

EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at County Hall, Lewes on 19 July 2016.

PRESENT Councillors Keith Glazier (Chair) Sylvia Tidy (Substitute), Pat Rodohan, Trevor Webb; Councillor Martin Kenward, Amanda Philpott, Keith Hinkley, Councillor Sue Beaney, Richard Eyre, Claire Turner and Dr David Warden

ALSO PRESENT Steve Mainwaring, and Neil Waterhouse, Wendy Carberry and Debbie Endersby

1 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 12 APRIL 2016

1.1 The Board agreed the minutes of the previous meeting held on 12 April 2016.

2 APOLOGIES FOR ABSENCE

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

- Cllr Bill Bentley (substitute: Cllr Sylvia Tidy)
- Julie Fitzgerald (substitute: Richard Eyre)
- Dr Elizabeth Gill
- Cynthia Lyons (substitute: Claire Turner)
- Cllr Margaret Robinson (substitute: Cllr Sue Beaney)
- Dr Martin Writer (substitute: Dr David Warden)

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

- Dr Adrian Bull
- Marie Casey (substitute: Steve Mainwaring)
- Colm Donaghy (substitute: Neil Waterhouse)
- Cllr Claire Dowling
- Becky Shaw
- Cllr Linda Wallraven

2.3 It was noted that Amanda Philpott would be representing Eastbourne, Hailsham and Seaford CCG instead of Hastings and Rother CCG – which was represented by Dr David Warden.

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

3.1 There were none.

4 URGENT ITEMS

4.1 There were none.

5 SUSSEX TRANSFORMING CARE PARTNERSHIP

5.1 The Board considered a report and presentation by the Head of Quality, Eastbourne Hailsham and Seaford CCG and Hastings and Rother CCG, on the Sussex Transforming Care Partnership.

5.2 In response to questions, the Head of Strategic Commissioning (Learning Disability Joint Commissioning) made the following key points:

- The Sussex Transforming Care Partnership's (STCP) transforming care agenda requires every local authority area within its footprint to keep risk registers of young people and adults with autism or mental health issues who may not be in a mental health inpatient setting, or be exhibiting extreme challenging behaviour, but who are potentially at risk. The purpose is to ensure that clear plans can be put in place for these individuals to ensure that they do not drop through the system.
- There is a good set of services in place in East Sussex to support the small cohort of 6-10 people with learning disabilities and autism who exhibit particularly challenging behaviour. A number of provider services, including Mencap, do not see themselves as having the skill set to help this cohort of people. The STCP is working with the Sussex Partnership NHS Foundation Trust (SPFT) to ensure that there is a programme of staff training and initiatives to help these organisations develop the necessary skill sets to assist this cohort, for example, learning how to carry out restrictive interventions.
- Most people with learning disabilities live in community settings and STCP works closely with district and borough councils to help facilitate this. The small cohort of people with very challenging behaviour live in highly specialised, high specification buildings suited to their needs.

5.3 The Board RESOLVED to note the content of the Final Draft Sussex Transforming Care Partnership Plans.

6 EAST SUSSEX HEALTH AND WELLBEING STRATEGY 2015/16 ANNUAL PROGRESS REPORT AND NEW HEALTH AND WELLBEING STRATEGY 2016-2019

6.1 The Board considered a report by the Chief Executive, East Sussex County Council, on the progress to date on delivering the East Sussex Health and Wellbeing Strategy 2013-2016, and to approve the new Health and Wellbeing Strategy 2016-2019.

6.2 The Director of Adult Social Care and Health recommended that the Board defer the decision to approve the new Health and Wellbeing Strategy 2016-2019 until the next Board meeting in order to allow time to ensure that it better reflects the elements of the East Sussex Better Together (ESBT) accountable care proposals, Connecting 4 You, and the Sussex and East Surrey Sustainability and Transformation Plan (STP), all of which would be at a more advanced planning stage by the autumn.

