EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at Council Chamber, County Hall, Lewes on 10 December 2024.

MEMBERS PRESENT Councillor Keith Glazier (Chair)

Councillor Carl Maynard, Stephen Lightfoot, Dr Stephen Pike,

Ashley Scarff, Mark Stainton, Darrell Gale, Carolyn Fair,

Simon Kiley and Councillor Dr Kathy Ballard

INVITED OBSERVERS PRESENT Councillor Teresa Killeen MBE, Becky Shaw, Nicola Walker

and Steff Kirby

PRESENTING OFFICERS Vicky Smith, Programme Director, East Sussex Health and

Social Care Transformation

Edel Parsons, Senior Reviewer and Programme Lead,

LeDeR, NHS Sussex.

Graham Evans, Head of Public Health Intelligence

21. <u>MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 26 SEPTEMBER 2024</u>

21.1 The minutes of the Health and Wellbeing Board meeting held on 26 September 2024 were agreed as a correct record.

22. APOLOGIES FOR ABSENCE

- 22.1 The following apologies for absence were received from members of the Board:
 - · Veronica Kirwan, Healthwatch East Sussex.
 - Steve Aumayer, East Sussex Healthcare Trust (ESHT).
 - Councillor John Ungar, East Sussex County Council.
 - Councillor Paul Davies, Lewes District Council.
- 22.2 The following apologies for absence were received from invited observers with speaking rights:
 - Mark Matthews, East Sussex Fire and Rescue Service.
 - Simon Morris, Sussex Police and Crime Commissioner.
- 22.3 The following substitutions were made for members of the Board:
 - Simon Kiley, Healthwatch East Sussex substituted for Veronica Kirwan.
- 22.4 The following substitutions were made for invited observers with speaking rights:
 - Steff Kirby, East Sussex Fire and Rescue Service substituted for Mark Matthews.
 - Nicola Walker, Sussex Police and Crime Commissioner, substituted for Simon Morris.

23. <u>DISCLOSURE BY ALL MEMBERS PRESENT OF PERSONAL INTERESTS IN</u> MATTERS ON THE AGENDA

- 23.1 The were no disclosures of interests.
- 24. <u>URGENT ITEMS</u>
- 24.1 There were no urgent items notified.
- 25. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE REPORT
- 25.1 The Board considered an update report on the Joint Strategic Needs Assessment (JSNA). Darrell Gale, Director of Public Health introduced the report and gave a short presentation covering the content of the report including the work carried out on the JSNA since the last report to the Board and the workplan for 2025.
- 25.2 Mark Stainton, Director of Adult Social Care and Health thanked Darrell and his Team for the report which reflects the significant amount of work that has been undertaken on the JSNA. The information in the JSNA is really accessible which allows organisations and individuals to use the data to inform their work. In particular, the local profiles on the boundaries of the Integrated Community Teams (ICTs), based upon District and Borough council area profiles, provide important sources of information to support the development of the ICTs. The work plan for 2025 includes an update of the Pharmaceutical Needs Assessment (PNA) and a number of key pieces of work including needs assessments on the Mental Health of Older People and a needs assessment for People with Multiple Compound Needs; a Neurodiversity data briefing; a Climate Change Health Impact Assessment (HIA); and the Director of Public Health Annual Report 2024/25 Regarding Coastal Community Assets.
- 25.3 Stephen Lightfoot, Chair of NHS Sussex added his thanks and commented that the JSNA is a valuable resource for health and social care. In regard to cardiovascular disease prevention, he asked whether the JSNA has enough data on cardiovascular needs. Darrell Gale responded that the JSNA does contain some information on cardiovascular disease, especially where it is linked to smoking. Graham Evans, Head of Public Health Intelligence added that there are a number of profiles on cardiovascular disease in the JSNA that compare East Sussex with other areas. He encouraged colleagues to speak to the Public Health team about the data that is available.
- 25.4 Councillor Ballard commented on the importance of JSNA and work plan and asked if the PNA will cover the priorities that are set out in the Health and Wellbeing Strategy. Darrell Gale responded that the PNA is a standalone piece of work and a statutory requirement. The work plan does match the priorities as well as responding to requests to undertake specific pieces of work from partners. The Public Health team is sometimes asked to undertake extra pieces of work in addition to the work plan, which can mean some pieces of work may not be as in depth as originally planned.
- 25.5 Ashley Scarff, Director of Joint Commissioning and ICT Development (East Sussex), NHS Sussex commented that the spread of work over the last year and the planned work for the year ahead is welcomed. The work to support the ICTs is really important and some of their work will be on cross-cutting themes through the population footprint of the ICT. He asked if it would be possible for the JSNA to provide cross-cutting data to support this work. Darrell Gale

