used by the borough councils whereby their voting member on the Board is alternated from meeting to meeting between Eastbourne Borough Council and Hastings Borough Council.

5.4 Cllr Keith Glazier said that he was happy for districts and borough councils to continue to agree amongst themselves how they choose to appoint their two voting members of the East Sussex Health and Wellbeing Board.

5.5 Cllr Keith Glazier argued – and the Board agreed – that the term “observer with speaking rights” was a more accurate title than “non-board representatives with speaking rights”; observers are technically board members of the East Sussex Health and Wellbeing Board – albeit without the voting rights of full members – so the term “non-board representative” is inaccurate.

5.6 RESOLVED: The East Sussex Health and Wellbeing Board agreed:

- 1) To continue to allow district and borough councils to choose how they nominate their voting member of the East Sussex Health and Wellbeing Board;
- 2) To agree to retain the term “observer with speaking rights”; and
- 3) To agree the proposals for agenda management set out in paragraph 3 of the report.

6 HEALTH AND WELLBEING STRATEGY ANNUAL REPORT - REPORT BY THE CHIEF EXECUTIVE, EAST SUSSEX COUNTY COUNCIL

6.1 The Board considered a report by the Chief Executive of East Sussex County Council providing an update on the annual progress of the East Sussex Health and Wellbeing Strategy.

6.2 The following additional information was provided in response to questions from the Board:

- The £200 million proposed reduction in the Department of Health’s non NHS Budget was still out for consultation, although it was expected to be confirmed. This will result in an expected £1.7-2 million reduction in the Public Health Grant, which will have an impact on a wide range of public health services commissioned by the Council that could be exacerbated by the potential removal of the ring fence around the Grant. The Reconciling Policy, Performance and Resources (RPPR) process will help the Council to model and plan for these reductions in public health funding. Furthermore, any decision will need to be taken in conjunction with the Council’s commissioning partners as part of the East Sussex Better Together (ESBT) programme.
- Steps were taken during 2014/15 to help ensure that the number of old people admitted to hospital due to falls achieved a target reduction of 1% per year. The impact of these changes is expected to be seen in the Quarter 4 data, but that data is not yet available.
- There will be no additional resource available to assist with the conversion of Statements to Education, Health and Care Plans (ECHPs), but the Council will increasingly be measured on the number of conversions it achieves. At the same time, the Council could be taken to tribunal by a carer if there is a delay in the processing of a new ECHP. As a result, the Children’s Services Department will need to find a balance between converting Statements and creating new ECHPs.
- Although there has been no developed measure for improving the experience of care for people at the end of their lives, as part of the ESBT programme, the Council and Clinical Commissioning Groups (CCGs) will work more closely with patients and carers to provide them with care that reflects their needs and preferences.

6.3 RESOLVED:

- 1) To note the report and its contents; and
- 2) To agree the proposed changes to the measures and targets set out in paragraph 4.2.

7 QUALITY PREMIUM LOCAL MEASURES FOR 2015/16 - REPORT BY THE ASSOCIATE DIRECTOR OF STRATEGY AND GOVERNANCE FOR THE CCGS

7.1 The Board considered a report the CCGs asking for support for the CCGs' Quality Premium Local Measures 2015/16 which relate directly to the East Sussex Health and Wellbeing Strategy and CCG plans.

7.2 The CCGs clarified that although Eastbourne, Hailsham and Seaford CCG included as a local measure "people who have had a stroke who are admitted to an acute stroke unit within four hours of arrival to hospital" and Hastings and Rother CCG did not, the target would still apply to the whole of the catchment area of East Sussex Healthcare NHS Trust (ESHT) – including the Hastings and Rother area. This allowed Hastings and Rother CCG to set local measures to deal with issues that were particularly serious in its catchment area, such as maternal smoking. The admission time to a stroke unit of four hours was appropriate as it reflected the time it takes to test, diagnose and transfer patients; reflected national standards for stroke care; and was achievable within available resources.

7.3 RESOLVED: The East Sussex Health and Wellbeing Board agreed with and offered its support to the Quality Premium measures which Eastbourne, Hailsham and Seaford CCG, Hastings and Rother CCG and High Weald Lewes Havens CCG had identified within their plans for 2015/16.

8 MEETING TOPIC: HEALTH INEQUALITIES

8.1 The Board received a presentation from Joanne Bernhaut, Consultant in Public Health, HWLH CCG, on behalf of all three CCGs.

8.2 The Board noted that the work of the CCGs in the development of their health inequalities action plans including a range of activity such as the Practice Connect Worker Model; Healthy Hastings and Rother programme consisting of 50 projects; and a focus on improving outcomes, reducing variation and improving access.

8.3 The presentation highlighted the main contributory reasons for health inequalities including:

- The wider determinants of health: education, employment, housing
- Lifestyle factors: smoking, diet, exercise
- Health services we use (including preventative care)

8.3 The Board then received a presentation from Marie Casey, SEAP Advocacy Chief Executive, VCS Representative, on the role of the sector in tackling health inequalities.

8.5 The Board noted the work of the VCS included a range of activities such as Healthy Living Clubs, Time to Talk and the SEAP Benefits Advocacy Project.

8.4 The meeting was formally ended and the Board Members broke off into three informal groups and asked to work through a series of questions about health inequalities.

(The meeting ended at 3.44 pm)