

EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at County Hall, Lewes on 20 October 2017.

PRESENT	Councillors Keith Glazier (Chair) Councillors Carl Maynard, Trevor Webb, and Pat Rodohan; Dr Martin Writer, Amanda Philpott, Ashley Scarff, Keith Hinkley, Victoria Spencer-Hughes and John Routledge
INVITED OBSERVERS	Councillor Claire Dowling, Councillor John Barnes, David Kemp and Adam Chugg
ALSO PRESENT	Councillor Sylvia Tidy, Lead Member Children and Families Collin Simmons, 111 Programme Director Graham Bartlett, Safeguarding Adults Board Independent Chair

12 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 25 JULY 2017

12.1 The minutes of the meeting held on 25 July were agreed as a correct record.

13 APOLOGIES FOR ABSENCE

13.1 Apologies for absence were received from the following:

Members

- Cllr John Ungar (substitute: Cllr Pat Rodohan)
- Dr Elizabeth Gill (substitute: Ashley Scarff)
- Stuart Gallimore
- Cynthia Lyons (substitute: Victoria Spencer-Hughes)

Invited observers with speaking rights

- Cllr Sue Beaney
- Becky Shaw
- Mark Andrews (substitute: David Kemp)
- Marie Casey (substitute: Adam Chugg)

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

14.1 Cllr Webb declared an interest in item 6 as the Chair of the Kings Road, Central St Leonard's Crime Panel.

15 URGENT ITEMS

15.1 There were no urgent items.

16 THE NEW 111 MODEL

16.1 The Board considered a report providing an update on the progress of the procurement of a new NHS 111 model.

16.2 The 111 Programme Director provided the following additional information in relation to the NHS 111 contract:

- The new NHS 111 contract will bring the current Out of Hours (OOH) and 111 services under a single contract, which is in accordance with national urgent care specifications.
- The current 111 service signposts patients to other areas of the healthcare system. The new 111 service will be able to provide patients with clinical assessments and book them appointments at urgent care centres and other healthcare services.
- The new NHS 111 service will be awarded as a five year contract with a potential two year extension. The contract is expected to be awarded in August 2018 ahead of a 1 April 2019 go live date. The existing contract covers Kent, Surrey and Sussex whereas the new contract will cover the Sussex area only.16.3 The Board asked several questions and the following answers were provided:
- There is a national requirement that callers to 111 who do not speak English are transferred to someone who speaks their language. This requirement will be written in to the service specification for the new 111 service.
- It is expected that there will be challenges during the transition period from the current to the new 111 contract. In anticipation, there is a permanent transition team in place that will be in post throughout the transition period; plans are being made for all possible eventualities based on experience of in-house and external procurements; and there is an expectation that the transition team will be able to react to emerging challenges during the transition period.
- The NHS 111 contract will be awarded to a single lead provider that will be the only organisation that the commissioners deal with directly. It is possible that this lead provider will employ individual subcontractors to deliver the OOH, clinical assessment and call handling element of the 111 contract.
- Under the current 111 system call handlers often refer high risk groups to an A&E department. Under the new NHS 111 model, however, call handlers will be more responsive to the needs of patients and will be able to refer high risk patients to the most appropriate clinician or healthcare service. Work is underway to identify high risk groups – for example, under 2 year olds, frail and elderly, mental health, and end of life care patients – and identify those clinicians or areas of the healthcare service best able to accommodate their needs.
- In East Sussex NHS 111 will refer patients to those areas of the healthcare system that can provide them with urgent medical care and Health and Social Care Connect (HSCC) will refer patients with more complex needs to services that provide social care, more long-term community health care, or care available outside the NHS. NHS 111 commissioners are working out the best way for NHS 111 to link in with HSCC to ensure that patient flow will work correctly between the two services and patients will be referred to the right areas within the health and care system.

16.4 The Board suggested that the district and boroughs' Council Tax leaflets – which are circulated to all residents on an annual basis – could be used as an effective way of communicating the changes to the 111 service.