responded that the Public Health team do try and get cross-cutting data for the District and Borough council areas, but sometimes the data does not always provide the best fit for these areas, if data is not collected on a District and Borough basis. Graham Evans added that the neurodiversity data briefing was a request that arose from work with the ICTs and a look at what elements of data might be missing from the current ICT profiles. This also highlighted data gaps relating to housing issues within the ICT footprints, which can also be used to inform the JSNA.

25.6 The Board RESOLVED to approve the JSNA priorities and workplan for 2025.

26. <u>EAST SUSSEX HEALTH AND SOCIAL CARE SHARED DELIVERY PLAN (SDP)</u> INTEGRATION PROGRAMME - UPDATE REPORT

- 26.1 The Board considered a report on East Sussex Health and Social Care Shared Delivery Plan (SDP) Integration Programme update introduced by Vicky Smith, Programme Director, East Sussex Health and Social Care Transformation. The report provides a summary of progress against the eight priorities contained within the SDP and a report back from the 'deep dive' strategy session held on the 14 November 2024. There has been progress on hospital discharge for those who are medically fit to leave hospital, with this priority shown as amber. Partners will maintain a high level of focus on this area as we head into the winter period.
- 26.2 Vicky Smith added that a summary of the outcomes from the informal strategy session on 'Improving Life Expectancy' are contained in the briefing in appendix 2 of the report, and if approved by the Board, will be taken forward with partners.
- 26.3 Mark Stainton outlined that the report recognises the ongoing challenges regarding hospital discharge in East Sussex and in Sussex as a whole. There has been a sustained 10% reduction in the number of people in hospital who are medically fit for discharge (i.e. who no longer meet the criteria to reside in hospital). Across the Sussex Health and Care system, there are four main workstreams on hospital discharge which are:
 - The SAFER patient flow bundle;
 - Early mobilisation to keep people well whilst they are in hospital;
 - The establishment of transfer of care hubs; and
 - Needs based capacity and demand modelling given the demography and high proportion of elderly and frail people with needs that are more complex and therefore the response needs to be more complex.
- 26.4 The NHS Sussex Winter Plan is also responding to this and is using live data. Some of the interventions include the use of virtual wards, emergency community response teams, and an increase in the use of discharge to assess (D2A) bed capacity.
- 26.5 Mark Stainton also commented that he thought the deep dive sessions had a lot of energy and good ideas. If possible, it would be good to use some of the suggested outcomes as part of the year three refresh of the Shared Delivery Plan actions, rather than waiting for the Health and Wellbeing Strategy to be updated.
- 26.6 Councillor Ballard commented that the deep dive sessions were really excellent and could be extended further to talk about joint commissioning arrangements and opportunities for collaborative working. This was something suggested in a Local Government Association training session she attended recently on Health and Wellbeing Boards.
- 26.7 The Chair asked if the Board has the opportunity to stress the ageing population demographics more widely and the impact this is having on the local health and care system.

