



## 37. URGENT ITEMS

37.1 There were none notified.

## 38. EAST SUSSEX HEALTH AND SOCIAL CARE PROGRAMME - UPDATE REPORT

38.1 The Board considered a report providing an update on progress with the East Sussex Health and Social Care integration programme and related areas of system collaboration.

38.2 In the overview of the Integration White Paper there is a section on workforce and carers. The Board noted that during the Covid pandemic there has been a higher proportion of deaths amongst some ethnic minority groups such as the black and Asian communities across the country. The Board asked if thought had been given to this part of the community and their training needs.

38.3 Vicky Smith, Programme Director - East Sussex Health and Social Care Transformation confirmed that this has been a continuous theme since this came to light in the first phases of the pandemic, and issues around diversity and disparities is a focus within the broader approach for example with the care sector.

38.4 The Board asked how the Integrated Care System (ICS) will take into account the different health needs of Place at the Borough and District council level, such as in areas of higher health inequality, as well as those of the County as a whole. It was also asked how Borough and District councils can respond to the White Paper.

38.5 Vicky Smith outlined the ambition to put in place a tier of joint working that will take into account the differences across local communities through understanding population needs, resources, and profiles and to work with all partners (including Primary Care Networks) at a local and Place level. This is set out in the White Paper, and the Health and Care Bill before it, as part of the role of Place and the Health and Wellbeing Board (HWB) to support this. There will also be liaison with Borough and District partners through the Health and Wellbeing Board to develop this and our broader response to White Paper as the detail emerges.

38.6 The Board asked whether greater emphasis could be given to local people's views in the development of more local commissioning, such as through patient panels. Is it possible ensure that the local people receiving services will have a good voice in commissioning.

38.7 The Chair outlined that Healthwatch are involved in this and will continue their work to represent patient views. Vicky Smith added the Sussex ICS has drawn up a draft public involvement strategy which will include measures to address this point.

38.8 The Board noted that the inclusion of Key Performance Indicators (KPIs) in the report is helpful, but the current ones are health orientated rather than looking at public health and community health. It asked whether KPIs are being established for the health and wellbeing of the community, rather than measuring the ill health.

38.9 Vicky Smith responded that indicators for long term population health and wellbeing outcomes are being included in the East Sussex shared outcomes framework, and are in the process of being set so that we can start measurement this year. There are also plans to have a national shared outcomes framework in the White Paper, which may include health and wellbeing outcomes. This will inform how we develop and set local measures and indicators,

and in principle will need to be agreed by the Health and Wellbeing Board for implementation from Spring 2023.

38.10 The Board asked if the resources are in place to achieve the timescales outlined under the digital and data section of the overview of Integration White paper. In particular are the timescales reasonable for having all providers within an Integrated Care System (ICS) connected to a 'shared care record for each citizen by 2024'.

38.11 Vicky Smith responded that the digital transformation programme and resourcing is managed at a pan Sussex ICS level, for things such as shared care records and covers the NHS, Local Authorities and primary care. The new targets set out in the White Paper extend this to all care settings for those who need it including the independent care sector, with further detail to come to support implementation. There are plans in place to respond proactively to the new timelines reflected in the White Paper.

38.12 The Committee RESOLVED to:

- 1) Note the continued acceleration of integrated working as a result of our system collaboration, and actions required by increased needs for services during the festive and winter period;
- 2) Note the key recent national and local developments that will inform and influence the way we work together to improve population health, reduce health inequalities and deliver more integrated care; and
- 3) Endorse the recommended next steps as set out in paragraph 3.3 of the report.

### 39. DELIBERATIVE ENGAGEMENT - INTEGRATED CARE SYSTEM (ICS) SYSTEM PRESSURES

39.1 The Board considered a report on the deliberative engagement that had been conducted on the pressures faced by the Integrated Care System (ICS).

39.2 Jane Lodge, Associate Director – Sussex Health and Care Partnership introduced the report outlining the methods and outcomes of the deliberative engagement. Some of the key messages that came out of the process were:

- the strength of feeling about being open and honest with the public if health and care services are under pressure;
- providing the right information in the right formats to enable people to make the right choices;
- Public groups wanting to know how they can help with pressures (e.g. with community assets and volunteering).

39.3 The next steps include developing an action plan to feedback to those people who took part in the engagement and evaluating the deliberative engagement methodology. There are plans to use this methodology for public panels in each Place to debate key issues and develop an understanding to help with decision making.

39.4 Mark Stainton, Director of Adult Social Care commented that there is strong interest in exploring the use of the deliberative approach and many of the outcomes chime with the Active

Mob research that was carried out on health and social care last year. In particular, being open and honest and getting the right information, which is a whole system issue. The report sets out a helpful menu of actions that need to be taken across the whole system.

