

## EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at County Hall, Lewes on 8 December 2020.

++Please note that Members attended the meeting remotety++

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MEMBERS PRESENT                      Councillor Keith Glazier (Chair)  
Councillor Carl Maynard, Councillor John Ungar, Councillor Trevor Webb, Councillor Philip Lunn, Councillor Paul Barnett, Louise Ansari, Jessica Britton, Dr David Warden (Deputy Chair), Mark Stainton, Stuart Gallimore, Darrell Gale, John Routledge, Joanne Chadwick-Bell, Siobhan Melia and Simone Button

INVITED OBSERVERS PRESENT      Councillor Rebecca Whippy, Councillor Zoe Nicholson, Becky Shaw and Mark Matthews

### 22     MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 17 SEPTEMBER

22.1.    The minutes of the meeting held on 17<sup>th</sup> September were agreed as a correct record.

### 23     APOLOGIES FOR ABSENCE

23.1.    Apologies for absence were received from Sarah MacDonald and Cllr John Barnes.

23.2.    The Chair welcomed new members and invited observers to the Board

- Mark Stainton replacing Keith Hinkley as the Director of Adult Social Care member
- Joe Chadwick-Bell replacing Adrian Bull as the East Sussex Healthcare NHS Trust (ESHT) member.
- Mark Matthews replacing Mark Andrews as the East Sussex Fire and Rescue Service representative.

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

24.1.    There were no declarations of interest.

### 25     URGENT ITEMS

25.1.    There were no urgent items

### 26     EAST SUSSEX HEALTH AND SOCIAL CARE PROGRAMME - UPDATE REPORT

26.1.    The Board considered a report providing an update on progress with implementing the revised integration programme after the first phase of COVID-19.

26.2. The Board asked whether health inequalities impact assessments should be mandatory for all future integration projects, rather than just optional, and whether the East Sussex Health and Social Care Plan (ESHSCP) can include specific reference to how it plans to improve the health and wellbeing of Black and Minority Ethnic Communities (BAME) communities and health and care workers in East Sussex.

26.3. Jessica Britton, Executive Managing Director, East Sussex Clinical Commissioning Group (CCG) said understanding and tackling health inequalities is integral to the ESHSCP and the population's health needs are kept under continual review. In addition, a specific piece of work on population health needs has recently been undertaken that enables the ESHSCP to understand health inequalities in East Sussex based on specific areas of need, e.g. geographical location. She added that targeted and specific investment has also been made into Hastings through the CCG's Healthy Hastings and Rother programme in support of identified needs of the local population. The HWB will continue to have a role in improving the health of the whole East Sussex population, including identifying areas of inequalities that can be focussed on.

26.4. Dr David Warden, Chair of the East Sussex CCG, said the local response to the NHS Long Term Plan submitted by the ESHCP clearly states a strong desire to focus on prevention. The challenges are that it requires additional resources to create the preventative care services that will address these health inequalities, and that it can take several years or more to see the benefit of preventative services once they are in place.

26.5. Mark Stainton, Director of Adult Social Care, added that addressing health inequalities, particularly amongst the BAME community is a key priority of all ESHCP partners, including East Sussex County Council, and will therefore be a key part of any integration plan that is developed. One of the strengths of the Target Operating Model for community health and social care services in East Sussex is that it effectively divides the county into eight localities and that means that each can focus on and target the differing health needs of the particular local population. He said this is one of the ways the practical ways in which the ESHCP will work to address health inequalities.

26.6. Jessica Britton also reminded the Board that the Sussex Health and Care Partnership – the Integrated Care System (ICS) – has a specific programme of work for BAME population and staff, and the East Sussex Health and Social Care System Partnership Board recently reviewed this work and agreed that the findings will help inform and strengthen ESHCP integration plans.

26.7. The Board asked whether a primary care review of GP provision in Hastings will be undertaken.

26.8. Jessica Britton said the East Sussex CCG – through its Primary Care Commissioning Committee – already regularly reviews primary care provision in East Sussex. Officers have therefore been in contact with the people who have been requesting a primary care review in Hastings to help define what it is that they think should be reviewed. She added that there was significant investment being made in primary care services both nationally and in East Sussex, including Hastings.

