

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 15 July 2025.

MEMBERS PRESENT

Councillor Keith Glazier, OBE (Chair)

Councillor Carl Maynard, Councillor John Ungar, Councillor Trevor Webb, Simon Dowse, Deborah Ennis, Darrell Gale, Simon Kiley, Stephen Lightfoot, Dr Stephen Pike, Ashley Scarff and Mark Stainton

INVITED OBSERVERS PRESENT

David Kemp, East Sussex Fire and Rescue Service

PRESENTING OFFICERS

Vicky Smith, Programme Director, East Sussex Health and Social Care Transformation

Matthew Ryan, Engagement Manager Healthwatch

Kira Parsons, Engagement Officer Healthwatch

1. MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 4 MARCH 2025

1.1. The minutes of the meeting of the Health and Wellbeing Board held on 4 March 2025 were agreed as a correct record.

2. APOLOGIES FOR ABSENCE

2.1. The following apologies for absence were received from members of the Board:

- Veronica Kirwan, Healthwatch East Sussex
- Cllr Kathy Ballard, Eastbourne Borough Council
- Jayne Black, East Sussex Healthcare NHS Trust
- Carolyn Fair, Director of Children's Services

2.2. The following apologies for absence were received from invited observers with speaking rights:

- Becky Shaw, Chief Executive

- Hannah Youldon, East Sussex Fire and Rescue Service.

2.3. The following substitutions were made for members of the Board:

- Simon Kiley, Healthwatch East Sussex substituted for Veronica Kirwan.
- Simon Dowse, Director of Transformation, Strategy and Improvement substituted for Jayne Black
- Deborah Ennis, Assistant Director Commissioning substituted for Carolyn Fair

2.4. The following substitutions were made for invited observers with speaking rights:

- David Kemp, East Sussex Fire and Rescue Service substituted for Hannah Youldon.

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

3.1. Councillor Webb disclosed a personal, non-prejudicial interest as a trustee of His Place and member of the Maslow Housing Co-operative in Hastings.

4. URGENT ITEMS

4.1. There were no urgent items notified.

5. EAST SUSSEX HEALTH AND SOCIAL CARE SHARED DELIVERY PLAN (SDP) PROGRAMME - UPDATE REPORT

5.1. Vicky Smith, Programme Director, East Sussex Health and Social Care Transformation introduced an update report on the East Sussex Health and Social Care Shared Delivery Plan (SDP) Integration Programme. The report outlined the ongoing joint plans for year 3 of the SDP in East Sussex, covering children and young people, housing, improving health outcomes, integrated community teams, mental health, improving hospital discharge and strengthening the role of the Health and Wellbeing Board (HWB). The report also outlined headlines from the NHS 10 Year Health Plan, including local implications, and shared the outcomes of the recent informal HWB development session on the importance of the life course. It was noted that discussions at the session also explored some of the current contextual challenges to partnership working.

5.2. Ashley Scarff, Director of Joint Commissioning and Integrated Care Team Development, NHS Sussex, thanked Vicky for the report and noted the need for flexibility when working towards the aims and priorities of the SDP within the changing healthcare landscape.

5.3. Mark Stainton, Director of Adult Social Care and Health (ASCH) commented that the seven SDP priorities were appropriate and targeted towards population needs. Mark agreed on the importance of retaining flexibility, noting that the 10 Year Health Plan was newly released and all partners continued work to understand its implications. Further detail on this would be

provided at the next meeting. The Plan broadly reflected the priorities of the Sussex Integrated Care Strategy Improving Lives Together, however there remained significant change occurring in the wider system related to governance including Integrated Care Boards (ICBs), local government reorganisation, and the creation of a Mayoral Strategic Authority, and it would be important not to lose sight of the SDP priorities when responding to this change.

5.4. Councillor Ungar welcomed the report and commented that it would be useful to include how many of those experiencing delayed discharge were self-funders. He gave an example of a self-funder saving money on care home costs by delaying a family member's discharge and enquired if this was a wider issue.

5.5. Mark Stainton responded that figures on self-funding could be provided, however staff within both the Trust and the local authority sought to help progress discharge for all individuals. This was supported by a contract with an organisation specifically to help self-funders discharging from hospital, whereby a family in which an individual has been identified as self-funding, would be referred for assistance. Delaying discharge to avoid costs was not a typical approach and most relatives preferred to see their family members cared for in an appropriate setting.

