



EAST SUSSEX HEALTH AND WELLBEING BOARD

TUESDAY, 18 SEPTEMBER 2018

2.30 PM COUNCIL CHAMBER - COUNTY HALL, LEWES

MEMBERSHIP - Councillor Keith Glazier, East Sussex County Council (Chair)
 Councillor Carl Maynard, East Sussex County Council
 Councillor John Ungar, East Sussex County Council
 Councillor Trevor Webb, East Sussex County Council
 Councillor Linda Wallraven, Lewes District Council
 Councillor Margaret Robinson, Eastbourne Borough Council
 Dr Elizabeth Gill, High Weald Lewes Havens CCG
 Dr Martin Writer, Eastbourne, Hailsham and Seaford CCG
 Amanda Philpott, Hastings and Rother CCG
 Keith Hinkley, Director of Adult Social Care and Health, ESCC
 Stuart Gallimore, Director of Children's Services, ESCC
 Darrell Gale, Director of Public Health
 John Routledge, Healthwatch East Sussex
 Deborah Tomalin, NHS England South East, (Kent, Surrey and Sussex)

INVITED OBSERVERS WITH SPEAKING RIGHTS Councillor Claire Dowling, Wealden District Council
 Councillor Ruby Cox, Hastings Borough Council
 Councillor John Barnes MBE, Rother District Council
 Becky Shaw, Chief Executive, ESCC
 Catherine Ashton, East Sussex Healthcare NHS Trust
 Siobhan Melia, Sussex Community NHS Trust
 Samantha Allen, Sussex Partnership NHS Foundation Trust
 Michelle Nice, Voluntary and Community Sector Representative
 Mark Andrews, East Sussex Fire and Rescue Service
 Katy Bourne, Sussex Police and Crime Commissioner

AGENDA

- 1 Minutes of meeting of Health and Wellbeing Board held on 17 July 2018 *(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 High Weald Lewes Havens Clinical Commissioning Group A&E activity update *(Pages 9 - 10)*
- 6 East Sussex Health and Wellbeing Board (HWB) Review *(Pages 11 - 12)*

- 7 NHS Updates
 - High Weald Lewes and Havens Clinical Commissioning Group (CCG)
 - Eastbourne, Hailsham and Seaford CCG
 - Hasting and Rother CCG
- 8 Any other items previously notified under agenda item 4
- 9 Date of next meeting: Tuesday 4 December, 2.30pm

PHILIP BAKER
Assistant Chief Executive
County Hall, St Anne's Crescent
LEWES BN7 1UE

10 September 2018

Contact Harvey Winder, Democratic Services Officer, 01273 481796,

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EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at County Hall, Lewes on 17 July 2018.

PRESENT Councillor Keith Glazier (Chair), Councillors Carl Maynard, John Ungar, Trevor Webb; Councillor Linda Wallraven, Councillor Ruby Cox, Dr Elizabeth Gill, Amanda Philpott, Keith Hinkley, Darrell Gale and John Routledge

ALSO PRESENT Councillor Claire Dowling, Councillor Margaret Robinson, Becky Shaw, Mark Andrews, Marie Casey

1 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 13 MARCH 2018

1.1 The minutes of the meeting held on 13 March 2018 were agreed as a correct record.

2 APOLOGIES FOR ABSENCE

2.1 Apologies for absence were received from the following Board members:

- Dr Martin Writer (substitute Dr David Warden)
- Stuart Gallimore
- Deborah Tomalin

2.2 Apologies for absence were received from the following invited observers with speaking rights:

- Cllr John Barnes
- Catherine Ashton

2.3 It was also noted that Cllr Ruby Cox had replaced Cllr Sue Beaney as the Hastings Borough Council representative.

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

3.1 Cllr John Ungar declared a personal interest as a member of a Patient Panel Group for the Green Street Surgery in Eastbourne.

4 URGENT ITEMS

4.1 There were no urgent items.

5 EAST SUSSEX JOINT STRATEGIC NEEDS ASSESSMENT AND ASSETS (JSNAA) ANNUAL REPORT 2017/18

5.1 The Board considered the 2017/18 Annual Report on the East Sussex Joint Strategic Needs and Assets Assessment (JSNAA).

5.2 In response to questions from the Board about the inclusion of a JSNAA profile of the Black and Minority Ethnic (BAME) community, the Director of Public Health explained that the Public Health Department would be happy to consider a specific profile for the BAME community in the St Leonard's division as part of the development of specific profiles in the JSNAA. In adherence to the requirements of the Equalities Act 2010, the needs of all the groups with protected characteristics are currently included in a single place in the JSNAA so that their needs can be assessed against each other and against the population as a whole.

