

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 23 September 2025.

MEMBERS PRESENT

Councillor Keith Glazier, OBE (Chair)
Carolyn Fair, Councillor Amanda Jobson, Veronica Kirwan,
Stephen Lightfoot, Ashley Scarff, Mark Stainton and
Councillor John Ungar

Councill Maynard (attended online)

INVITED OBSERVERS PRESENT

Becky Shaw, Councillor Kathy Ballard, Councillor Paul
Davies, Councillor Teresa Kileen, Simon Morris and Duncan
Kerr

13. MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 15 JULY 2025

13.1 The minutes of the meeting held on 15 July 2025 were agreed as a correct record.

13.2 The Chair thanked Stephen Lightfoot for his contribution to the Health and Wellbeing Board (HWB) and the Sussex Integrated Care Board (ICB) ahead of his upcoming retirement, recognising his leadership in promoting collaborative working across health and social care.

13.3 Stephen Lightfoot responded that the progress achieved had been a collective effort and expressed appreciation for the Board's support.

14. APOLOGIES FOR ABSENCE

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

- Darrell Gale, Director of Public Health
- Dr Stephen Pike, NHS Sussex
- Jayne Black, East Sussex Healthcare NHS Trust
- Councillor Trevor Webb

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

- Hannah Youldon (East Sussex Fire and Rescue Service)

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

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

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

15.1 There were no disclosures of interest.

16. URGENT ITEMS

16.1 There were no urgent items notified.

17. SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2024-25

17.1 Seona Douglas introduced the report, outlining the statutory responsibilities of the Safeguarding Adults Board (SAB) under the Care Act, including the development of a strategic plan, publication of an annual report, and commissioning of Safeguarding Adults Reviews (SARs). Seona emphasised that while she serves as Independent Chair, the SAB operates as a partnership, with strong collaboration across statutory and wider partners.

17.2 Seona highlighted the role of sub-groups in supporting the SAB's work and expressed disappointment at the dissolution of Healthwatch, thanking Veronica Kirwan and her team for their contributions, particularly in amplifying the voice of service users.

17.3 Seona noted an increasing national concern around self-neglect and hoarding, as outlined in the report, as well as work locally to develop tools to support practitioners in responding to these issues. Seona also noted the use of a multi-agency dashboard and audits as mechanisms for learning and improvement.

17.4 The Chair thanked Seona for the report and noted the challenges and complexity in safeguarding and welcomed the successful outcomes of the SAB.

17.5 Stephen Lightfoot, Chair of NHS Sussex, commended the SAB's exemplary multi-agency working, including contributions from justice, probation, and fire services, and thanked Seona for her leadership.

17.6 Councillor Ungar praised the breadth of work reflected in the report. He also noted historical low levels of GP safeguarding referrals and asked whether engagement had improved. Seona responded that while nurses often make referrals, there was positive engagement from GPs, with a GP attending Board meetings regularly. She acknowledged the need for ongoing improvement and learning, especially during staff transitions. Improvement more widely was a continued focus for the partnership and part of its role was to challenge each other.

17.7 David Kemp, Head of Prevention and Designated Safeguarding Lead, East Sussex Fire and Rescue Service, commented that the SAR Board was well attended, and that while SARs focus on rare cases where things go wrong, the vast majority of interactions with vulnerable people were positive and reflected the professionalism of staff.

17.8 Councillor Jobson raised concerns about men's mental health and referenced a local suicide and the Baton of Hope initiative in Hastings. Seona confirmed the SAB worked with Public Health on suicide prevention, including representation on the Board, and that SARs did include suicide where care and support needs were present.

17.9 Councillor Ballard asked how domestic abuse and violence against women and girls was reflected in safeguarding. Seona noted the domestic abuse strategy and work with Safer Communities on these issues and cited research with Durham University on domestic abuse in

older populations, particularly where dementia and traditional relationship roles intersect. Seona emphasised the importance of awareness and appropriate support and noted work with partners, including Safer Communities, to share information.

17.10 The Board RESOLVED to note the report.

18. ICB PROGRESS UPDATE

18.1 Stephen Lightfoot provided an update on the formation of the Surrey and Sussex Integrated Care Board (ICB), which will be coterminous with the two mayoral authorities. Ian Smith had been appointed Chair, and recruitment for the Chief Executive was underway. Stephen acknowledged the uncertainty faced by staff and noted that changes to the ICB, including redundancies, were likely to be delayed until 2026 due to lack of national funding.