5.6. Simon Dowse, Director of Transformation, Strategy and Improvement at East Sussex Healthcare NHS Trust (ESHT) added that avoidance of costs had not emerged as an issue for patient flow or internal decision-making. However, ESHT was working on its latest discharge programme so would identify this if it was an emerging issue.

5.7. Councillor Webb thanked officers for the report and welcomed the plans overall, however expressed concerns about inconsistencies in Special Educational Needs and Disabilities (SEND) support, including the recommissioning of wheelchair provision, which had been discussed at People Scrutiny Committee, and reduced funding for housing related support.

5.8. Stephen Lightfoot, Chair of NHS Sussex welcomed the SDP objectives and the inclusion of children and young people as a priority. This had been reflected in the HWB seminar at which information on school readiness had emerged as a priority. Stephen fed back that the SDP could also consider the long term health outcomes of children and young people in relation to weight management in terms of obesity and eating disorders.

5.9. Mark Stainton clarified that the funding for housing related support, which for ESCC was a non-statutory service, was a £500,000 contribution by district and borough councils and a further £500,000 from ESCC which would fund a residual service. This had enabled the access criteria to be revised to focus on those at risk of homelessness. The priority for ESCC was households with children at risk of homelessness, and households with adults at risk of needing care if housing needs are not met. The focus of district and borough councils would be homelessness prevention.

5.10. Deborah Ennis, Assistant Director Commissioning and Transformation noted that the recommissioning of the wheelchair contract had been a recommendation of the area-wide SEND inspection. Additional funding had been put into this contract to address the backlog in

wheelchair provision, and there were plans for a pan-Sussex contract going forward. Overall, there had been improvements in waiting times.

5.11. Ashley Scarff confirmed this additional funding and seen positive progress as a result. Re-procurement could not take place until the end of the current contract but doing so on a pan-Sussex basis would seek to make best use of resources.

5.12. The Chair thanked Vicky for the report and endorsed the work undertaken at the HWB development day.

5.13. The Board RESOLVED to:

1. endorse the refreshed East Sussex HWB Shared Delivery Plan (SDP) priorities and plans for year 3 (25/26), noting that the recent publication of the Government's 10 Year Health Plan and wider health and care reform may impact on the Sussex SDP and delivery in general; and

2. agree the outcomes from the informal HWB development session on the importance of the life course, and the contextual challenges and risks for our partnership working.

6. NHS REFORMS

6.1. Stephen Lightfoot introduced the report, which summarised recently announced reforms to the NHS including the abolition of NHS England and changes to ICBS, including a reduction in running costs and a new blueprint for ICBs; as well as the local response, including a proposal for a new ICB on a Sussex and Surrey footprint which had been approved by government and would commence in April 2026. Stephen commented on the significant uncertainty this had created for staff. Stephen also noted the recent announcement to cease Healthwatch organisations and thanked Healthwatch partners and volunteers for their engagement with patients which provided key insights when developing health and care services. The direction in the NHS Plan to more care in the community, use of digital and technology and focus on prevention aligned with the SDP and welcomed the ongoing role of health and wellbeing boards to deliver care to local communities.

6.2. The Chair noted the timescale over which these changes had occurred and the new ICB footprint which would no longer be coterminous with the devolution proposal for a Sussex authority. The Chair commented that the closure of Healthwatch was disappointing and that their reports had been invaluable and that the Board would consider how it would work with Healthwatch colleagues going forward.

6.3. Councillor Ungar thanked Stephen for the report and sought clarification on the funding for NHS Sussex and raised concerns about Sussex not receiving the funding it needs. He additionally asked whether a reason had been provided for closing Healthwatch given that the Integrated Care Partnership was also being abolished, leaving uncertainty around how the role would be fulfilled for a professional body to conduct public engagement.

6.4. Stephen Lightfoot responded that it was critical that the voices of the public and patients were heard in the development of services. It was not currently clear how this would be ensured, but it would be necessary to find mechanisms that fulfilled this role, as Healthwatch had done effectively. Regarding funding for NHS Sussex, Stephen clarified that the new leadership team within NHS England had reviewed the national fair shares allocation model, which was based on demographics, population age, deprivation levels, and health. NHS Sussex was receiving £186 million (4%) in excess funding according to this model. The ICB would likely need to come up with a three-year plan to work back towards its national fair share.