5.3 The Board RESOLVED to:

1) note the report; and

2) recommend that a specific profile of the BAME community is included in future iterations of the JSNAA.

6 EAST SUSSEX BETTER TOGETHER STRATEGIC COMMISSIONING BOARD (ESBT SCB) ANNUAL REPORT

6.1 The Board considered the East Sussex Better Together Strategic Commissioning Board's (ESBT SCB) Annual Report.

6.2 In response to questions from the Board, the following key points were made:

- It is vital to develop clinical networks and patient pathways across the footprint that make best use of the Royal Sussex County Hospital (RSCH) as a tertiary centre for the area in order to ensure the population has access to very specialist services when they need them. This means that an acute care strategy is better developed across the whole Sussex and East Surrey Sustainability and Transformation Partnership (STP) area rather than individually within each place-based plan such as East Sussex Better Together (ESBT). The same applies to the development of digital patient records and workforce recruitment and retention, which are better delivered across a larger geography.
- The 3.4% increase per annum in NHS funding for the next four years is welcome, however, the natural rate of inflation is over 4% so it is still not enough. It is also likely to be distributed favourably to CCGs that can demonstrate that the local health economy is integrating with social care and investing in primary, mental health and community care, rather than just on a per capita basis.
- The development of integrated roles through ESBT has increased the social care recruitment rate, for example, by making roles more attractive by including career development opportunities across health and social care, but the pay scale means that the posts available are competing with other sectors outside of health and social care. The ESBT test-bed year has also demonstrated that there is a fairly fixed potential workforce, meaning that new roles are often filled by people who are already employed within the system. Therefore prioritisation is being made to developing and recruiting to

those ESBT projects that will have the biggest impact on health and social care in order to make the best use of a limited resource.

- A significant amount of public engagement has been undertaken including collaborative ESBT consultation events twice per year, and a public reference forum commissioned to be delivered by East Sussex Community Voice. More could be done, for example, through an ongoing and proactive (rather than statutory) engagement with the public about future service provision and solutions to financial difficulties.

6.3 The Board RESOLVED to note the report.

7 CARE QUALITY COMMISSION (CQC) LOCAL AREA REVIEW - ACTION PLAN PROGRESS REPORT

7.1 The Board considered a report providing an update on progress in delivering the action plan developed following the Care Quality Commission (CQC) Local Area Review.

7.2 The Board RESOLVED to:

1. Note progress against the CQC Action Plan;
2. Agree the proposal to close completed actions; and
3. Agree the revised timelines for delivery against identified actions.

8 EAST SUSSEX HEALTH AND WELLBEING BOARD (HWB) REVIEW

8.1 The Board considered a report providing an update on the progress of the Health and Wellbeing Board review.

8.2 In response to questions from the Board the following key points were made:

- The CCG Governing Boards would wish to be involved in having an input into the proposed HWB governance structures.
- The HWB footprint is based on the requirement of the Health and Social Care Act 2012 that health and wellbeing boards are co-terminal with, and established by, upper tier local authorities. This is different to the footprint of the Central Sussex and East Surrey Area (CSESA) South place-based plan that High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG) is part of and through which it develops commissioning plans.

8.3 The Board RESOLVED to:

1. note the preliminary review work carried out to date;
2. agree to contribute to the review through a questionnaire and follow up workshop; and
3. agree to receive a further report on the proposed role, function and membership of the Health and Wellbeing Board at a future meeting.

9 NHS UPDATES

9.1 The Board considered updates from the three NHS CCGs in East Sussex.

High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG)

- The CCG entered a deficit for the first time in 2017/18. The deficit was £8m.
- A deficit plan has been agreed for 2018/19 with NHS England that, if achieved, will enable the CCG to secure Commissioner Sustainability Funding that will cancel out the deficit.
- NHS England's annual assurance process has downgraded HWLH CCG from Good to Requires Improvement due to the financial pressures. NHS England did highlight some good areas of work such as the Dementia Golden Ticket.
- The Dementia Golden Ticket is now rolled out to 11 GP Practices and has reduced A&E admissions by 25% and GP appointments by 20%.
- The Enhanced Care in Nursing Homes project has rolled out across most nursing homes and has seen an 80% reduction in falls and 50% reduction in A&E admissions from the nursing home population.
- The CCG has launched the Big Health and Care Conversations that have resulted in 2,500 contacts with patients. One event at Newhaven drew in over a 100 local people and the CCG welcomed the helpful and strategic comments that were made by attendees of the event.
- HWLH CCG has been involved in the consultation for the reconfiguration of stroke services in Kent and Medway (which may affect Pembury Hospital).

