

## EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at County Hall, Lewes on 13 March 2018.

---

PRESENT Councillors Keith Glazier (Chair) Councillors John Ungar, Trevor Webb, Councillor Margaret Robinson, Councillor Linda Wallraven, Dr Martin Writer, Amanda Philpott, Keith Hinkley, Cynthia Lyons and John Routledge

ALSO PRESENT Councillor Claire Dowling, Becky Shaw, Marie Casey and David Kemp

### 31 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 19 DECEMBER 2017

31.1 The minutes were agreed as a correct record.

### 32 APOLOGIES FOR ABSENCE

32.1 Apologies for absence were received from the following Board Members:

- Councillor Carl Maynard
- Stuart Gallimore (Substitute: Brian Hughes)
- Deborah Tomalin

32.2 Apologies for absence were received from the following Invited Observers with Speaking Rights:

- Councillor Sue Beaney
- Councillor John Barnes
- Mark Andrews (substitute: David Kemp)

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

33.1 Councillor John Ungar declared a personal interest as a member of the patient panel for Green Street Clinic in Eastbourne.

### 34 URGENT ITEMS

34.1 There were no urgent items.

## 35 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2017-2018: THE STATE OF CHILD HEALTH IN EAST SUSSEX

35.1 The Board considered a report in relation to the Annual Report of the Director of Public Health 2017-2018.

35.2 The Board thanked Cynthia Lyons, Acting Director of Public Health, for her dedication to public health over the years and wished her well in her retirement.

35.3 In response to questions from the Board Members, officers provided the following responses:

- Environmental Impact Assessments (EIA) are undertaken for every planning application, including for new schools. An EIA would help to inform planners of the potential pollution risk to pupils and the school would likely be designed in such a way as to reduce this risk.
- There is no proposed reduction in the Public Health Grant. This means that the Public Health team is able to push ahead with investment in prevention services.

35.4 The Board RESOLVED to note the report.

## 36 CARE QUALITY COMMISSION (CQC) LOCAL AREA REVIEW

36.1 The Board considered a report on the Care Quality Commission's (CQC) Local Area Review of East Sussex, along with the comments provided by the East Sussex Better Together (ESBT) Scrutiny Board.

36.2 In response to questions from the Board Members, officers provided the following responses:

- There has been an improvement in quality of nursing and domiciliary care, albeit not to the extent that was hoped, however, there are nationwide issues with the capacity of nursing homes and domiciliary care organisations. This issue is one of the key causes of Delayed Transfer of Care (DTC) from hospitals that are attributable to Adult Social Care Departments.
- East Sussex County Council (ESCC) has stabilised the nursing home market in parts of East Sussex by significantly increasing fees for nursing homes places, however, further work is needed to stabilise the rest of the county. Additional work is also necessary to strengthen the relationship with the domiciliary care market.
- A revised bedded care strategy is being developed alongside the Council's Estate Strategy in partnership with the NHS. There is already infrastructure in place to procure care from the market jointly with the NHS to ensure greater influence in the market.
- The CQC has changed their methodology for inspecting nursing homes and domiciliary care organisations. The CQC will now focus on monitoring the care providers whilst local authorities will focus on supporting the providers to improve the quality of care they provide. This change will ensure a more collective approach between the CQC and local authorities and avoid duplicating the inspection role.