18.2 Stephen noted the ongoing commitment to neighbourhood health services as part of the Government's plan to shift care from hospital to community and outlined differences in neighbourhood health models between Surrey and East Sussex, with Surrey's model based on populations of 30–50,000 and the East Sussex model which was aligned with district and borough footprints. NHS clinical leaders had been working with stakeholders, including local government and the voluntary, community and social enterprise (VCSE) sector, to develop new care models for the ICTs and this was due to be presented to the NHS Sussex Board shortly. Stephen also confirmed that Hastings and Rother had been selected for a £10 million Neighbourhood Health Implementation Programme bid.

18.3 The Chair expressed disappointment that the new footprint was not coterminous with the proposed Sussex Combined Authority, and emphasised the value of community teams, but welcomed the opportunity to collaborate and share learning with Surrey and confirmed he had already met with the new Chair.

18.4 Veronica Kirwan, Chief Executive of Healthwatch, asked how the ICB would retain an independent patient voice. Stephen commented on the importance of this and confirmed that the commissioning intentions, to be presented to the NHS Sussex Board, included a commitment to working with VCSE partners to maintain the independent voice of the public. Stephen commented that the NHS should not undertake this role alone, and that the ICB would fund a new mechanism to achieve this through the VCSE sector, although also stressed the importance of collaboration with local government and NHS Trusts across Sussex.

18.5 Councillor Jobson suggested neighbourhood panels to capture resident experience. Stephen noted the development of population health profiles for the ICTs to gather patient feedback.

18.6 Mark Stainton, Director of Adult Social Care and Health, welcomed Stephen's commitment to independent voice and his comments on Healthwatch and confirmed that East Sussex County Council had written to the ICB on this matter and were exploring options. Mark also noted that that the Neighbourhood Health Implementation Programme would progress at pace, and updates would be brought to future meetings as part of reports on integrated programmes.

18.7 The Board RESOLVED to note the update from NHS Sussex in response to the NHS Reforms and Neighbourhood Health.

19. INTEGRATION PROGRAMME UPDATE

19.1 Vicky Smith, Programme Director, East Sussex Health and Social Care Transformation, presented an update on the East Sussex Health and Social Care Shared Delivery Plan (SDP) Integration Programme. Progress on the SDP priorities in quarter 1 included the development of Integrated Community Teams (ICTs), work being progressed on multi-disciplinary teams, and the use of a new risk tool to identify individuals at risk of hospital admission. The report also outlined the discussions at the recent informal Health and Wellbeing Board (HWB) session on the JSNA theme of reducing health inequalities and measuring the impact of collaborative work on population health and wellbeing, which Vicky confirmed would feed into the forthcoming HWB strategy refresh in 2026.

19.2 Vicky noted the successful East Sussex submission to the National Neighbourhood Health Implementation Programme, focussed on Hastings and Rother as part of the broader approach to ICTs and which provided an opportunity to develop joint plans to commission and deliver a sustainable model for neighbourhood health services. The report outlined the new planning framework for NHS England, including 5-year ICB strategic commissioning plan and NHS provider delivery plans, and Vicky emphasised the role of the HWB in developing a new neighbourhood health plan as part of this framework.

19.3 The Chair thanked Vicky for the report and acknowledged the scale of change and the importance of maintaining services.

19.4 Ashley Scarff, Director of Joint Commissioning and ICT Development (East Sussex), NHS Sussex, thanked Vicky for the report and welcomed the news of the National Neighbourhood Health Implementation Programme which will focus initially on Hastings and Rother. Ashley noted the ambitious programme around neighbourhood health and the development of ICTs in East Sussex and said that learning from Hastings and Rother would be used to strengthen ICTs across Sussex. Ashley emphasised the HWB's leadership role in planning for and meeting the population needs of East Sussex which was demonstrated through the discussions at the informal HWB sessions.

19.5 Mark Stainton reiterated that learning from the National Neighbourhood Health Implementation Programme would be shared across East Sussex. He noted the successful rollout of the Johns Hopkins Risk Stratification Tool into all GP practices, which would be a key focus of the Programme. Mark clarified that while the £10 million investment would be retained centrally, local systems would be expected to use their own resources to deliver the programme.