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

- The CCGs posted a deficit of £37m in 2017/18 and ESHT posted a deficit of £57m.
- The CCGs have been put into financial legal directions. Several other CCGs in the STP have previously been put in legal directions and Brighton CCG came out of them after 2016/17. Legal directions give NHS England the legal means to give direction to the CCGs in how they allocate their resource. Normally the CCGs are directly accountable to the Secretary of State.
- The legal directions require the CCGs to submit a financial recovery plan and Deloitte's will review the CCGs' governance arrangements to make sure decision making and leadership capacity is sufficient to deliver the plan.
- Legal directions only apply to CCGs but ESHT, which is already in financial special measures, will be required to work with the CCGs in order to ensure a system-wide approach to tackling the deficit.
- NHS England and NHS Improvement have undertaken analysis of the causes of the deficit in the three East Sussex CCGs. The analysis concluded that support is required for Musculoskeletal services (MSK), frailty, medicines management, and long term hospital stays (which integrated ESBT teams have done a lot to tackle recently). The help will include support from national specialists in areas such as frailty and orthopaedics to develop services.

- The CCGs have established a Clinical Leadership Forum with ESHT where primary and secondary care clinicians can work more closely to develop better and more efficient care pathways for patients; identify variation in services; and improve the interface between primary and secondary care.
- The CCGs had in previous years financially helped neighbouring CCG, East Sussex County Council (ESCC), and NHS England, however, the CCGs are judged on the 2017/18 outturn only and not previous years. ESCC received funding of £2m and £5m over two years from the CCGs to assist with pressures on its Community Care budget.
- The CCGs are not looking to make drastic cuts but need to address rising demand and costs. Demand is increasing, albeit less than the national average but costs is going up even greater than demand.

The meeting ended at 3.40 pm.

Councillor Keith Glazier
Chair

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Report to: East Sussex Health and Wellbeing Board

Date: 18 September 2018

By: Director of Commissioning Operations, High Weald Lewes Havens CCG

Title: High Weald Lewes Havens Clinical Commissioning Group (CCG) A&E activity update

Purpose: To update the Health and Wellbeing Board (HWB) on A&E activity across High Weald Lewes Havens CCG and to discuss the opportunity for the CCG to work in collaboration with the HWB to communicate messages about locally commissioned urgent care services to the public

RECOMMENDATIONS –

The Board is recommended to:

- 1) consider and comment on the report; and
 - 2) discuss how the CCG might work with the HWB to communicate with the public about locally commissioned urgent care services
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1. Introduction

1.1 July 2018 saw the highest number of A&E attendances across the country in the last four years with more than 2 million attendances. Furthermore, figures published by NHS England showed that calls to NHS 111 also increased by 7.6% to 1.4 million. This increased level in activity is linked to the July heatwave and locally the Heatwave Plan across Sussex was implemented.

1.2 The national picture was also reflected at Brighton and Sussex University Hospital NHS Trust (BSUH) with an increase in A&E attendances for High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG) registered patients. The number of non-elective admissions, however, was similar to that of June 2018. At both East Sussex Healthcare NHS Trust (ESHT) and Maidstone and Tunbridge Wells NHS Trust (MTW) there were small decreases in A&E attendances and non-elective admissions by HWLH CCG registered patients.

1.3 In July 2018, there were 3,266 A&E attendances for HWLH CCG registered patients, of which ~62.3% were at BSUH, ~ 24% at MTW and ~13% at ESHT.

1.4 In July 2018 there were 1,025 non-elective admissions for HWLH CCG registered patients, of which ~58.7% were at BSUH, ~25.5% at MTW and ~15.7% at ESHT.

2. Supporting information

2.1 At BSUH there was an overall increase in the Urgent Care Centre activity, resulting in performance against the 4 hour standard for July 2018 at 85.2% (95% target), which was a 0.5% decrease in performance from June. In total there were 2,036 A&E attendances in July 2018 for HWLH CCG registered patients compared with 1,994 in June 2018; an increase of 2%. In relation to non-elective admissions, there were 568 for HWLH CCG registered patients in July 2018, compared with 513 in June.

2.2 At ESHT performance against the 4 hour standard for July 2018 was 92.2% (95% target) which was 3.5% below the Trust's performance for June. In total there were 432 A&E attendances in July 2018 for High Weald Lewes Havens CCG registered patients compared with 450 in June. While the Trust reports an overall fall of 1% in demand month on month attendances in July 2018 were 0.006% higher than in July 2017. In relation to non-elective admissions there were 138 for HWLH CCG registered patients in July 2018. While the Trust reported an overall 10% increase in

non-elective admissions in July 2018 compared with July 2017 for HWLH CCG registered patients there was a 24% decrease in non-elective admissions.