6.5. Councillor Webb commented that the timescale for ICB reform had been unrealistic. He welcomed the continuation of the HWB as well as the work being done to support health staff throughout the process.

6.6. Stephen Lightfoot acknowledged that responding to the timescale had been challenging and had not allowed for the desired engagement with partners and the public. However, the proposal reflected the best that the ICB could do within these constraints. Working closely with staff was critical given the uncertainty they had faced since March. The expectation was to have a new Chair by July, a new Board in August, and a staff consultation following this. Staff were being updated at each stage.

6.7. Mark Stainton acknowledged the impact of reforms on NHS Sussex as well as the critical role that Healthwatch East Sussex had played within the HWB and wider system. Regarding the new ICB for Sussex and Surrey, it would be vital that the leadership and management structure recognised two discrete systems given the differences between and within each proposed mayoralty. In addition, the funding regime and resource allocation would need to reflect the particular challenges around age and deprivation in East Sussex compared to wider Sussex and Surrey. He also commented that it was important that current levels of uncertainty for both the NHS and local government would not hinder the well-established partnership working in East Sussex. The ongoing role of the HWB was welcome as it could be the only statutory joint voice going forward, however there may be potential to continue the Sussex Integrated Care Partnership on a non-statutory basis, but there were many details still to be understood.

6.8. Stephen Lightfoot commented that the prospect of a larger ICB footprint presented an opportunity for a stronger role for Place in system governance, with a key role for Integrated Community Teams. The HWB would have a more significant role in the future as a collaborator with the Mayoral Strategic Authority.

6.9. The Chair noted the good partnership work established in East Sussex and the need to build on this.

6.10. The Board RESOLVED to note the submission from NHS Sussex to NHS England which responds to national guidance on Model Integrated Care Boards and next steps for the transition arrangements for Sussex.

7. EAST SUSSEX BETTER CARE FUND PLANS 2025-2026

7.1. Ashley Scarff, Director of Joint Commissioning and Integrated Care Team Development, NHS Sussex introduced the report which set out plans for the East Sussex Better Care Fund (BCF) for 2025/26. He outlined that the BCF was part of embedded spend in the East Sussex health and care system with a set of national conditions and reporting requirements. It allowed the health and social care sectors to pool their resources to remove organisational barriers to joint commissioning, although did not represent the totality of joint work in the county. National objectives for the fund for 2025/26 had been simplified and reconciled with the strategic shifts outlined in the NHS 10 Year Plan, however further reforms to the BCF were expected for 2026/27. The objectives for the East Sussex BCF for 2025/26 reflected the Government's commitment to reform via a shift from sickness to prevention and from hospital to home, including a focus on hospital discharge.

7.2. Stephen Lightfoot thanked Ashley and Mark for the report and supported the plans and the collaborative process by which they had been developed. He particularly endorsed the aim to be more proactive, including through work on avoiding admissions and treating people at home. Discharge had been an area of challenge for several years and Stephen noted that the plans included the continuation of existing schemes in 2025/26 and enquired about what would be done differently this year to achieve better performance through these.

7.3. Mark Stainton responded that work had been ongoing for some time to improve discharge. This included ensuring that patient numbers were being measured correctly, starting the discharge journey shortly after admission, and being flexible about moving between different pathways as new information emerged. There had been heavy investment in supporting discharge capacity in the community and a healthy independent home care market. This was also true of bedded care, although there were some areas of particular specialty where there were capacity challenges. The contract to expediate discharge for self-funders was also a part of this work. There remained work to do despite recent sustained improvements in East Sussex, including addressing internal process issues to avoid cross-referral; using a trusted assessor approach; and maximising the use of Discharge to Assess capacity. It would also be important to ensure that the right proportion of patients were being discharged on each pathway. Professor John Bolton OBE had undertaken some work on this in Sussex, and decisions were needed on if the proportions he had recommended reflected the unique needs in East Sussex. However, work on discharge to date provided assurance that the improvements could be sustained.

7.4. Ashley Scarff commented that the discharge scheme within the BCF plans included Home First pathways and additional Discharge to Assess beds. A multi-agency approach would seek to achieve a good balance between these types of capacity to best meet need. A small portion of the Fund had additionally been earmarked to provide the flexibility needed to maximise flow, particularly going into the winter months.