19.6 Councillor Ballard raised concerns about smoking as a key driver of health inequalities. Mark Stainton confirmed that ICTs had a 20-30% flexibility in funding to tailor interventions to local needs and noted smoking cessation as a priority in Hastings as an example. There were plans for a "Making Every Contact Count" approach across health and care professionals as an opportunity to raise awareness of public health initiatives, including smoking cessation.

19.7 Stephen Lightfoot stressed the importance of place-based governance and the HWB's central role in this. He noted health inequalities and disparities in healthy life expectancy across the county and the need to ensure resourcing for ICTs to provide targeted interventions to address local issues. The success of these initiatives would likely be seen over the long term, and consideration was needed as to how short-term progress would be measured.

19.8 Councillor Jobson raised access issues for disabled residents in Hastings, citing limited disabled bays to access the local pharmacy for residents on Bohemia Road, and suggested an audit of disabled bays. Vicky commented on the importance of partnership working at a community level to address these issues, including monitoring via dashboards, and the development of the joint management structure to lead ICTs at the level of frontline delivery in communities.

19.9 The Board RESOLVED to:

1. note the progress in quarter 1 for the East Sussex HWB Shared Delivery Plan (SDP) priorities and plans in 25/26 as set out in Appendix 1;
2. agree the outcomes from the informal HWB development session on reducing health inequalities and measuring the impact of our work as a health and care system, as set out in the summary briefing note contained in Appendix 2;
3. endorse the successful submission from East Sussex to be part of the Government's National Neighbourhood Health Implementation Programme, and our collective delivery of the programme starting in September 25 focussed on Hastings and Rother; and
4. endorse the HWB's leadership role in supporting the development of the new neighbourhood health plan, in line with further guidance that is expected from the Department of Health and Social Care (DHSC) and NHS England (NHSE), and aligning with the 5-year organisation plans for the NHS.

20. PHARMACEUTICAL NEEDS ASSESSMENT

20.1 Graham Evans, Head of Public Health Intelligence, presented the Pharmaceutical Needs Assessment (PNA), outlining its purpose, methodology, and key findings and thanking partners on the steering group in the production of the report. Graham confirmed that the PNA, used to assess the adequacy of pharmaceutical services across East Sussex, was used by NHS Sussex to support market entry decisions. Since the last PNA, there had been a national decrease in physical premises, which was also reflected in East Sussex. While provision of community pharmacies in East Sussex was slightly lower than urban areas such as Brighton and Medway, it was higher than similar counties like West Sussex, Kent and Surrey.

20.2 Graham reported that a county-wide resident survey had been conducted to understand usage patterns and satisfaction levels and thanked colleagues for their support to promote the survey. The findings indicated that the public were generally pleased with the availability and quality of pharmaceutical services across East Sussex. The PNA reported that no gaps were identified in the location, availability, or operating hours of pharmaceutical services that would fall below the required minimum standards. The report included recommendations around maintaining service levels, improving public information, and enhancing access via transport and out-of-hours provision.

20.3 Councillor Amanda Jobson enquired about the impact of new housing developments on pharmacy demand and if the provision of pharmacies in new supermarkets would be considered. Graham responded that no current planned developments had triggered the threshold for new provision, but any future changes would be reassessed as part of ongoing monitoring. In terms of new supermarkets, Graham clarified that this was part of the market entry requirement and NHS colleagues would look to the PNA to identify any gaps or potential gaps in provision.

20.4 Stephen Lightfoot thanked Graham for the report and noted that the PNA was a vital tool to ensure pharmacy coverage across the population. Stephen commented that while geographical coverage may be adequate, access in terms of opening hours, particularly evenings and weekends, remained a challenge, especially in rural areas. He emphasised the importance of pharmacies as a point of access for healthcare advice and treatment as part of the Pharmacy First programme and supported the proposal that NHS Sussex should continue to review out of hours services.

20.5 Ashley Scarff added that the PNA was a valuable commissioning tool. The information within the report on out of hours access and rurality were particularly relevant within the context of the NHS 10-Year Plan, which promotes alternative care pathways and a more proactive role

for pharmacies, and informed the Board that there were representatives from community pharmacy in local ICT groups.

20.6 The Board RESOLVED to:

1. approve the 2025 East Sussex Pharmaceutical Needs Assessment attached as Appendix 1; and
2. agree to the publication of the Pharmaceutical Needs Assessment.