- There is an ongoing review of the intermediate care provided by Milton Grange and Firewood House that will lead to a report to the ESCC Cabinet on 26 June. This report will not include proposals to change these services unless there is a clear picture of viable alternatives that can be provided at lower cost whilst retaining the current service's capacity, which is necessary to ensure patient flow out of acute hospitals.
- When the CQC conducted the area review they considered whether ESBT and Connecting 4 You (C4Y) were producing different outcomes. Broadly speaking the systems, processes and priorities are the same, albeit with some differences that were highlighted by the CQC, to ensure that what is offered to patients is consistent across East Sussex. Previous discussions at the HWB have been clear about the difference of views as to whether there should be 1 or 2 integration programmes across East Sussex, with the Council expressing a clear view that a single programme would make most sense in terms of deploying capacity and ensuring there was a coherent commissioning strategy for the local population. The Council continues to remain open to a single East Sussex approach but only if the partner organisations were willing and there was a clear governance arrangement in place.
- The ESBT and C4Y community resilience work is designed around building strong links with communities and community voluntary sector (CVS) organisations. This is part of a considerable amount of investment the CCGs and Council have made to develop a meaningful partnership with the CVS. Speak Up, a CVS organisation, is also commissioned to support the activity and strategic dialogue of ESBT and C4Y programmes.
- There will be savings, set out in the Council's Reconciling Policy, Performance and Resources (RPPR) process, to CVS organisations during 2018/19 in addition to savings made over recent years. It is the case, however, that the Council anticipated that these future savings would be needed and for several years prioritised investment in a community resilience programme designed to build up the capacity of CVS organisations so that their reliance on direct funding from the Council would be reduced. Direct funding to CVS is now reducing but the Council still invests considerable amounts in the sector.
- The Sussex and East Surrey Sustainability and Transformation Partnership (STP) is made up of the individual CCGs and local authorities and is not a separate entity. There is agreement within the STP that investment in primary prevention, GP practices and community pathways are best done at the locality level, i.e., through ESBT or C4Y and not via the STP.
- Urgent Treatment Centres (UTCs) are being commissioned jointly by all 8 CCGs in the STP but will be tailored to be locally appropriate. Moving forward more work will be done at an STP level where it needs to be co-ordinated at that level, for example, care for people with learning disabilities.
- The CQC review team envisage that the HWB should sit atop a hierarchy of organisations, whereas it was set up locally in 2013 as sitting in the middle of a network of organisations. There are good arguments for both structures that will be explored during the review in order to decide which model works best for East Sussex.
- The review of the HWB will involve discussions with all partner organisations individually and collectively within the whole East Sussex health and care system including the CVS.

- Sharing information from organisations outside of the HWB with the Board is to be welcomed, provided that it is shared transparently amongst all members and in a format that is agreed by the Board.

36.4 The Board RESOLVED to:

1. Note the outcome of the CQC Local Area Review report and final system action plan;
2. Agree to receive quarterly reporting against agreed actions for the duration of the plan; and
3. Note its virtual agreement to review the role, purpose and membership of the East Sussex Health & Wellbeing Board, express any initial views to inform the review and note that a draft proposal will be developed by ESCC's Chief Executive for discussion at a future meeting.

### 37 NHS UPDATES

37.1 The Board considered updates from two of the NHS CCGs in East Sussex.

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

- Staff across the system were acknowledged and thanked for their work during the particularly difficult winter period.
- East Sussex Healthcare NHS Trust (ESHT) is not reaching the target of 95% of patients being seen within 4 hours at A&E, but its relative performance puts it in the top 2 performing Trusts in the South East and top 25% in the country.
- In order to maintain a responsive service and to avoid too much pressure on staff during the winter period, there were some cancellations of planned care. Once emergency demand has stabilised, the CCGs and ESHT will use all available capacity to reduce the backlog of planned care caused by these cancellations. ESHT did not book a lot of planned care over winter in anticipation of this increased emergency care demand, however, the extended period of inclement weather and flu is having an additional impact.
- The health economy is very challenged. Both CCGs in the ESBT area will be in deficit for the 2017/18 financial year and only one CCG in the STP is likely to end the financial year in surplus.
- ESBT has undertaken significant investment in primary care to ensure that the practices are resilient and can treat people in the community. This is in line with all national evidence that points towards integration of health and social care, and investment in care earlier on in the system.
- 17,000 patients from the Cornwallis Plaza GP practice were distributed to other practices in the area. The CCG supported these practices becoming a federation which enabled them to develop the resilience necessary to absorb these patients. A huge amount of work is being undertaken to increase the GP and GP practice workforce, for example, clinical pharmacists who work across 3-4 practices, and localities of networked practices with multi-professional workforces that support local populations.

The meeting ended at 3.40 pm.

Councillor Keith Glazier (Chair)  
Chair