- 26.8 Stephen Lightfoot commented that the deep dive session was excellent and builds on some already good teamwork. He added that he would support working on the actions from the deep dive sessions sooner. In terms of whether we are making enough of the ageing population in East Sussex as part of the SDP, he would support engaging with local MPs and NHS England on this point. Partners are coming together as a system to work on the issue of delayed discharge from hospitals, and this issue will only be solved by working together. It is clear that we have not found a complete solution yet, but progress is being made and we are on track to reduce the numbers who are medically fit to leave hospital by a third by March 2025. The four main viruses (seasonal flu, Covid, RSV and Norovirus) circulating over the winter are also likely to put a strain on the system.
- 26.9 Vicky Smith thanked the Board for their encouraging comments and to explore collaborative work as part of the strategy sessions. She outlined that there may be opportunities through the consultation on the NHS National Plan and the work of the Health and Care Select Committee which is looking at the cost of delays of social care reform, to highlight the implications of the ageing population for adult social care and the health system.

26.10 The Board RESOLVED to:

- 1. Note the progress highlights against the Health and Wellbeing Board (HWB) Shared Delivery Plan (SDP) objectives for East Sussex in 2024/25 as set out in Appendix 1, and the positive whole system collaborative action taking place to improve hospital discharge;
- 2. Note the outcomes from the second informal HWB deep dive session as set out in the summary briefing note contained in Appendix 2, and;
- 3. Agree the key messages and suggested actions in the briefing note, for sharing more widely with organisations and partners.

27. <u>SUSSEX LEARNING FROM LIVES AND DEATHS (LEDER) ANNUAL REPORT</u> 2023/24

- 27.1 The Board considered a report on the Sussex Learning from Lives and Deaths (LeDeR) annual report for 2023/24. The report was introduced by Edel Parsons, Senior Reviewer and Programme Lead, LeDeR, NHS Sussex. The report sets out the service improvement programme for all people with learning disabilities and those with an Autistic Spectrum Condition (ASC) without a learning disability.
- 27.2 Stehen Lighfoot thanked Edel for the report and asked how Sussex compares with other systems around the country. Edel Parsons responded that Sussex sits within the top five Integrated Care Boards (ICBs) as measured by the two key performance measures. It is not a requirement to report on service improvements, however the National Service Lead has recognised the services improvement system in Sussex as good practice. There is a Sussex Learning Disabilities and Autism Health Inequalities and Partnership Board, which is representative of Integrated Care System, and the themes within LeDeR define the workstreams of this group which meets every two months. There is a piece of work around tabaco dependency which is about to be put out as a result of LeDeR's work.
- 27.3 Mark Stainton commented that the report highlights the learning from deaths and the learning that has taken place. There has been a 10% increase in reportable deaths as a result of this process and asked if this was due to an increase in awareness or whether there was another reason that accounted for the increase. Also, this is the first full year that people with autism have been included in the report which shows there has only been eleven deaths. Mark asked if this was representative and whether awareness was high enough on the need to include people with autism in reportable deaths.

- 27.4 Edel Parsons responded that the number of deaths has seen an increase due to greater awareness and there has been a request for national communications on this issue. For people with autism to be included within the figures they need to have had a formal diagnosis. This has meant that some reported deaths have been outside the scope of the report. There is a need for more communications to raise awareness that people with autism without a learning disability should be included in reportable deaths (e.g. with Learning Disability Partnership Boards). There is also a need to ensure more people are on GP learning disability registers, which is the focus of a current piece of work with primary care colleagues. Generally, there has not been a sudden increase in the number of deaths reported and the increase has been more incremental in nature.
- 27.5 Darrell Gale thanked Edel for the report and commented that it was important to have information on health inequalities as well as service improvements. The inequality in life expectancy and healthy life expectancy between people with autism, neurodiversity and a learning disability and the rest of the population has been a concern for a period of time. The LeDeR process really helps us to get an understanding of the issues, and the service improvements needed. He thanked Edel for the collaborative work with the Public Health Team around linkages with suicide prevention and self-harm, which has a higher incidence than in the wider community.
- 27.6 Simon Kiley, Head of Evidence & Insight, Healthwatch East Sussex commented that the report is information and gives a thorough overview of the activities being undertaken to address health inequalities. He commented that there are disparities around ethnicities and how this would be picked up inside and outside the LeDeR programme. It would also be good to explore the linkages between some of the themes in the report such as around cancer and autism and the work on the JSNA with a view to informing other services and service areas. Edel Parsons outlined that it is important to look at intersectionality in the work that is undertaken. Also, there is a large number of people in Sussex who are placed out of area from other local authority areas, and particularly from London Boroughs who may be from minority ethnic groups, which may have implications for services.
- 27.7 The Board RESOLVED to note the publication of the Sussex Learning from Lives and Deaths (LeDeR) annual report for 2023/24.