16.5 The Board RESOLVED to note the report.

17 SAFEGUARDING ADULTS BOARD ANNUAL REPORT

17.1 The Board considered the latest Safeguarding Adults Board Annual Report.

17.2 The Chair welcomed the announcement that £30,000 fines have been introduced for use on rogue landlords who are found guilty of operating illegal houses of multiple occupancy (HMOs). He said that this would be a positive step towards combating modern slavery.

17.3 The Board asked several questions and the following answers were provided:

- The Community Safety Partnership draws together the different services available to children and young people to ensure that they are working together and utilising available commissioned services to their best effect. This is important given the reduction in available resources.
- Domestic abuse refers to physical, sexual or psychological abuse between adults who are either family members or intimate partners; it can take place anywhere, not just in the home. The locations of most types of abuse are recorded as part of the fulfilment of safeguarding duties, however, the locations of where incidents of domestic abuse take place are not currently recorded. This is, however, under review and the model used by Brighton & Hove City Council to target their services based on the location of instances of domestic abuse is being considered for East Sussex to help with targeted preventative work.
- It was confirmed that the Safeguarding Adults Board peer review will be carried out during the 2017/18 financial year.
- The reason why the Annual Report is published in September but reports on the outcome of the previous financial year is that there is a considerable amount of data that needs to be collated from multiple agencies.

17.3 The Board RESOLVED to note the Safeguarding Adults Board Annual Report.

18 EAST SUSSEX JOINT STRATEGIC NEEDS ASSESSMENT AND ASSETS (JSNAA) ANNUAL REPORT 2016/17

18.1 The Board considered the East Sussex Joint Strategic Needs Assessment and Assets (JSNAA) Annual Report 2016/17.

18.2 The Board asked several questions and the following answers were provided:

- The JSNAA website is open access and users are not required to register. This means that whilst it is possible to tell how many hits each webpage receives, it is not possible to tell who is accessing them. It is not, therefore, possible to determine whether borough and district council housing departments make use of the information on the website. These departments do, however, have a working relationship with Connecting 4 You and East Sussex Better Together (ESBT) where they are informed about core planning and identified priorities of health and social care organisations, which are based on the JSNAA data. This working relationship also includes discussion about district and borough councils' role in developing housing support, extra care housing, sheltered housing and general needs housing.

- Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG) and Hastings and Rother Clinical Commissioning Group (HR CCG) staff have received helpful training from the Public Health Team on the JSNAA.

18.3 There was agreement that the JSNAA was a valuable tool and should be promoted by Members of the Board wherever possible, for example, in discussions with GP's Patient Participation Groups (PPGs)

18.4 The Board RESOLVED to note the Joint Strategic Needs Assessment and Assets (JSNAA) Annual Report 2016/17.

19 BETTER CARE FUND 2017/18

19.1 The Board considered a report providing a summary of the Better Care Fund (BCF) requirements for 2017-19, a summary of the East Sussex plans, and the arrangements for the Section 75 Pooled Budget.

