

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

10.1 Cllr Rebecca Whippy declared a personal interest as the CEO of Embrace.

11 URGENT ITEMS

11.1 There were no urgent items.

12 DEVELOPING THE EAST SUSSEX HEALTH AND SOCIAL CARE PLAN

12.1. The Board considered a report on the progress with developing the East Sussex Health and Social Care Plan.

12.2. The Board whether further integration of Children's Services Department (CSD) with the NHS is planned in East Sussex

12.3. Stuart Gallimore, Director of Children's Services, said that there has been a clear commitment to further integration of age appropriate care with the NHS, for example, Sussex Partnership NHS Foundation Trust's (SPFT) Child and Adolescent Mental Health Services (CAMHS) have moved into the Children's Services Single Point of Advice (SPOA) to ensure anyone calling the service about a young person will be able to receive the relevant advice from the appropriate person in a single phone call.

12.4. The Board asked what plans the CSD had to consult with the health services about contributing towards the cost of Education, Health and Care Plan (EHCP) assessments.

12.5. Stuart Gallimore said that the CSD's Inclusion, Special Educational Needs and Disability (ISEND) Service works with health colleagues on producing EHCPs, but he agreed that further collaboration is always possible and that he would raise this matter with his ISEND managers.

12.6. The Board asked why autism appeared to be listed as a mental health disorder and not a disability.

12.7. Keith Hinkley, Director of Adult Social Care and Health, agreed that this point been fed back during the engagement activity and autism would be presented as a disability in the future. Dr Adrian Bull, Chief Executive of East Sussex Healthcare NHS Trust (ESHT), agreed that autism was not a mental health disorder but that many of the interventions for autism are provided by the mental health trust, SPFT. He said there is currently an issue where autism is assessed by one organisation and ADHD by another but there is a significant overlap of these two population groups. Work is therefore underway at ESHT and SPFT to create a single assessment service.

12.8. The Board asked whether it was possible to align funding streams with the integrated health and care programme by removing the Payment by Results method of funding NHS providers.

12.9. Jessica Britton, Managing Director of Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG) and Hastings and Rother CCG (HR CCG), explained that different ways of commissioners contracting providers to deliver services are being tested across the country. This year the CCGs in East Sussex have begun testing with ESHT ways to ensure that incentives are aligned to reduce demand and avoid perversely incentivising organisations at the cost of the wider system.

12.10. Dr Adrian Bull added that a specific example of avoiding perverse incentives was the decision this year to agree to remove the charge NHS organisations are able to levy on a local authority where a patient's stay in hospital beyond a medical need to do so – known as Delayed Transfer of Care (DTCOC) – is the fault of the local authority. Instead of this arrangement, ESHT

and East Sussex County Council (ESCC) have agreed a joint budget to invest in ways to reduce DTOCs by improving the rate at which patients are discharged back into the community.

12.11. The Board asked whether referrals by statutory bodies to the voluntary sector are funded by the statutory bodies, and questioned whether statutory bodies were providing sufficient funding to the voluntary sector.

12.12. Stuart Gallimore confirmed that the CSD's SPOA holds no budget for paying voluntary sector for referrals, however, unless the CSD has a contract with a particular organisation, the SPOA will simply highlight to a caller the services that are available in the voluntary sector. The caller may then choose to approach the organisation separately for support.

12.13. Jessica Britton said that it is recognised that the voluntary sector may find themselves under pressure due to the growing demand for their service. She said that the CCGs and ESCC work closely with the sector and continue to commission a number of voluntary organisations in the county that support our shared priorities and demonstrate they will have a positive impact on outcomes for local people.

12.14. Keith Hinkley added that the voluntary sector exists and thrives without the funding from NHS and ESCC, however, the Council has continued to prioritise funding voluntary sector organisations as they add so much value. There is a broader issue with how the health and care and the voluntary sector work holistically together, but ESCC does and will continue to fund the sector.

12.15. The Board asked whether additional funding would be forthcoming for the voluntary sector once the Primary Care Networks' (PCNs) social prescribers are in place.

12.16. Keith Hinkley said that the establishment of social prescribing flagged an issue that there needs to be a collective conversation between the NHS, ESCC and the voluntary sector about how funding is deployed in the system and what the expectations are for each of the partner organisations.

12.17. The Board asked whether the Integrated Care System (ICS) in Sussex will be in place by the deadline of April 2021

12.18. Keith Hinkley explained that the Long Term Plan is a broad strategic plan but there will be more detailed business plans developed year on year that will more clearly detail how the health and care system in Sussex will achieve ICS status by April 2021.