26.9. The Board asked whether it was the case that services at the Conquest Hospital are being reduced.

26.10. Joe Chadwick-Bell, Chief Executive of East Sussex Healthcare NHS Trust (ESHT), said that with the exception of cardiology and ophthalmology – where engagement is taking place about various potential options, but where no decision has yet been made – ESHT has no intention of moving any services out of the Conquest Hospital site.

26.11. The Board asked when the report by the University of Sussex into the first wave of COVID-19 in Hastings and Rother will be published

26.12. Darrell Gale, Director of Public Health said that the report was with editors now, including himself. He apologised it had not yet been released.

26.13. The Board RESOLVED to:

1) note the current stage of the implementation of the programme after the first phase of the pandemic, and the progress made with bringing together a performance framework in the continuing context of COVID-19; and

2) agree to delegate to the Director of Adult Social Care in consultation with the Chair inclusion of an endorsement by the East Sussex Health and Wellbeing Board in East Sussex County Council's response to the NHS England consultation on Integrated Care Systems; and

3) request that a draft of the consultation response is circulated for comment ahead of submission to NHS England.

## 27 EAST SUSSEX LOCAL SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT

27.1. The Board considered a report on the multi-agency arrangements in place to safeguard children in East Sussex.

27.2. The Board asked whether the number of sexual offences against children was high compared to other counties.

27.3. Reg Hooke, East Sussex Safeguarding Children Partnership Independent Chair, said that when the Police figures on the number of crimes reported have been scrutinised, they are similar to the national average. Stuart Gallimore, Director of Children's Services, said East Sussex County Council works with colleagues in the NHS, Probation services and the Police to identify early young people who are at risk and act proactively to try and help them. This can be made more difficult where the young person does not perceive what is happening as abuse and sides with the abuser. He added that a paper recently went to the Youth Justice Board seeking ways that additional money can be obtained to focus more on this area of work.

27.4. The Board asked what was being done to improve the transition period between children's and adult services, for example, for Type 1 Diabetes.

27.5. Reg Hooke said that the Partnership undertook a discussion about whether there should be a focus on transition and discussed it with the Adults Safeguarding Board. Whilst it is not a specific priority, there is an ongoing piece of work between the Partnership and the Board about transition services. Nationally, Research in Practice has published national research on the challenges of transition services and what can best be done to reduce them.

27.6. The Board RESOLVED to note the East Sussex Safeguarding Children Partnership Annual Report for 2019-2020.

## 28 EAST SUSSEX OUTBREAK CONTROL PLAN UPDATE

28.1. The Board considered a report seeking approval of the refreshed East Sussex Outbreak Control Plan.

28.2. The Board asked what the future would be for the testing sites and the mobile testing units during 2021.

28.3. Darrell Gale confirmed that testing will be needed alongside vaccination sites for some considerable time to come yet. The testing capacity in East Sussex includes a core of mobile test sites, which will this week be in Heathfield and Hastings, that are deployed in locations that ensure there is a wide geographic spread of testing available and that testing is available in those areas where numbers are increasing.

28.4. Darrell Gale explained that the current test sites are offering the polymerase chain reaction (PCR) tests that take 24 hours or more to get a result but are more accurate than lateral flow tests. Lateral flow testing give an indicative result within about half an hour and can be used for mass testing, such as has been used in Liverpool; used in care homes to allow relatives to visit care home residents; and used where there has been an outbreak, such as in

Medway. Discussions are ongoing whether there is the need in East Sussex to scale up lateral flow testing given the logistics needed, but currently there does not appear to be the need to do so.

28.5. The Board asked for an update on the two Sussex Health and Care Partnership BAME COVID-19 disparity programme workstreams set up to reduce illness and mortality amongst BAME health and care workers and the BAME general population.

