

15. URGENT ITEMS

15.1. There were no urgent items.

16. PHARMACEUTICAL NEEDS ASSESSMENT

16.1. The Board considered a report on the 2022 East Sussex Pharmaceutical Needs Assessment to the Health and Wellbeing Board for approval, and agreement for it to be published, as required by the NHS (Pharmaceutical and Pharmaceutical Services) 2013 Regulations.

16.2. The Board asked whether there was a risk that demand for pharmacies could increase as the role of pharmacists in diagnosing and treating patients increases, and at the same time that the number of high street pharmacies could reduce due to trends in high streets towards converting class E commercial properties to housing.

16.3. Darrell Gale, Director of Public Health (DPH), said that community pharmacies are both commercial businesses selling products but also have contracts with the NHS to dispense prescriptions and additional services, and commissioners would wish to continue seeing sufficient provision on the high street. The DPH said he was surprised the number of pharmacies had not contracted more than it did since 2017, but believed this due to the coordinated efforts of pharmacies from 2015 onwards to expand the range of services they provide in support of the wider healthcare system. Pharmacies are able to do this successfully because of their proximity to where people live and the very high level of trust in which they are regarded by the public. The news from the Prime Minister to increase the use of pharmacies is welcomed within this context.

16.4. Darrell Gale said it is unfortunate there is not a specific planning class for pharmacies and other health providers like optometrists. The PNA, however, demonstrates that the current provision of pharmacies is meeting the needs of the population and there is no need for further consolidation or expansion.

16.5. The Board asked whether the PNA reported that there was adequate end of life care commissioned in East Sussex.

16.6. Darrell Gale clarified that the PNA reported adequate end of life care provision from pharmacies (i.e. the supply of appropriate drugs).

16.7. The Board asked why some rural pharmacies are not open for the duration of their advertised opening times.

16.8. Darrell Gale explained that rural pharmacies sometimes have to close due to staffing issues or because the consulting room privacy requirements mean that the counter cannot be operated when someone is receiving an emergency consultation that requires more privacy than a booked consultation.

16.9. The Board asked whether the travel times reported to travel to rural pharmacies are based on projections, or the actual reported times of people travelling to them, which can be longer due to the impact of unadvertised closures.

16.10. Darrell Gale explained that the travel times have been calculated using Basemap's TRACC software to model the time taken by residents of East Sussex to access a pharmacy

service. They do not take into account the potential that the pharmacy may not be open on arrival and are based around the advertised open hours, as that is the level of data available to the Public Health Team.

16.11. The Board asked for more details of why pharmacies do not always meet the physical access needs of patients.

16.12. Darrell Gale said physical access needs often include the entire journey from their residence to the pharmacy and includes public transport and parking costs, and not just access within the pharmacy itself. He agreed it was disappointing that the Public Health Team had not heard back from all providers and did not have a more complete picture of the extent of disabled access in East Sussex pharmacies. He added that the protections afforded to some of the very old shopfronts in East Sussex meant that major access changes would not be possible for all pharmacies.

16.13. The Board RESOLVED to:

- 1) Approve the 2022 East Sussex Pharmaceutical Needs Assessment attached as Appendix 1 subject to the inclusion of the changes set out in the addendum;
- 2) Agree to the publication of the Pharmaceutical Needs Assessment; and
- 3) Agree to delegate authority to the Director of Public Health in consultation with the Chair of the Health and Wellbeing Board (HWB) to make any necessary minor modifications to the Pharmaceutical Needs Assessment prior to publication.

17. BETTER CARE FUND PLANS 2022/23

17.1. The Board considered a report providing a summary of the Better Care Fund (BCF) requirements for 2022/23 and to seek approval of the East Sussex BCF plans.

17.2. The Board RESOLVED to:

- 1) Note the requirements for 2022/23 Better Care Fund; and
- 2) Approve the East Sussex Better Care Fund Plans for 2022/23.

18. EAST SUSSEX HEALTH AND SOCIAL CARE PROGRAMME - UPDATE REPORT

18.1. The Board considered a report providing an update on the progress with system integration and related areas of collaboration.