12.19. The Board asked whether financial incentives could assist with recruitment of GPs.

12.20. Dr Martin Writer, Chair of EHS CCG, said that the primary care system appears to now be in a better place than it was a couple of years ago. He said that the training scheme for GPs is now fully subscribed to, when in previous years it had not been. Furthermore, the introduction of Primary Care Networks (PCNs) will bring in additional funding to recruit allied healthcare professionals, such as pharmacists, physiotherapists and paramedics, who can take pressure off GPs, as they are often better placed to treat certain patients due to their specialisations. East Sussex CCGs are also investing above and beyond the core contract amounts for PCNs.

12.21. Dr Writer said that paying GPs more money is also not practical, as the tapered annual allowance charge puts a generous cap on what GPs can earn each year and going above this can lead to severe financial penalties.

12.22. Dr Elizabeth Gill, Chair of High Weald Lewes Havens CCG (HWLH CCG) added that for this new primary care system to work, people's expectation that they should always be seen by a GP when attending primary care setting – when in fact it will not always be necessary to do so – will need to change over time. Dr Gill acknowledged that changing this expectation would be difficult.

12.23. The Board asked whether there should be more emphasis in plans for patients with multiple and complex needs, given their need for services and cost to the system.

12.24. Keith Hinkley explained that a lot of the integration work between health and social care to date has effectively been about creating integrated teams that can help move patients with multiple and complex needs more effectively through the system, for example, through improving discharge from hospital into care or nursing homes. He agreed that this could be made more explicit in the Long Term Plan.

12.25. The Board asked for confirmation whether families identified as having tier 4 need meet the criteria for support from ESCC.

12.26. Keith Hinkley said that there are eligibility criteria that are nationally set in legislation such as the Care Act 2014 and ESCC, despite challenges over the past 8 years, continues to meet these statutory duties. Stuart Gallimore added that tier 4 involved safeguarding issues and children coming into the Looked After Care system. The Ofsted inspection found the criteria used by CSD was appropriate, known by referrers and being acted upon.

12.27. The Board asked about whether there was scope for GP practices to take repeat prescriptions over the phone, and why children cannot be registered for online access to their records.

12.28. Dr Martin Writer explained that GP practices will only accept prescriptions over the phone in exceptional circumstances due clinical safety concerns. This is because there is a risk that if the details are taken incorrectly, there is no way for the practice to say where the error occurred. He said a repeat prescription can requested from a GP practice via online service, email or letter; and a community pharmacist may order it on a person's behalf too.

12.29. Dr Writer explained that providing online access for a young child would effectively mean their parent managing their healthcare needs and this was against data protection regulations. Once a child has competence to make decisions, they can request and receive treatment without their parent's permission, and there is no way for the online system to recognise when this threshold in a child's development has been crossed.

12.30. The Board RESOLVED to:

1. Note the proposed approach to developing a longer-term East Sussex County Council and NHS Plan for East Sussex and East Sussex place based contribution to the Sussex Health and Care Partnership response to the NHS Long Term Plan;
2. Endorse the draft principles and priorities underpinning the development of the East Sussex Plan as set out in Appendix 1, and plans to test these with local stakeholders; and
3. Note that further work will be taking place in the coming weeks to support the high level planning for the next phase of the East Sussex Health and Social Care Programme and priority-setting for 2020/21.

13 EAST SUSSEX HEALTH AND SOCIAL CARE PROGRAMME MONITORING REPORT

13.1. The Board considered a report providing an update of progress against the priority objectives and lead Key Performance Indicators for the health and social care programme in 2019/20.

13.2. The Board asked whether there was sufficient funding in the system to deliver the objectives of the health and social care programme.

13.3. Keith Hinkley explained that the objectives have been identified with the help of clinical leadership as objectives that, if delivered, will have the greatest impact on the health outcomes of the local population based on the best use of available resources. Significant progress has been made in terms of developing new integrated services and developing a structure within which the objectives of the health and social care programme can be delivered, however, there remains issues with clinical and financial sustainability of the health and care system and further work is still needed to integrate the health and care system. This work includes developing how

the commissioning partnership will work and how providers will work to deliver care within an Integrated Care Partnership (ICP).

13.4. The Board asked whether extra financing will be made available to help meet the objectives of “*growth prevention in A&E attendances not to exceed plan*” and “*Growth prevention in non-elective admissions*”.

13.5. Dr Adrian Bull clarified that these objectives refer to demand for A&E and not its performance. The Trusts two A&Es are not achieving the 95% 4-hour referral to A&E but are currently at 90% or above, making the trust one of the top 20 performing trusts in the country. He attributed this in large part to the integration work within the health and care system. The red ‘RAG’ rating was reflecting the higher than planned number of people attending A&E, as the trust is seeing continued increase in demand above that which was predicted.