19.2 In response to questions from the Board the following answers were provided:

- The Delayed Transfer of Care (DToC) targets were announced by the Government part way through the financial year in July. There have been significant tensions between the Department of Health, Department of Communities and Local Government, local authorities, and NHS England about the lack of consultation and the deliverability of the targets.
- The targets are extremely challenging and expectations are high for delivery, with the threat of withholding Improved Better Care Fund (iBCF) funding for those local authorities that fail to deliver them.
- Despite the national tensions, the partnerships in East Sussex have been in place for a long time and have not been impacted by the BCF demands – if anything they have made collaboration stronger.
- BCF money is being focussed on supporting independent sector provision by stabilising nursing home capacity and increasing home care capacity, which has helped the discharge arrangements. Patients can be discharged from hospital at the earliest possible opportunity and moved into a nursing home or residential care home bed. From there they can receive reablement services, their care assessment and make a choice about their own care arrangements – rather than receiving them in a hospital bed. This does create capacity pressures in the nursing home sector, so it is important that the patient is moved onto their long term care arrangements as soon as possible. The aim is to sustain this process over the next few months.
- A greater amount of manager and practitioner time is now being spent increasing the pace of discharge of patients. The pace at which people are discharged could pose a potential risk to patients due to the inherent risk in increasing the work rate. The process is, however, being managed as robustly as possible in East Sussex through strong managerial oversight of the discharge process.
- East Sussex County Council (ESCC) is one of the 32 local authorities that has been written to by the Government and warned that funding for 2018/19 may be reviewed if improvements are not made to DToC figures in the next month. This is a disappointing outcome but it is unclear as yet how these sanctions may work in practice. The money could be handed to other commissioning organisations in the area, but the impact of this eventuality would be fairly minimal because where money is spent in the ESBT area has already been agreed by ESCC and the CCGs via the Strategic Investment Plan (SIP).
- Responsibility for DToC is split roughly 50/50 between health and social care. Improved bed management and patient flow in East Sussex Healthcare NHS Trust (ESHT), including discharge to community beds, forms part of the ESBT programme and this will

help to reduce DToC. Patient flow in the Connecting 4 You area is effected by the administrative boundaries of Brighton & Sussex University Hospital NHS Trust (BSUH) and Maidstone and Tunbridge Wells NHS Trust (MTW) and the Connecting 4 You programme is working to tackle this.

19.3 The Board RESOLVED to:

- 1) note the report;
- 2) endorse the East Sussex Better Care Fund Plans 2017-19 and their alignment with the East Sussex Better Together and Connecting 4 You Programmes; and
- 3) endorse the plans to have signed Section 75 Pooled Budget arrangements in place by 30th November in line with BCF planning requirements.

20 NHS UPDATES

20.1 The Board considered updates from the three East Sussex Clinical Commissioning Groups (CCGs).

High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG)

- Bob Alexander, from NHS Improvement, has been appointed as the Executive Chair of the Sussex and East Surrey Sustainability and Transformation Partnership (STP), initially for three days per week.
- The STP has agreed a Sussex-wide case for change for the mental health service that is designed to improve the quality of care and sustainability of the service.
- A review of stroke services in Kent is underway that is similar to the ESHT and Brighton & Sussex University Hospital NHS Trust (BSUH) stroke reviews. This will have potential impact for residents living in the north of the county and more details will be provided in due course.
- The Connecting 4 You consultant geriatrician post is now operating across the whole of the HWLH area, providing enhanced care services to care homes and the community.
- The Dementia Care Golden Ticket model has been nominated for the HSJ's Innovation Award and the Primary Care Award's Social Prescribing Award. The Golden Ticket has been rolled out to 25% of the population, will be rolled out to 50% by January 2018, and will be rolled out to the whole population by the middle of 2018.

Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG) / Hastings and Rother Clinical Commissioning Group (HR CCG)

- ESBT and its partner organisations have been shortlisted for 4 HSJ awards: ESHT's employment of people with learning disabilities, the iRock young people's mental health service, ESHT's Physician's Assistants, and the award for improving partnerships between health and social care.
- The Secretary of State for Health has written to ESHT to inform the Trust that it has the most improved A&E performance in the country. During the course of October the 4 hour wait time target has been at 90% and in the past week has been at 95%.
- Winter plans have been developed through the A&E Delivery Board and are in place for the winter period.
- The material improvements to patient experience and outcomes in the acute sector as a result of the ESBT programme is leading to increased costs, albeit from a low cost base. The ESBT programme is reducing the rate of increase in patient activity in the acute

sector, but is not yet reducing activity. ESBT is addressing this through its overarching Strategic Investment Plan (SIP).

- Immediate steps are being taken in the Hastings area to ensure that GP practices are strengthened.

The meeting ended at 11.25 am.

Councillor Keith Glazier

Chair