2.3 At MTW performance against the 4 hour standard for July 2018 was 93.1%% (95% target) which was 0.6% below the Trust's performance for June. In total there were 798 A&E attendances in July 2018 for HWLH CCG registered patients compared with 824 in June. In relation to non-elective admissions there were 319 for HWLH CCG registered patients in July 2018. This compared with 365 non-elective admissions for HWLH patients in June, a decrease of 14%.

2.4 There are a number of urgent care services commissioned locally that provide patients with an alternative to attending A&E. These include NHS 111 (telephone and online), pharmacies (extended access and NUMSAS), GP practices (extended hours, out of hours and improved access [due to go live on 1 October 2018]), minor injury units at Lewes, Uckfield and Crowborough Hospitals, Walk in Centres at Brighton and Eastbourne stations, emergency dentist (accessible via NHS 111 or NHS Dental Helpline) and Sussex Mental Healthline.

2.5 There is evidence to suggest that ~30% of all BSUH A&E attendances could be repatriated into other local urgent care services. A patient experience survey undertaken by Healthwatch in January 2018 at the Royal Sussex County Hospital (RSCH) highlighted that of the 50 patients surveyed, none had sought advice from pharmacy or other available community services and 66% had not contacted their GP prior to their A&E attendance. The recommendations provided by Healthwatch as part of their review of patient experiences at the RSCH included making it easy for people to access and understand alternatives to A&E, particularly NHS 111 and the other alternatives available to patients such as the Minor Injuries Units. This would be facilitated by providing information which specifies where, when and how each service could be used.

2.6 In recognition that there are challenges to patients around the navigation of the urgent care system, the CCG as part of the Central Sussex and East Surrey Commissioning Alliance (CSESCA) has an ongoing programme to engage and support patients and the wider public in making the right choices about accessing services. This will not only contribute towards improving the patient experience when accessing service but will also help to reduce unnecessary A&E attendances at our local acute Trusts. As part of this engagement, the CCG would like to discuss the opportunity to work in collaboration with the East Sussex Health and Wellbeing Board (HWB) in communicating with the public about locally commissioned urgent care services and what form this might take.

3. Conclusion and reasons for recommendations

3.1. The HWB is recommended to note the update on local A&E activity. The HWB is also recommended to discuss the opportunity for the CCG to work together with the HWB in communicating to the public about locally available urgent care services, and what form this might take.

ASHLEY SCARFF

Director of Commissioning Operations

High Weald Lewes Havens CCG

Part of the Central Sussex and East Surrey Commissioning Alliance

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

Date: **18 September 2018**

By: **Chief Executive**

Title: **East Sussex Health and Wellbeing Board (HWB) Review**

Purpose: **To report on the progress of the plans for further review of the Health and Wellbeing Board following the CQC recommendations.**

RECOMMENDATIONS

The Board is recommended to:

- 1. Note the report and the revised timetable.**
 - 2. Agree to receive a further report on the proposed role, function and membership of the Health and Wellbeing Board.**
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1. Background

1.1 In July 2018 East Sussex Health and Wellbeing Board (HWB) members agreed to engage with the review through a questionnaire and workshop. The questionnaire was sent out on 15 August 2018 and members of the Board were asked to respond by 7 September 2018.

1.2 There is no report on the Care Quality Commission (CQC) action plan due to the timing between Board meetings. Therefore, the next update will be brought to the Board at its 4 December 2018 meeting.

2. Supporting information

2.1 To date 8 responses have been received and these responses will help to form the workshop that has been confirmed with Board members as Friday 12 October 2018 in the Council Chamber, between 10am-12 noon.

2.2 It has been decided that the March 2019 meeting be moved to coincide with the new financial year and monitoring arrangements, so this meeting will now be moved to April 2019.

3. Next steps

3.1 The timeline has been updated to reflect the changes and agreed workshop date:

October 12 2018	Workshop based on the results of the questionnaire.
October-December 2018	HWB role, function and membership to be determined following workshop and questionnaire.
December 2018	Final meeting of HWB in current form.
December 2018-March 2019	Proposals to go to Governance Committee and Full Council
April 2019	Reviewed HWB meets for the first time to coincide with new financial year and monitoring arrangements.

4. Recommendations

4.1. The Health and Wellbeing Board is recommended to:

1. Note the report and revised timetable.
2. Agree to receive a further report on the proposed role, function and membership of the Health and Wellbeing Board at a future meeting.

BECKY SHAW
Chief Executive

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