



governance. Vicky detailed the implementation of multidisciplinary teams (MDT) for proactive care, initially targeting people over 65 with frailty and multiple long-term conditions. She emphasised the use of the risk stratification tool to identify high-risk groups and improve integrated care, aiming to reduce emergency admissions.

28.2 The report also outlined early expectations for neighbourhood health plans under the National 10-Year Health Plan, covering health, social care and public health. Vicky commented that although guidance was still awaited, there were indications that this would likely need to progress soon, under the leadership of the Health and Wellbeing Board, and that existing work on the shared delivery plan would be utilised.

28.3 Vicky noted the postponement of the deep dive session on mental health and wellbeing to 7 January.

28.4 Ashley Scarff endorsed the revised Better Care Fund (BCF) metrics and explained that the revised avoidable admissions ambition now aligned with the health and care winter plan for East Sussex, while the discharge metrics reflected ongoing Sussex-wide work under national oversight.

28.5 Mark Stainton praised progress to date, including the rollout of the Risk Stratification Tool, and stressed the importance of focusing on admission avoidance and timely discharges. Mark proposed that work on the Neighbourhood Health Plan be included on the March agenda, although recognised that progress would be contingent on guidance being issued. Vicky responded that a formal item on the Neighbourhood Health Plan could be scheduled for the March meeting but that the development of this work could also be discussed at the January deep dive session.

28.6 The Chair acknowledged the significant work undertaken and expressed hope for positive outcomes during winter pressures.

28.7 The Board RESOLVED to:

1. Note the progress in quarter 2 for the East Sussex HWB Shared Delivery Plan (SDP) priorities and plans in 25/26 as set out in Appendix 1;
2. Endorse the early initiation work that has taken place as part of the Government's National Neighbourhood Health Implementation Programme, focussed on Hastings and Rother;
3. Note the expected content of the new neighbourhood health plan that will be developed under the leadership of HWBs for 26/27, and that guidance is awaited from the Department of Health and Social Care (DHSC); and
4. Note and endorse revised Better Care Fund (BCF) metrics that reflect updated impacts and plans to support delivery of the SDP as set out in Appendix 2.

## 29. EAST SUSSEX SAFEGUARDING CHILDREN PARTNERSHIP (ESSCP) ANNUAL REPORT 2024-25

29.1 Richard McDonagh presented the annual report for 2024–2025, outlining statutory duties under Working Together guidance, governance changes to strengthen the partnership and the partnership's achievements. Richard commented that the annual report demonstrated appropriate partnerships are in place and effective, promoting a culture of critical thinking and

professional challenge as well as oversight and assurance on multi agency and single safeguarding practice.

29.2 The report set out key learning, including from two multi-agency rapid reviews, one Local Child Safeguarding Practice Review, and ongoing reviews awaiting publication.

29.3 Richard highlighted extensive training and projects on information sharing, online safety, and child sexual abuse. He noted strengthened partnership arrangements, including the formation of an education subgroup and recruitment of independent scrutiny.

29.4 Carolyn Fair commented on the strength of the parentship and the importance of this amid significant reforms in children's services and noted that formal guidance would be updated again to reflect further reforms.

29.5 The Chair commended the continuity and resilience of safeguarding arrangements and welcomed the independent scrutiny arrangements.

29.6 The Board RESOLVED to receive and consider the East Sussex Safeguarding Children Partnership Annual Report for 2024-25.

### 30. SUSSEX LEARNING FROM LIVES AND DEATHS (LEDER) ANNUAL REPORT 2024/25

30.1 Mandy Catchpole introduced the annual report and accompanying easy-read version, reminding the Board that LeDeR is an NHS Long-Term Plan priority and that adults with a learning disability and autistic people are more likely to have early death than the rest of population. The report outlined 123 deaths were reviewed across Sussex, of which 45 were East Sussex residents, with the respiratory system the most common cause of death. Mandy outlined service improvement learning and actions, including training, resources developed with the Sussex Prevention Programme Board on stop smoking, and sepsis training.

30.2 Priorities for 2025/26 included increasing notifications of deaths of autistic people, ensuring LeDeR is included across commissioned NHS services as integration progresses, and developing further accessible information.

30.3 Mark Stainton welcomed the comprehensive evidence base showing learning from deaths and asked what the Board could do to assist promotion of reporting.

30.4 Mandy confirmed the programme was working with system partners across Sussex and within East Sussex to actively promote notifications within organisations to improve capture and learning.

30.5 The Board RESOLVED to:

1. note the report; and
2. help ensure system partners have a formal approach to utilising the learning from LeDeR to reduce the mortality gap for people with a learning disability and autistic people.

### 31. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE REPORT

31.1 Darrell Gale presented the annual JSNA update which was commissioned by Public Health and wider system partners. He highlighted 2025 developments including the Director of Public Health annual report, health inequalities audit, Pharmaceutical Needs Assessment, analysis of multiple compound needs, sexual health and substance misuse assessments, Alcohol Care Team evaluation, and the My Health, My School survey.

31.2 Darrell confirmed the JSNA now sat within East Sussex in Figures as a single county data observatory and noted Public Health support for HWB deep-dives and the strategy refresh. Priorities for 2026 included reducing health inequalities, improving healthy life expectancy, and mental health and wellbeing.

31.3 Ian Smith welcomed the JSNA as the platform for changing health and social care delivery. He stressed the scale of change required to shift to population health management, addressing wider determinants and pathways (frailty, mental health, cardiovascular), and getting specialist services out of hospital to reduce admissions and delayed discharges. He noted learning opportunities from pilot programmes in Hastings and Rother and East Surrey.

31.4 Ashley Scarff emphasised the importance of supporting data and intelligence needs of ICTs and considering cross-cutting themes when developing priorities and work plans.

31.5 Darrell confirmed that data analysis was tailored to specific population levels, from ICT groups to smaller units like LSOAs and wards and noted integration of intelligence teams across Sussex (and now Surrey). Darrell commented that work was underway to expand this collaborative approach to better support both strategic priorities and targeted community interventions.

31.6 The Chair endorsed the focus of turning intelligence into action, noting the ongoing changes to wider health delivery, and taking measured risks to do things differently.

31.7 The Board RESOLVED to approve the JSNA priorities and workplan for 2026.

## 32. WORK PROGRAMME

32.1 Mark Stainton introduced the draft work programme noting the agenda for the March meeting would include items on the Shared Delivery Plan update, Climate Change Health Impact Assessment, and, as agreed earlier in the meeting, the Neighbourhood Health Plan. A BCF item for 2026/27 may also be added, subject to awaited guidance.

## 33. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

33.1 Mark Stainton briefed the Board on the Government's consultation on local government reorganisation across Sussex including the two proposals for East Sussex: One East Sussex supported by East Sussex County Council and four of the five boroughs/districts, with the Brighton & Hove footprint unchanged; and five unitaries across Sussex proposed by Brighton & Hove City Council, which would divide East Sussex into three and cross the border into West Sussex. Mark expressed that a single council option for East Sussex was preferable on economies of scale, affordability, and system partnerships. He advised that the consultation closed on 11 January and that links to papers setting out both options would be shared with members.

33.2 The Chair encouraged the Board to respond to the consultation.

33.3 Board RESOLVED to note the Government consultation on local government reorganisation proposals for East Sussex.

The meeting ended at 14:47.

Councillor Keith Glazier, OBE (Chair)