6.3 In response to questions, officers made the following key points on the progress to date on delivering the East Sussex Health and Wellbeing Strategy 2013-2016 in relation to ESBT:

- The proportion of people with ambulatory care sensitive conditions admitted to hospital as an emergency has increased due to the ongoing challenges aligning community and primary care pathways with the needs of patients; this is particularly challenging in more deprived areas where GP coverage is poorer. These challenges have begun to be tackled, however, which can be seen in the reduction in the length of stay of patients once they are admitted. The three main initiatives to tackle avoidable inpatient admissions are the East Sussex Better Together (ESBT) Integrated Locality Teams, Health and Social Care Connect (HSCC), and the Crisis Intervention Team.
- Feedback from staff on the Integrated Locality Teams has been positive. In particular, around the single line management structure which acts as a single line of communication to staff regardless of who they are employed by.
- The morale of staff in the community teams has increased considerably since the creation of the Integrated Locality Teams; staff now feel that they are part of a single health and social care team working for their local community. The CCGs will gather quantitative evidence of the performance of Integrated Locality Teams in due course.

6.4 In response to questions, officers made the following key points on the progress to date on delivering the East Sussex Health and Wellbeing Strategy 2013-2016 in relation to Connecting 4 You:

- HWLH CCG has set up Communities of Practice and, along with community services and mental health providers, has been carrying out 'immersion events' in each of the four Communities of Practice. These events involve all frontline staff coming together to work out how to make the patient's experience of healthcare more seamless.

6.5 The Board resolved to:

- 1) note the progress to date on delivering the East Sussex Health and Wellbeing Strategy 2013-2016; and
- 2) agree to defer the approval of the Health and Wellbeing Strategy 2016-2019 to the next meeting of the Board.

7 SUSSEX AND EAST SURREY SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE

7.1 The Board considered a report by the Chief Officer of High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG) providing an update on the progress of the Sussex and East Surrey Sustainability and Transformation Plan (STP).

7.2 The Chair argued that, due to the changing landscape of health and social care, the STP cannot afford to be anything but transformational; sustaining the status quo for health and social care was not an option and new ways of working would need to be developed.

7.3 In response to questions, officers made the following key points:

- The STP is attempting to address the same questions as the ESBT and Connecting 4 You programmes around the radical transformation of how care is provided in communities. It is critical to the success of the STP that it is built around place-based 'systems of care' where services are delivered collaboratively and built around communities. STP comprises four Places: ESBT, Coastal Care, A23 North, and A23 South (which encompasses the Connecting 4 You area). Successful place-based systems of care will require collaboration between NHS organisations and service providers – including district and borough councils and the community and voluntary sector. As a result, engagement with stakeholders will be ongoing across organisations.

- The engagement process will be through the ESBT and emerging Connecting 4 You programme infrastructure. Healthwatch East Sussex has been working with other Healthwatch organisations in the Sussex and East Surrey area to ensure that the community and voluntary engagement looks the same across the STP footprint.
- The development of the Sussex and East Surrey STP – although a national initiative – has been heavily shaped by local NHS and social care organisations. For example, the integration of health and social care via ESBT has helped to shape the plans for the STP including the use of integrated teams, and the key role of small district general hospital – such as the Eastbourne District General Hospital – in place-based solutions.

7.4 The Board RESOLVED to note the report.

8 CONNECTING 4 YOU PROGRAMME PLAN

8.1 The Board considered a report by the Accountable Officer, High Weald Lewes and Havens CCG (HWLH CCG), and the Director of Adult Social Care and Health East Sussex County Council (ESCC) on the Connecting 4 You Programme Plan.