7.5. Councillor Webb commented that it was welcome to see clear objectives in the plans and specific focuses on reducing inequalities in access to NHS services, deprived communities, and supporting and involving unpaid carers.

7.6. The Chair commented that the BCF had been a significant driver of the HWB's work and had contributed to many advancements despite the progress still to make.

7.7. The Board RESOLVED to:

1. note the better care fund requirements for 2025-26; and
2. approve the East Sussex BCF plans for 2025-26 recognising the discussion underway to review the metrics targets for the year ahead.

8. HEALTHWATCH ANNUAL REPORT 2024/25

8.1. The Board considered the annual report of Healthwatch East Sussex (HWES) introduced by Simon Kiley. Simon thanked partners and colleagues for the messages of support following the news of Healthwatch's dissolution. He clarified that HWES was one of 152 Healthwatch organisations across the country supported by Healthwatch England whose functions would be drawn into the new Directorate for Patient Experience within the Department of Health and Social Care. Local Healthwatch functions would be split, with the health component drawn into the ICB and the social care component into the local authority. There were significant challenges presented by the unclear timeline for this process and Government had not confirmed Healthwatch funding beyond March 2026. In the intervening period, HWES would continue its business as usual to champion mainstream and seldom heard voices.

8.2. Going forward, HWES was concerned about the potential loss of an independent body enabling service users to share their experiences. In light of this, the HWB was asked to support the ongoing work of HWES until further clarity emerged and to collaborate with HWES over the coming months to explore future alternatives.

8.3. Simon presented a video outlining the work of HWES in 2024/25, including extensive and valuable engagement with mainstream and seldom heard communities. This had been supported by positive relationships with health and care commissioners and providers. The work programme for the remainder of 2025/26 included work on restoring pharmacy provision in Hastings, wellbeing in emergency and temporary accommodation, experiences of patient transport, and evaluating mental health neighbourhood support teams.

8.4. Simon Dowse noted the value of Healthwatch input and commented that partners in East Sussex should work together to preserve independent voice, adding that a prevention and integration agenda would not succeed without understanding what is valued by the public and patients.

8.5. Councillor Ungar suggested that ESCC could assign officers specifically to the role of gathering the independent voice of the public. Mark Stainton responded that the Department could not commit fully to this as the details of how the Government would replace Healthwatch, and the funding to be allocated for these purposes, were uncertain. However, although there were good local authority networks in place, the independent voice of service users remained vitally important. ESCC would seek to retain this, but the approach would depend on the details and funding levels.

8.6. Darrell Gale, Director of Public Health thanked Simon for the report and commented on the important role it played in providing an independent voice and noted an example of a Healthwatch report which had resulted in the rapid assessment of a care home and highlighted unsafe care settings to a national audience. He added that the Listening Tours enhanced the work of Public Health by contextualising data with the comments of service users on the everyday building blocks of health.

8.7. The Chair echoed comments on the need for an independent public voice.

8.8. Councillor Ungar proposed that the Board recognise as part of its recommendations the necessity of having an independent voice for local people with lived experience of health and care services. This was seconded by the Chair. Stephen Lightfoot noted that the West Sussex HWB had made a similar request in the previous week and it may be effective to coordinate these responses. The Chair confirmed that this would be taken forward.

8.9. The Board RESOLVED to:

1. note the Healthwatch East Sussex Annual Report 2024-25, and;
2. note the importance and value of having an independent voice for local people with lived experience of health and care services in East Sussex.

9. HEALTHWATCH LISTENING TOUR

9.1. The Board considered a summary report on the HWES Listening Tour 2024/25 introduced by Matthew Ryan and Kira Parsons. HWES had taken a new approach in 2024/25 by visiting three areas on the tour, which were Wealden, Lewes and the Havens, and Hastings. An area report had been produced for each district alongside the summary report. The report would be shared with key partners and used to inform HWES' work programme for 2025/26.

9.2. Councillor Webb commented that HWES demonstrated its independence through the recommendations it provided. He noted that people had shared on the Listening Tour that GP receptionists were being asked to triage patients without being appropriately trained to do so. Regarding the accessibility of parking in Hastings, an issue raised on the Tour, Councillor Webb commented that both ESCC and Hastings Borough Council could work to consider the potential barriers and the testimony of residents made this a strong practical point for action.

