

EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at County Hall, Lewes on 2 March 2021.

++Please note that Members and Invited Observers joined the meeting remotely++

MEMBERS PRESENT

Councillor Keith Glazier (Chair)
Councillor Carl Maynard, Councillor John Ungar, Councillor Trevor Webb, Councillor Rebecca Whippy, Louise Ansari, Dr David Warden (Deputy Chair), Mark Stainton, Stuart Gallimore, Darrell Gale, John Routledge, Ashley Scarff, Joanne Chadwick-Bell, Siobhan Melia and Samantha Allen

INVITED OBSERVERS PRESENT

Councillor Paul Barnett, Councillor Johnny Denis, Councillor John Barnes MBE, Becky Shaw, Geraldine Des Moulins and Mark Matthews

32 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 8 DECEMBER 2021

32.1. The minutes of the meeting held on 8th December 2020 were agreed as a correct record.

33 APOLOGIES FOR ABSENCE

33.1. Apologies for absence were received from:

- Cllr Phillip Lunn
- Sarah MacDonald

33.2. The following substitutions were made:

- Ashley Scarff substituted for Jessica Britton
- Cllr Johnny Denis substituted for Cllr Zoe Nicholson.

33.3. The Board welcomed Geraldine Des Moulins as a new invited observer representing the community and voluntary sector.

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

34.1. There were no disclosures of interest.

35 URGENT ITEMS

35.1. There were no urgent items.

36 EAST SUSSEX HEALTH AND SOCIAL CARE PROGRAMME - UPDATE REPORT

36.1. The Board considered a report providing an update on the progress with implementing the revised integration programme and planning for 2021/22.

36.2. The Board asked whether the East Sussex Health and Social Care Plan (ESHSCP) outcomes framework would be reviewed and expanded in future.

36.3. Mark Stainton, Director of Adult Social Care, explained that a robust assurance framework is included as part of the ESHSCP and there are plans in the coming year to demonstrate that the ESHSCP is delivering these outcomes. A more detailed list of Key Performance Indicators (KPIs) will be developed to sit beneath that framework to provide additional assurance that the Plan is delivering improvements to health and wellbeing in East Sussex.

36.4. The Board asked what more can be done to reduce loneliness amongst the elderly, for example, through utilising active elderly volunteers.

36.5. Mark Stainton said the Public Health Team is currently examining the issue of loneliness with the support and input from a People Scrutiny Reference Group.

36.6. The Board asked about whether a workstream should be added to the ESHSCP on dementia and frailty.

36.7. Mark Stainton said that dementia and frailty are significant and important issues but would not benefit from a separate workstream as, due to the aging population, both are considered already as part of all ESHSCP workstreams and are a key element of the agreed target operating model between community health and social care services.

36.8. The Board asked whether it is possible to gain a clear understanding of the capacity and capability of the care home sector.

36.9. Mark Stainton agreed that understanding the status of the whole care market, including the self-funding care market, is important. The Care Act 2014 places a duty on local authorities to support and manage the care home market in overall terms, but the new White Paper sets out explicit requirements to build on and continue to maintain the capacity tracker system, which local authorities were required to develop during COVID-19. The tracker is designed to generate an understanding of the capacity and risk of the whole care home market within a local authority's boundaries and not just those care homes that have a contractual relationship with the council.

36.10. The Board asked how data will be shared between East Sussex County Council and the NHS as part of the ESHSCP, such as enabling a social worker who is assessing a client to have access to their patient health records.

36.11. Mark Stainton said that Single View was rolled out amongst community health and social care teams several month ago and this allows both community health and social care workers to check each other's records on an individual. Dr David Warden, East Sussex Clinical Commissioning Group (CCG) Chair, confirmed Summary Care records are already available to Health and Social Care staff and are uploaded from primary care records of patients.

36.12. The Board RESOLVED to:

1) Note the current stage of the implementation of the programme after the second wave of the pandemic; and

2) Note the planning for 2021/22 and the next phase of health and social care integration, in the continuing context of COVID-19 and the proposals for the Government's forthcoming Health and Care Bill

37 EAST SUSSEX OUTBREAK CONTROL PLAN

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

37.2. The Board heard a verbal update from Darrell Gale, Director of Public Health, on the number of cases in East Sussex, and from Joe Chadwick-Bell, the Chief Executive of East Sussex Healthcare NHS Trust (ESHT), on the current impact of COVID-19 on the acute hospitals in East Sussex.