28. <u>EAST SUSSEX SAFEGUARDING CHILDREN PARTNERSHIP (ESSCP) ANNUAL REPORT 2023/24</u>

- 28.1 The Board considered a report on the East Sussex Safeguarding Children Partnership (ESSCP) Annual Report for 2023-2024. The report was introduced by Carolyn Fair, Director of Children's Services. The report provides an overview of the safeguarding activity undertaken over the last year which has included a review of partnership arrangements as set out in the publication of the Working Together guidance. The report also provides information on the Partnership's priorities for 2023-2026. Safeguarding children in East Sussex continues to be robust and effective.
- 28.2 Stephen Lightfoot commented that the ESSCP Annual Report was a strong report which gives assurance that safeguarding is taking place in an effective way. He asked how East Sussex compares with other areas. Carolyn Fair responded that there are a number of assurance arrangements in place and there had been a number of external inspections that had taken place over the last year which had given assurance that the safeguarding practice in East Sussex is robust. There is also a direct link with the national panel which gives feedback on the safeguarding work that we undertake and has given assurance around robustness.

28.3 The Board RESOLVED to note and consider the East Sussex Safeguarding Children Partnership Annual Report for 2023-2024.

29. WORK PROGRAMME

- 29.1 The Board considered a report on the work programme which was introduced by Mark Stainton. He outlined that the agenda for the March 2025 meeting has three items on it, one of which is the Housing Strategy report. There may be space for one more item, depending on how much time needs to be allowed for discussion of the Housing Strategy report. Also, depending on when the NHS Planning Guidance is published, there could be a need to include the Shared Delivery Plan year three refresh within the standing item for consideration by the Board. Board members were invited to raise any items for inclusion in the work programme or to contact Mark after the meeting.
- 29.2 Stephen Lightfoot commented that it is likely that at some point in the next year the Government will publish an NHS 10 Year Health Plan (possibly in May) and the Board may need to consider and respond to that. A key part of this will be prevention and it might be good if the Board did some baselining of what we spend on prevention and how effective this is, with a view to having a report in March or July next year. Becky Shaw, Chief Executive, East Sussex County Council (ESCC) added that the Government is also intending to publish a 10 Year Plan for Social Care, and it would be good to consider these two plans together. The Chair commented that there has been a lot of focus on prevention work over the last 10 years and it may be informative to explore what we could have done if we had more resources. Cllr Ballard commented that Unison had raised the issue of a national care service for the whole country for social care, and this might be of interest to the Board.
- 29.3 Mark Stainton commented that we will respond to Government consultations on Social Care reform. It will be possible to provisionally put the NHS 10 Year Health Plan on the Board's work programme for the July meeting and the 10 Year Social Care Plan can be considered at the same time if it is available. The Council's departments, and especially the Children's and Adults social care departments, are doing some work around prevention and developing a Prevention Strategy. It might be helpful for the Board to have a presentation on the Prevention Strategy at the March 2025 meeting.
- 29.4 Date of next meetings:
 - The next informal 'deep dive' strategy session will be held on Thursday 6 February 2025, at 2.00pm.
 - The next Health and Wellbeing Board meeting will be held on Tuesday 4 March 2025, at 2.30pm.

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30.1 There were none.

The meeting ended at 3.30 pm.

Councillor Keith Glazier (Chair)