9.3. Stephen Lightfoot thanked Kira and Matthew for the report and sought details on work with NHS Sussex to make recommendations, particularly whether the Primary Care Provider Collaborative had been involved in relation to access to primary care. He asked whether there was scope to do more to educate the public on the whole primary care team beyond GPs and the need to triage people to the right care. There was a public perception on the inaccessibility of GP appointments despite over 1 million appointments being delivered in Sussex each month.

9.4. Matthew responded that there had not yet been engagement with NHS Sussex partners such as the Primary Care Provider Collaborative in relation to this report, however HWES was in regular contact with ICB colleagues. Matthew agreed that the report highlighted a lack of understanding of the triage process among some service users. HWES had also heard that it may not be as useful to tell people to go to their GP as it would be to tell them to contact their practice and be signposted to the right support. It was not clear who would take on the role of deepening education, but patient participation groups may have a part in this at the local level. Matthew also noted that the public perception was changing, citing that people at a recent event had shown understanding that using the NHS app reduced pressure on phone lines.

9.5. Councillor Ungar noted that the issue of loneliness highlighted in the report linked well to the work that ESCC had been doing for several years, but that its presence indicated the need to continue focusing resources on this.

9.6. The Chair noted the importance of the report's insights and reiterated the need to find a path for this work to continue.

9.7. The Board RESOLVED to note the Healthwatch Listening Tour Report.

10. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2024/25

10.1. Darrell Gale introduced the Annual Report of the Director of Public Health - Postcards from the Coast. Coastal Communities in East Sussex, their health, wellbeing and assets. Darrell noted that this was a statutory report which served as the independent voice of the Director of Public Health and would be published shortly on the East Sussex Joint Strategic Needs Assessment website. The report outlined the health and wellbeing of coastal communities in East Sussex.

10.2. Councillor Webb thanked Darrell for the report and agreed with the current focus on promoting protection against measles and asked if Public Health had come across communities with a religious opposition to vaccination. Councillor Webb also highlighted recruitment challenges in Hastings, which had been an issue for many years, and the Aspirations scheme linked to addressing this. He additionally enquired about whether the Board would receive a report on social prescribing this year, praising the report considered in the previous year.

10.3. Darrell Gale responded that, regarding vaccination, there was increasingly a variety of communities living in coastal towns in the county with differing religious and cultural beliefs and this made the vaccination programme more complex. In light of this, there was a need for Public Health to work with partners to re-emphasise its importance and understand barriers to vaccination including non-scientific information impacting people's decisions.

10.4. Darrell commented that Aspirations was a long-term approach to growing the medical workforce locally, particularly in areas such as Hastings where fewer people were choosing to enter the profession. There had been several recent events focused on recruitment and Darrell noted that a small number of young people were using care work to develop businesses, taking advantage of the flexibility of this work. He commented that gaps in the workforce could be addressed by promoting this flexibility while enhancing skills in other sectors.

10.5. Regarding social prescribing, Darrell responded that there had not been the opportunity to provide an update on creative health within this report but that an appendix would be produced on this.

10.6. Councillor Ungar thanked Darrell for an informative report and commented that messages encouraging parents to vaccinate their children were not strong enough and should focus more on the potential consequences of missed vaccinations.

10.7. Stephen Lightfoot echoed comments on the importance of vaccination. He added that the report made the case for two systems within the future ICB given that Surrey did not have coastal communities, noting that the report highlighted a significant discrepancy between life expectancies in coastal and non-coastal communities. Stephen added that the report captured the need to follow demographic data as it evolved, as demonstrated by the example that the population in Eastbourne had become younger.

10.8. Ashley Scarff commented that the report and work of Public Health going forward would have a valuable role in developing Integrated Care Teams. He added that this work presented an opportunity to champion the building blocks of health within the three 10-year development programmes in Eastbourne, Bexhill, and Hastings.

10.9. The Chair thanked Public Health for the report and commented that it provided a wide range of information with a variety of uses.

10.10. The Board RESOLVED to review and champion the 2024-25 Annual Report of the Director of Public Health in East Sussex - Postcards from the Coast. Coastal Communities in East Sussex, their health, wellbeing and assets, ahead of wider dissemination and publication.

11. WORK PROGRAMME

11.1. Mark Stainton introduced the item on the work programme. He suggested that the item on the NHS 10 Year Plan also include an update on progress around the development of ICBs.

12. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

12.1 There were none.

The meeting ended at 15:52

Councillor Keith Glazier, OBE (Chair)