39.5 Ashley Scarff, Deputy Executive Managing Director – East Sussex Clinical Commissioning Group (CCG) welcomed the report and findings. It illustrates the innovative approach that is being taken to engage with the public on the recovery of services following the pandemic and is a good way of informing the HWB on how engagement work directly informs planning.

39.6 The Board RESOLVED to note the Deliberative Engagement findings.

#### 40. EAST SUSSEX OUTBREAK CONTROL PLAN

40.1 The Board considered a report on the updated East Sussex Outbreak Control Plan (OCP).

40.2 Darrell Gale, Director of Public Health, outlined that the OCP was unfortunately already out of date following the announcement to remove of restrictions on 21 February 2022, which will bring to an end the local testing and contact tracing partnerships. The updated OCP brings together learning throughout the pandemic across all settings. There has been a lot of learning locally and nationally which will be incorporated into the learning to live with Covid strategy.

40.3 The World Health Organisation will decide when the status of the pandemic will change to endemic, and the pandemic may last another 12-18 months. There will be a need to reset the Public Health offer as the Covid pandemic moves towards becoming endemic.

40.4 The Board asked if the additional resources provided by central Government will cease now that national restrictions have been removed. As most health and care settings continue to have some restrictions in place, the Board asked whether the NHS and Public Health have a communications plan in place to cover this.

40.5 Darrell Gale outlined that the Contain Outbreak Management Fund (COMF) funding can be carried over into the new financial year, but other additional funding has ceased. Currently there is no guidance on whether there is any national funding to bid for in the event of future outbreaks. Public Health has informally put together some communications on current concerns, and the easing of some restrictions, and will work with NHS partners on this.

40.6 The Board asked if there is a correlation between the prevalence of Covid infections in areas of higher population densities and vaccination rates.

40.7 Darrell Gale responded that there is a correlation between lower rates of vaccination in more deprived areas and higher rates of infection.

40.8 The County Councils Network (CCN) has identified East Sussex as one of the most deprived counties. Councillor Webb asked for further information on the other four most deprived counties according to the CCN. Darrell Gale agreed to find out which other four counties are identified as the most deprived and advise Councillor Webb. Councillor Barnes commented that there are pockets of deprivation in rural areas where the Super Output Areas can cover large geographical areas.

40.9 The Board RESOLVED to:

- 1) review and approve the update of the East Sussex Outbreak Control Plan contained in Appendix 1; and
- 2) receive an update East Sussex Outbreak Control Plan at its 19 July 2022 meeting.

#### 41. HEALTH AND WELLBEING INEQUALITIES OF RESIDENTS AT KENDAL COURT, NEWHAVEN AND HOMELESS PEOPLE ACCOMMODATED BY BRIGHTON AND HOVE CITY COUNCIL IN TEMPORARY ACCOMMODATION IN EAST SUSSEX

41.1 The Board considered an update report on the health and wellbeing inequalities of residents at Kendal Court Newhaven, and homeless people accommodated by Brighton and Hove City Council (BHCC) in temporary accommodation in East Sussex.

41.2 Mark Stainton outlined the actions that had been taken since the last report in December 2021. There has been a significant exchange of correspondence between the two authorities at both officer and elected Member level. There has been some progress, but the fundamental concerns have not been resolved. Preparations are being made to escalate the matter through the legal routes available if this becomes necessary. BHCC has been asked to share the placement details of the 71 Kendal Court residents that have come to East Sussex County Council's (ESCC) attention in the past 5 years in an attempt to resolve the dispute and avoid further escalation. So far, this information has not been provided.

41.3 There have been a number of improvements in the situation since the last report which include the following:

- The number of people accommodated in East Sussex continues to fall and is now around 122 (which is around half of the peak of 250 last summer).
- New placements to Kendal Court have been paused since December.
- BHCC have made clear their intention to invest in more welfare provision to support people in emergency accommodation when services are put out to tender in quarter 1 of the new financial year (2022/23).

41.4 There remain are a number of areas (as set out in section 3.2 of the report) where BHCC have been asked to provide assurance that the current arrangements are safe and that future commissioning intentions are safe and sustainable.

41.5 The Chair commented that it is good that both parties have been communicating, but a complete resolution has not been found. Therefore, it is important that the Board continues its efforts to resolve this issue.

41.6 The Board noted BHCC's intention to included extra welfare officer provision when it re-commissions the service and asked whether this would be provided 7 days a week and 24 hours a day.

41.7 Mark Stainton responded that there are three or four different tiers of accommodation for homeless people requiring temporary accommodation. Most have no or minimal support needs, but others with enduring mental health or substance misuse issues have significant needs. It would be normal for people with these significant needs to have access to 24 hour support. BHCC have advised that they do not place people with such needs at Kendal Court, which ESCC disputes.

41.8 The Board asked if BHCC has met with East Sussex Healthwatch to discuss their report and what the outcome of the meeting was.