13.6. The Board asked why there was still a rising tide of demand for health and social care across the country despite increasing efficiency of the system.

13.7. Dr Adrian Bull explained that the East Sussex Urgent Care Board has commissioned some work to understand the reasons for the increase in attendance at A&E and a report will be published in due course. He said there was an increase nationally, but it has been faster in East Sussex. However, it worked out as a slower increase if you normalise the age demographic to the national average.

13.8. He said that the increase in non-elective admissions is due to an increase in the acuity of patients attending at A&E, although ambulatory care capacity is in place to treat people within a shorter timeframe. Attendance in A&E was also increasing due to a greater number of working age people attending who could otherwise have attend a primary care appointment but were worried about their GP’s availability and knew they could get a same day appointment if they attended A&E.

13.9. Dr Bull agreed the East Sussex health and care system is becoming more efficient at discharging patients and illustrated this using the average length of stay of non-elective patients, which had reduced from 6.2 to 3.7 days in two years and which if it had not been achieved would have meant the trust would have needed 111 more beds.

13.10. The Board asked whether the UTCs will reduce the volume of attendance at the A&E departments in Eastbourne District General Hospital (EDGH) and Conquest Hospital.

13.11. Adrian Bull explained that some A&E consultants are concerned that UTCs will make patients feel it is more convenient to attend the A&E (where the UTC is located) than see their GP, so it is seen as important that UTCs are introduced as part of a wider range of urgent care services for patients to access – including additional GP appointments and the new NHS 111 service that will be able to diagnose and book patients into appointments over the phone – and not just as a stand-alone entity for patients to go to whenever they need access to NHS services.

13.12. The Board asked whether are plans for the Council’s ISEND team to share its database of information with NHS providers to help them carry out their service in a more person-centred way.

13.13. Stuart Gallimore said there are no plans currently to go beyond the existing information sharing agreements and criticism is often levelled at organisations that share personal information, however, it is something that is kept under review.

13.14. The Board RESOLVED:

1) Note the report; and

2) request that future reports include additional details of performance in different areas of East Sussex.

14.1. The Board considered a report providing a summary of the Better Care Fund (BCF) requirements for 2019/20, summary of the East Sussex plans and arrangements for the Section 75 Pooled Budget.

14.2. The Board asked whether, once the cost inflation of health and social care was taken into account, the figures for BCF funding for 19/20 was higher than 18/19.

14.3. Keith Hinkley explained that the national funding formula for the baseline BCF funding allocation are adjusted for inflation, although in some service areas costs will have inflated above the previous funding amounts. It is also important to remember the funding from the BCF is targeted in the areas that will have the greatest effect on financial and health outcomes. Furthermore, it is a pooled budget required nationally but is one aspect of a far broader agreement between health and care services locally to invest resources together.

14.4. The Board asked whether an investment of £135,000 was sufficient for the High Intensity User Service given their cost to the system.

14.5. Keith Hinkley confirmed that this is one specific project and all elements of the BCF are in effect targeted at patients with complex and multiple needs, as was pooled funding more broadly, as they are now the core business of the health and social care system.

14.6. The Board asked whether the difference in urban and rural need is measured.

14.7. Keith Hinkley said demand and available resources are modelled across health and social care in East Sussex. There is no simple answer to whether demand is greater in urban or rural areas, however, because the modelling is needs and demand-led, rather than locality, and services in urban and rural have different costs depending on whether the rural or urban area is more or less deprived, e.g., there is greater demand for mental health care in Hastings than Lewes. It is required in the Long Term Plan, however, that commissioning is organised around populations at a locality-level, and there are also specific actions required around reducing health inequalities.

14.8. The Board RESOLVED to:

- 1) Note the requirements for 2019/20 Better Care Fund
- 2) Approve the East Sussex Better Care Fund Plans for 2019/2020 and their alignment with the East Sussex response to the NHS Long Term Plan
- 3) Note the plan for a single Section 75 Pooled Budget to be in place by 15th December, in line with BCF planning requirements

15 WORK PROGRAMME

15.1 The Board RESOLVED to agree the work programme subject to the following amendments:

- Addition of a report on the children and young people mental health and emotional wellbeing review;
- Addition of the Healthwatch Rural listening tour to the 10 December meeting; and
- Moving the next annual Healthwatch report to the 14 July 2020 meeting

The meeting ended at 4.25 pm.

Councillor Keith Glazier (Chair)