28.6. Darrell Gale said that the two workstreams will be reporting early in the new year, as they still require further work. This is because the workstreams are relying on very dated data from the 2011 census survey to understand the communities, so more work had to be done initially to update this information. One of the workstreams includes a needs assessment of the whole of Sussex of the BAME communities.

28.7. The Board asked how the previous report into the impact of COVID-19 on the BAME community by Hastings Voluntary Actions was commissioned, as the report did not include the experiences of the BAME health and care workers and the report's Board did not have any women on it.

28.8. Darrell Gale said he did not know the detail of the HVA report or its remit, however, he said he would liaise outside the meeting to understand more about the concerns of the BAME community in Hastings had with the report and how best they can be engaged with across the county. He agreed it was unusual to have a panel comprising solely of men.

28.9. The Board asked for more information on how the vaccine will be rolled out.

28.10. Darrell Gale said that the priority groups and logistics for the roll out of the vaccine are changing daily. The Pfizer vaccine is distributed in large batches of 975 and has to be stored at a low temperature, so it is going to be sent to hospital trusts first, where it will be administered to elderly, vulnerable patients who are in hospital and being discharged back to the community. Spare dosages will be given to staff. As more are received they will be given to care home residents and staff and other vulnerable groups by age and other conditions

28.11. Dr David Warden added that the majority of Primary Care Networks (PCNs) in East Sussex have today signed enhanced service contracts to deliver the vaccine to patients in the community. He said that all patients will be assigned a vaccine site, although it may be some time yet before they begin delivering the vaccine from these sites. This is due to the amount of vaccines available and the need to cold store the Pfizer vaccine, but the system will be ready for the Oxford/AstraZeneca vaccine once it is available.

28.12. The Board asked what the Director of Public Health thought the Government will announce on 16th December with regard to COVID-19 restrictions over Christmas.

28.13. Darrell Gale said the five days of Christmas were of concern, as the additional freedoms will lead to far more social mixing resulting in an increase in infections in the New Year. This could lead to a new lockdown in 2021. His advice over Christmas was that it was best not to travel or meet in groups unless it was necessary, such as if a relative was frail or for religious observance. He said he was not sure what would be announced on the 16th, but said that efforts would continue locally to reduce the rates of infection as much as possible whilst also allowing people to continue the interactions allowed in Tier 2.

28.14. The Board asked what the testing contact rates the Public Health Team was achieving.

28.15. Darrell Gale said the Local Tracing Partnership operates across Sussex and has been showing great success in East and West Sussex, however, he had not yet received data for the first few weeks of contact tracing to confirm this. He clarified the Local Tracing Partnership is only contacting those cases that national NHS Test and Trace service had not been able to find. These are often quite complex cases but the local knowledge and accessibility of the Local Tracing Partnership – i.e., contact numbers can be left on answer phones for people to call back, unlike with Test and Trace – makes it better placed to trace these individuals.

28.16. The Board asked whether the Public Health Team was receiving an acceptable level of data from NHS Test and Trace and whether it impacted on the work the Team was trying to do.

28.17. Darrell Gale said the data from NHS Test and Trace has improved significantly and the local Test and Trace convenor is very responsive to the needs of local Public Health Teams to get information back quickly. He said data was now being received rapidly enough that the Public Health Team is getting information before it is published nationally.

28.18. The Board asked whether there was anything that could be done in the rest of East Sussex to stop the transmission from Hastings and Rother.

28.19. Darrell Gale said infections rates had doubled in Hastings over the past week. These are infections picked up during lockdown, which meant people were mixing more than they should have done during the lockdown. The increases have occurred in a place that has up to now had a very low rate of infection and very little immunity, meaning that the virus will be able to spread very quickly. Infections in Hastings and Rother have been recorded in schools and care homes but more than 50% are not related to a particular setting and have occurred randomly. College age and working age adults have been more affected than the elderly.

28.20. The Director of Public Health said that the response to the outbreak would include:

- greater efforts to increase testing;
- calling outbreak meetings with schools where an outbreak has occurred;
- sending out communications warning people not to meet with others outside their household unless they have to, and to avoid shopping in crowded places;
- considering whether certain Christmas events should go ahead if they involve congregating in large numbers; and
- supporting ESHT to manage the expected surge in demand on hospital services.