37.3. The Board asked if testing and tracing is still important despite the vaccine now becoming available.

37.4. Darrell Gale confirmed that testing and tracing people with COVID-19 was still absolutely vital. Particularly as the next phase of the pandemic will likely see a plateau in overall case rates that hides wild fluctuations across the county, as small outbreaks occur against the backdrop of few or no cases, particularly as schools return and become a potential source of outbreaks. In this scenario, testing people and tracing outbreaks early will help prevent outbreaks spreading.

37.5. The Director of Public Health reminded the Board that the country was still in lockdown and people were required to stay home or remain local if getting essential supplies. Despite this, the good weather, vaccine programme and road map out of lockdown was likely to change people's behaviour, particularly the working age, non-vaccinated people aged 20-45 who will inevitably end up transmitting the virus.

37.6. The Board asked whether the vaccine has impacted on hospital admissions.

37.7. Darrell Gale said it is difficult to see the effect of the vaccine on transmission, but it is clearly impacting on hospitalisations and deaths.

37.8. The Board asked why the workforce programme for Black, Asian and Minority Ethnic (BAME) communities was targeting BAME women who are pregnant.

37.9. Darrell Gale said pregnant BAME women were an example of intersectionality of multiple deprivation, i.e., they are a group who are at a higher risk from harm from COVID-19 for a number of reasons.

37.10. The Board asked about whether the British Army is still involved in rolling out the vaccines.

37.11. Siobhan Melia, Chief Executive of Sussex Community NHS Foundation Trust (SCFT) – the lead provider of the mass vaccination centres in Sussex – said the main issue in the beginning had been the vaccine supply, but this was due to the lack of supply coming off the production line not the ability to get it to the vaccine centres. The Army had provided early assistance in short bursts where there had been delays in getting sufficient staff, however, this was no longer an issue as SCFT and GP practices (for local vaccine centres) had sufficient numbers in place. SCFT has now organised 1,200 professionals and volunteers as of this week into the vaccine programme in the various vaccine centres in Sussex such as at Etchingham, Devonshire Quarter in Eastbourne, the Brighton Centre, Crawley and Chichester.

37.12. The Board RESOLVED to:

- 1) approve the revised East Sussex Outbreak Control Plan (appendix 1);
- 2) agree to receive a further report at its 13 July 2021 meeting on the development of the Plan; and
- 3) formally thank all professionals and all volunteers for their enormous efforts in rolling out the vaccine in East Sussex.

38 STRATEGIC OUTLINE CASE FOR THE BUILDING FOR OUR FUTURE PROGRAMME

38.1. The Board considered a report seeking endorsement of the Building for Our Future (BFF) Programme Strategic Outline Case.

38.2. The Board asked whether the hospital will be developed in a way to make it future proof.

38.3. Joe Chadwick-Bell said that the Building for our Future project involves East Sussex Healthcare NHS Trust (ESHT) understanding where it wants to be as an acute and community care provider in 10 years' time and developing a hospital that will enable that transformation. There is, however, a lot of transformation work to do before the hospital is built that cannot wait for the buildings to be finished, such as the cardiology and ophthalmology reconfigurations. The Trust will also continue to develop a separate five-year capital programme and will begin some transformational capital work through that process where possible rather than wait for the BFF funding.

38.4. Tracey Rose, Programme Director, added that the Trust has modelled demographic and non-demographic demand for healthcare up to 2035, after which point it becomes more difficult to model accurately. The Trust is also working with the New Hospital Programme's (NHP) national team to help ensure the hospitals have flexible design, which is part of the requirement. The Trust will also work with the other 40 hospital trusts receiving funding to see how they plan on developing their hospital sites. Any new hospital will need to be able to last 60 years.

38.5. The Board asked about the decision making process for signing off on the new hospital.

38.6. Tracey Rose said that ultimately the Treasury decides whether the Trust should get the funding, but prior to then ESHT will have to get assurance from NHP, NHS England and the Department for Health and Social Care. The Trust is aiming to submit its full business case to the Treasury by March 2023 and a decision is expected six months after that, however, it will depend on there being no further delays to the process.

38.7. The Board asked whether the development of the new hospitals will include developing centres of excellence for particular services, such as for frailty or older people.

38.8. Joe Chadwick-Bell said that the hospitals are already configured the way they are to make sure that resources and clinical expertise available to ESHT are focussed in specific areas where practicable. The exceptions to this are cardiology and ophthalmology, which have proposals for their future being developed in the coming months. The fact that the county has such an elderly population means that the care the hospitals provide is already built around older people and the frail, so it is not necessary to create a specialist hospital for older people.

38.9. The Board asked for confirmation that the building plans will include an Emergency Department (ED) that triages patients at the front door.