8.2 In response to questions, officers made the following key points:

- A programme for integrated working and planning for the organisations involved in Connecting 4 You is underway but HWLH CCG and ESCC will remain as sovereign bodies responsible for managing the resources and funding in order to deliver against outcomes. This means that the Council (and HWLH CCG) will continue to use its own resources to decide how best to deploy its resources and set its priorities to deliver the best return on investment and service for East Sussex residents – in particular, the Reconciling Policy, Performance and Resources (RPPR) process.
- Connecting 4 You is at a different point in its programme to ESBT, which has now been running for over two years. ESBT is in the process of developing a single strategic investment plan and designing an accountable care model, and Connecting 4 You is not yet at this stage.
- As part of the Connecting 4 You programme, HWLH CCG is working with Brighton & Sussex University Hospital NHS Trust (BSUH) and Maidstone and Tunbridge Wells NHS Trust (MTW) to improve integrated care pathways in the A23 South footprint that falls within the High Weald Lewes Havens area.
- Healthwatch East Sussex thanked all three CCGs for agreeing to hold the Public Reference Forums, and for agreeing its funding proposal for patient development to allow it to go into each of the GP surgeries in East Sussex to understand patient's experiences at a very local level (a report will be produced on these findings).

8.3 The Board RESOLVED to note the development of the Connecting 4 You programme.

9 NHS UPDATES

9.1 The Board considered verbal updates from representatives of three CCGs:

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

- ESBT is in week 104 out of a 150 week programme. At week 100, the CCGs launched “100 stories for 100 weeks” for patients, carers, staff, and residents to describe the impact of ESBT on their daily lives; lessons for improvement will be learned from the responses.
- The CCGs will provide an update to the HWBB in due course about how East Sussex health and social care services within the ESBT footprint will move towards an accountable care model.

- East Sussex Healthcare NHS Trust (ESHT) and Sussex Partnership NHS Foundation Trust (SPFT) have now been formally incorporated onto the Board of ESBT.
- As part of ESBT, the Chair of ESHT, the two CCGs involved in ESBT, and representatives of the ESCC Adult Social Care Department, recently attended a Health and Care Conference to talk about the importance of public engagement in the redesign of services and the integration of care.
- As part of ESBT, the CCGs are committed to increasing the primary care budget from 8-12% of the total healthcare budget as part of the ongoing major transformational change – a 50% increase.
- In order to improve recruitment and retention of GPS the two CCGs have held two GP summits (one in each CCG area) inviting GPs to discuss the issues that they face. One issue that was identified was the high rates of pay for GP locums who have to be hired on a weekly basis by GP surgeries but may only be needed for 2-3 days. In order to address this issue, the CCGs are both setting up a locum bank, and discussing with ESHT about the Trust employing GPs who would then be able to work across several GP surgeries as needed, or work in A&E and community based teams when GP cover was not required.
- Hastings and Rother CCG has also spoken with trainee doctors to see what they would like to see in Hastings and Rother that would make them want to stay, and what could be done to attract other doctors to work in the area.
- Hastings and Rother CCG has invested £5m both this year and last year to address health inequalities in Hastings. This includes an initiative launched on 18 July to tackle obesity aimed at young children aged 3-5 and their parents. The initiative involves providing £5,000 grants to all 123 nurseries in the Hastings and Rother area so that they can promote healthy eating, exercise and parenting skills – evidence shows that developing a proper diet and exercise regime at nursery age has the most impact on the likelihood of a child becoming obese.

High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG)

- HWLH CCG is concentrating on developing its four main workstreams: urgent, primary, community and mental health care. The CCG is also developing its Communities of Practice.
- HWLH CCG is working with Mid Sussex and Horsham CCG and Brighton and Hove CCG to improve the capacity at Brighton & Sussex University Hospital NHS Trust (BSUH) so that the Trust can begin to reduce its waiting times for outpatient care, which are often exceeding the 18 week limit.
- HWLH CCG is working closely with West Kent CCG to develop services at Crowborough Hospital and Pembury Hospital.
- The Golden Ticket pilot won an SPFT award for partnership working – the pilot involves collaborative work between acute, voluntary, community, and primary care services. The Golden Ticket will now be rolled out across the HWLH CCG area.

10 DATE OF NEXT MEETING: TUESDAY , 4TH OCTOBER 2016, 2.30PM

10.1 The Board noted that the next meeting would need to be moved to later in the autumn in order to be able to consider the revised Health and Wellbeing Strategy 2016-2019 and a report on accountable care.

The meeting ended at 3.43 pm.

Councillor Keith Glazier
Chair