18.2. The Board asked whether the Whole System Barometer Indicators could include a Red, Amber, Green (RAG) colour scheme to aid readability.

18.3. Mark Stainton, Director of Adult Social Care and Health, agreed to add a RAG rating to the dashboard of indicators in future.

18.4. The Board asked why these specific indicators were chosen, i.e., why there was not an indicator around hospital discharge included, and why the performance against the secondary care indicators were a lot lower than the target.

18.5. Mark Stainton said the purpose of the barometer indicators was to provide a snapshot feel for how the system is performing. All parts of the health and social care system are hugely challenged by staff recruitment and retention, increased demand, and the availability of home care and care home packages. The secondary care indicators are therefore representative of a whole system that is under pressures. This is because these pressures impact on the ability of the NHS to meet elective targets and the 4-hour A&E wait times. Performance indicators around discharge, of which there are a few, would appear on the next level down on the scale of detail.

Jessica Britton, Executive Managing Director, East at NHS Sussex, added the national targets for secondary care were significantly impacted by COVID-19 and there are recovery targets against each of the national standards. East Sussex Healthcare NHS Trust (ESHT) performs very well in relation to these parameters, albeit recognising that further work is needed to improve. Richard Milner, Chief of Staff at ESHT, further added this document is reporting the current health and care system's condition, rather than being a performance management document. There are a number of other forums where primary, secondary, community, and mental health care providers are held to account for their performance.

18.6. The Board asked whether the recruitment to positions and governance arrangements for NHS Sussex's East Sussex 'place' are complete and whether the two NHS Sussex vacancies on the HWB would be filled.

18.7. Jessica Britton said that it is anticipated that there will be greater clarity soon about the arrangements for the East Sussex Health and Care Partnership, including appointment to the two vacancies on the HWB. Jessica Britton offered to share with the Board a list of NHS Sussex roles that are focussed on East Sussex.

18.8. The Board RESOLVED to note the contents of the update, including:

- 1) the further proposed updates to the Health and Wellbeing Board (HWB) membership, and;
- 2) the draft Sussex Integrated Care Strategy will be brought to the December meeting of the Board for endorsement.

19. EAST SUSSEX SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2021-2022

19.1. The Board considered a report on the Safeguarding Adults Board (SAB) Annual Report as required in the Care Act.

19.2. The Board asked for confirmation the necessary IT support would be put in place to enable ESHT staff to have access to the webinar and flow chart resources on the referral process to ensure they had sufficient knowledge of the process of raising a concern to the Local Authority.

19.3. Lucy Spencer confirmed the issue was raised at the People Scrutiny Committee and the SAB sent off an update request to ESHT on where they are with the process and is awaiting a response. Mark Stainton confirmed the issue was around all staff having access to the e-learning and the Adult Social Care (ASC) Department had contacted the ESHT IT Team for an update that will be forwarded to the People Scrutiny Committee in due course.

19.4. The Board RESOLVED to note the report.

20. RESIDENTS AT KENDAL COURT, NEWHAVEN AND HOMELESS PEOPLE ACCOMMODATED BY BRIGHTON AND HOVE CITY COUNCIL IN TEMPORARY ACCOMMODATION IN EAST SUSSEX

20.1. The Board considered a report providing an update on the ongoing welfare concerns for unsupported homeless people placed in Kendal Court and other temporary accommodation in the Lewes and Eastbourne areas by Brighton and Hove City Council.

20.2. The Board thanked the Council's leadership and officers for their work in resolving the issue and welcomed the outcome of the process.

20.3. The Board RESOLVED to note the latest information in respect of Brighton and Hove residents temporarily accommodated in East Sussex

21. WORK PROGRAMME

21.1. The Board considered its work programme.

21.2. The Board RESOLVED to:

- 1) agree its work programme;
- 2) request a future report at the March 2023 meeting on the Healthwatch Listening Tour of Eastbourne; and
- 3) request an email update on the activities undertaken locally to mitigate the cost-of-living challenges.

22. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

22.1. There were none.

The meeting ended at 4.00 pm.

Councillor Keith Glazier (Chair)