38.10. Joe Chadwick-Bell confirmed that the BFF includes an integrated Emergency Departments (ED) that will be able to provide people on arrival with the care they need in a

single place according to their need. There is also already Urgent Treatment Centres (UTCs) at the current EDs that will be replicated at the new hospitals.

38.11. The Board asked how much Bexhill Hospital will be developed, given the site's central location between Eastbourne and Hastings.

38.12. Joe Chadwick-Bell said Bexhill will be a rehabilitation centre containing both inpatient beds and community rehab services in recognition that not all rehab requires admission.

38.13. The Board asked whether en suite wards affect the loneliness of patients and asked how this may be managed.

38.14. Joe Chadwick-Bell said single rooms have risks but many advantages. ESHT is learning from other trusts with high numbers of single rooms, such as Pembury Hospital in Tunbridge Wells, to understand how staff need to be deployed differently than they are in dormitories, due to the different way of caring for patients. ESHT does have some single wards but they tend to be for infectious patients or patients needing end of life care and requiring more privacy. NHS England has indicated that the new hospitals will need to have a ratio of single to dorm wards of about 70:30 and the new hospitals will need to reflect this.

38.15. Tracey Rose added that the outline business case, which is the next step in the BFF programme, will seek the views of patients and the public on matters such as single wards and the issue of loneliness and will take these comments on board.

38.16. The Board RESOLVED to strongly endorse the Building for our Future Strategic Outline Case.

39 BETTER CARE FUND PLANS 2020/21

39.1. The Board considered a report providing a summary of the Better Care Fund (BCF) requirements for 2020/21 and seeking approval of the East Sussex BCF plans.

39.2. The Board asked whether it is possible to measure the impact of the adaptations made to people's homes through the Disabilities Funding Grant (DFG) on hospital admissions or home care provision.

39.3. Mark Stainton said he did not have that level of detail and the DFG is passported straight through to districts and boroughs to spend. The whole purpose, however, of the DFG is to manage, maintain and improve people's independence, so it certainly reduces the need for home care, even if it would not be possible to put a monetary figure on how much. Whilst it is difficult to track and measure, East Sussex County Council has its occupational therapists review a proposed adaptation to determine it is necessary and proper and will benefit a person's health and care needs.

39.4. The Board RESOLVED to:

- 1) Note the requirements for 2020/21 Better Care Fund;
- 2) Approve the East Sussex Better Care Fund Plans for 2020/21 at Appendix 1; and
- 3) Note the confirmation of funding requirements for 2021/22 with planning guidance to be issued in the coming months.

40 WORK PROGRAMME

40.1. The Board considered its work programme.

40.2. The Board asked for confirmation what the Kendall Court item related to and whether it could include information on other people placed in East Sussex from other counties.

40.3. Mark Stainton explained that Kendall Court is a housing unit in Newhaven comprising 50 bedsits and commissioned by Brighton & Hove City Council (BHCC) for placement of people who would otherwise be homeless in that city. He said the report will include a broader focus on the 300 or so people who are placed across the county in similar circumstances. The Chair assured the Board that the Adult Social Care Department is working with BHCC on the issue.

40.4. The Board asked whether it should spend more time looking at issues facing children and young people, including the implications of COVID-19 on their mental health and loneliness.

40.5. Stuart Gallimore, Director of Children's Services, reassured the Board that one of the five workstreams of the ESHCP is for Children's and Young People and its progress is reported to the Board as part of the quarterly updates. The workstream includes work around Pathways for young people transitioning from the children's disability service to adult health and social care services. In addition, the BFF funding includes the development of ophthalmology services which will also benefit children and young people. He added that it is perhaps inevitable given the demographic of the county and the impact of COVID-19 that older people take up the majority of the agenda.

40.6. Sam Allen, Chief Executive of Sussex Partnership NHS Foundation Trust (SPFT) added that the Trust will assist children and young people with their mental health and wellbeing, especially now they are returning to school. The Chief Executive said that whilst it is important to want to respond to the anticipated impact that COVID-19 and the lockdown will have generated, it is also important not to over-medicalise the issue and children will be supported through existing networks to recover.

40.7. The Board asked for a future report on quantifiable indicators of the success of the ESHCP, and for health and social care indicators for all residents of East Sussex, not just those who are in the ESHCP footprint.

40.8. Mark Stainton said that these indicators and the health and care outcomes for people living in the whole of East Sussex should be incorporated into future ESHCP programme updates.

40.9. The Board RESOLVED to agree its work programme.

The meeting ended at 4.15 pm.

Councillor Keith Glazier (Chair)