41.9 John Routledge, East Sussex Healthwatch outlined that Healthwatch has not had a direct meeting with BHCC to discuss its report and has not had a formal response to the report. However, there have been a number of emails that would indicate that BHCC are responding in a piecemeal way to some of the recommendations in the report, before formally responding to the report. There appears to be some positive improvements with the number of residents housed at Kendal Court reducing from 51 to 31. With vulnerable people the evidence suggests that they deteriorate when placed out of area, so their needs may increase following placement. Also, the BHCC support officers are from Brighton and do not know the area and the local support that is available. Consequently, they may not be in a position to give as much help as East Sussex organisations would be able to offer. This may explain why people deteriorate and why they do not get the help they need.

41.10 The Board asked if BHCC were prepared to pay ESCC to commission locally based support services, whether this might provide a better solution.

41.11 The Chair commented that there is a difference in view between BHCC and ESCC as to the level of support needed. Mark Stainton outlined he was not sure that BHCC would ask ESCC to commission support and this is a housing related issue whereas ESCC provide adult social care. BHCC may consider asking a voluntary sector organisation to provide welfare support which is about signposting and connecting people with services. It is ESCC's view that a number of people placed at Kendal Court have social care needs under the Care Act as opposed to people who have welfare needs. John Routledge commented that he felt commissioning a local voluntary sector organisation to provide welfare support is a good way forward.

41.12 The Board noted that BHCC has requested a round table meeting with senior officers and lawyers to resolve this matter. ESCC has outlined there would need to be a compromise in BHCC's position in order for this to be an acceptable way forward. The Board asked whether ESCC should be taking BHCC up on their request and what the compromise required would be.

41.13 Mark Stainton responded that meetings at all levels have been taking place since last year including at officer to officer, Director, Leader and at lawyer to lawyer levels. There has been some small progress but there is little merit in meeting to restate ESCC's position. ESCC has tried to clearly articulate the assurance that is required from BHCC that it is fulfilling its statutory duty. There have been a number of opportunities for BHCC to provide this assurance. It is acknowledged there have been some improvements, and there is now an opportunity for BHCC to provide the assurances that ESCC is seeking (as outlined in section 3.2 of the report), that BHCC is meeting its statutory duty under the Care Act to those people it is placing in Kendal Court.

41.14 The Board asked how the issue of differing interpretations of the Care Act can be resolved.

41.15 Mark Stainton responded that the Care Act is only a part of the issue, and BHCC and ESCC continue to work together operationally to meet peoples' needs under the Care Act. The main issue is appropriately identifying peoples' needs when they present as homeless and making sure those needs, whether they are welfare support needs or social care needs, are adequately met and their situation does not deteriorate wherever they are accommodated.

41.16 Some Board members expressed their concern about the timescales involved in BHCC responding to these issues through the re-commissioning of services, and questioned BHCC's intention to adequately respond to the issues without ESCC taking legal action.

41.17 The Chair commented that it should be acknowledged that a significant improvement has been made and the re-commissioning of services may or may not resolve this issue. ESCC will continue to work with BHCC to influence their thinking and to try and achieve a resolution. Working in partnership is preferable to taking legal action and the concerns about the time it is taking to resolve the situation are noted. Mark Stainton added that it is important to acknowledge the significant challenge BHCC is facing in housing all these individuals. There has been dialogue and there has been some progress. The re-tendering of the service provides an opportunity for BHCC to resolve the situation on a sustainable and ongoing basis. Through correspondence ESCC has been clear about what it believes a good service looks like and what expectations ESCC has. The reduction in out of area placements indicates BHCC's desire to resolve this situation, and the specification of the re-commissioned service should set out how the care and welfare needs of the individuals BHCC accommodates will be met.

41.18 The Board RESOLVED to:

- 1) Note the additional information, ongoing concerns and actions set out in this report in respect of Brighton and Hove residents temporarily accommodated in East Sussex; and
- 2) To receive a further update report on the situation, at its next meeting on 19 July 2022.

## 42. WORK PROGRAMME

42.1 The Board considered the work programme which lists the future items to be considered by the Board.

42.2 Mark Stainton outlined the items on the forthcoming HWB agendas. It was agreed to add an update report on Kendal Court to the Board meeting to be held on 19 July 2022. This is in addition to the two annual reports and the Health and Social Care programme update report. At this point the Sussex Integrated Care System (ICS) will have come into existence as of 1 July 2022, and an update report on that topic may also be brought to the Board.

42.3 It was noted that membership of the Board will change when the Sussex Integrated Care System (ICS) formally comes into being and the Clinical Commission Groups (CCGs) are dissolved. The Chair thanked the members of the CCGs for their work on the Health and Wellbeing Board.

42.4 The Board RESOLVED to agree the work programme.

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

43.1 There were none.

The meeting ended at 3.42 pm.

Councillor Keith Glazier (Chair)