28.21. The Board asked if there is more that can be done to encourage people to get tested, particularly in Hastings and Rother.

28.22. Darrell Gale said outbreaks have tended to be random and occurring outside of places of work or congregation, therefore, people making the effort to go and get tested is very important to help contain the virus. He said there is a lot of testing capacity at the walk-in site at the Ridge in Hastings; the drive and walk-in site at Wainwright road in Bexhill; and the mobile testing unit that is currently in Hastings. NHS Test and Trace also has the lab capacity to process the tests. He therefore advised anyone with even the mild symptoms to get tested, and isolate if necessary, to help stop the onward spread of the virus.

28.23. The Board RESOLVED to:

- 1) approve the revised East Sussex Outbreak Control Plan; and
- 2) receive a further report at its 2<sup>nd</sup> March 2021 meeting on the development of the Plan.

## 29 JOINT STRATEGIC NEEDS ASSESSMENT AND ASSETS (JSNAA) ANNUAL REPORT 2019/20

29.1. The Board considered a report on the 2019/20 Joint Strategic Needs and Assets Assessment (JSNAA) Annual Report which outlines the updates and developments that have taken place during the year.

29.2. The Board asked about whether the JSNAA included the health impact of climate change.

29.3. Graham Evans, Public Health Consultant, explained that a briefing was added to the JSNAA website about a year ago which identifies some of the key issues, data and evidence on

climate change available at the time. This report is due to be updated in due course as a lot more data and evidence is now available.

29.4. The Board RESOLVED to note the 2019/20 Joint Strategic Needs and Assets Assessment Annual Report and approve future developments planned for 2020/21.

### 30 SUSSEX HEALTH AND CARE PARTNERSHIP WINTER PLANNING

30.1. The Board considered a report providing an update on progress to date in relation to winter planning.

30.2. The Board asked how resilient the private sector nursing and care homes are given the challenges they have faced around COVID-19.

30.3. Mark Stainton said the majority of residential, nursing and home care is provided by the independent sector. As part of the winter plan and wider COVID-19 pandemic response, the NHS and East Sussex County Council has provided the independent sector with a significant amount of support, including a linked healthcare professional at each care home.

30.4. The Board asked whether the care system is over reliant on private sector.

30.5. Mark Stainton said that there is a balanced economy of care in East Sussex containing a blend of private and voluntary home and care home providers, and significant public community services provided jointly by the NHS and East Sussex County Council, such as the Joint Community Rehabilitation and Crisis Response services.

30.6. The Board asked about the physical and staffing capacity of ESHT to deliver elective work in the hospitals as well as keeping COVID-19 patients separate.

30.7. Isabella Davis-Fernandez, Head of System Resilience, Sussex CCGs, said a wide range of modelling of different scenarios and assumptions around non-COVID-19 and COVID-19 pressures was undertaken in order to model the number of beds and staff needed for the acute hospitals in Sussex. The Winter Plan is the plan put in place to mitigate any gap between demand and the normal available supply of beds and staff. There is fairly good confidence that the plan will get the system through the winter. Due to the increasing pressures caused by COVID-19, a piece of work is being undertaken to check that assumptions about bed numbers are still accurate. Staffing is an ongoing issue and plans include hospital sites supporting each other through mutual aid. Jessica Britton said all elective admission recovery plans are still underway and are going well according to plans and there are a number of scenario models, so the system is as well prepared as it can be.

30.8. The Board RESOLVED to note the status of the Sussex Health and Care Partnership Winter Plan 2020-21.

### 31 WORK PROGRAMME

30.1. The Board considered its work programme.

30.2. The Board RESOLVED to:

1) agree the work programme; and

2) agree to consider a report on the Better Care Fund at its meeting on 2<sup>nd</sup> March 2021.

The meeting ended at 4.20 pm.

Councillor Keith Glazier (Chair)