21. EAST SUSSEX ALL AGE AUTISM ACTION PLAN

21.1 Sarah Crouch, Strategic Commissioning Manager, introduced the East Sussex All Age Autism Action Plan which was developed in response to the national autism strategy and shaped through extensive consultation with autistic individuals and families. The Action Plan identified three priority areas for the next three years: health and wellbeing; education; and employment.

21.2 Sarah explained that 26 actions had been identified, with a focus on deliverability and affordability. Year 1 deliverables were underway, including the development of a communication strategy to raise the profile of autism in East Sussex, a review of current autism training, and collaboration with NHS Sussex on the neurodevelopmental pathway programme. Sarah also noted work with colleagues in local authorities across Sussex to share learning and avoid duplication.

21.3 Stephen Lightfoot welcomed the report and acknowledged the significant health inequalities faced by autistic people. He highlighted the importance of raising awareness about available services for autistic people and welcomed plans to do this in the report and asked where this information would be available.

21.4 Sarah responded that a range of resources were already available via the Council Local Offer website, East Sussex One Space, and through an employability brochure. Partners, including district and borough councils, were also delivering a range of services, including a new autism advice service in Lewes and it was part of the Autism Partnership Board's role to promote these further. The training offer was also being reviewed to increase awareness and understanding of autism. Sarah acknowledged that service visibility remained a challenge and confirmed that a communications strategy was in place to address this.

21.5 Stephen suggested that partner organisations should link to these resources from their own websites to ensure consistent messaging and accessibility. Sarah confirmed that ESCC was working with other Sussex councils and NHS Sussex to collaborate and share information about local work and resources.

21.6 Councillor Ungar thanked Sarah for the report and the work it reflected and shared personal experiences of working with autistic adults and noted the historical lack of services and employer understanding of autism. He welcomed the 'all age' approach, highlighting the benefits of a diagnosis for people at all ages, and stressed the importance of staff training to support individuals effectively.

21.7 Sarah agreed that increasing awareness and understanding of autism was a key priority of the Autism Partnership Board and noted that the Council was focusing on internal training as a starting point for this. There was also a national NHS delivered training programme called the Oliver McGowan programme. Sarah expressed a desire for all businesses to develop autism awareness.

21.8 Councillor Jobson referenced her visit to Hastings College, where many young people were enrolled in special needs courses, and emphasised the need to empower young people and ensure they feel supported and valued. Sarah agreed with the need to enhance the benefits that young people with autism could bring to employment.

21.9 Councillor Ballard raised concerns about transitions from primary to secondary education and into employment, noting that primary schools often managed autism well but challenges arose later and asked what more was needed to be done in secondary schools. Councillor Ballard also enquired whether VCSE sector training could support autistic people into employment and whether the strategy addressed broader neurodiversity.

21.10 In response, Sarah acknowledged that primary schools often benefited from smaller communities and more inclusive adaptive practices. She confirmed that transitions were a known challenge and that more work was needed in secondary schools to minimise gaps in support. Sarah clarified that while the strategy focused on autism, which aligned with a national autism strategy, many of its actions supported the wider neurodivergent community. Sarah welcomed the suggestion to involve VCSE organisations in employment support and confirmed that this would be explored further.

21.11 Carolyn Fair, Director of Children's Services, acknowledged that primary schools, due to their size, provided more opportunities to support inclusion, but noted that national inclusion efforts were underway in secondary schools and that a forthcoming government white paper was expected to outline key policy changes in this area.

21.12 Veronica Kirwan offered to connect Sarah with the Voluntary Action Alliance to support the employment strand of the strategy.

21.13 Mark Stainton described the strategy as critical for many residents and families noting that it encompassed 'all age' and 'all agency' across sectors, including education, business, health, and care, and was informed by autistic people. The support of the HWB was valued, and progress updates would be included on the work programme. Mark agreed with the importance of aligning communication and ensuring that all agencies were pointing in the same direction to raise awareness of autism, and to signpost to support. Mark requested that the HWB support the strategy and action plan and agree to receive an update in 12 months' time.

21.14 The Chair noted the importance of this work and emphasised the HWB's role in supporting this where needed.

21.15 The Board RESOLVED to:

1. acknowledge the development of the East Sussex All Age Autism Action Plan and the priorities within it which were identified through significant engagement and consultation with local autistic people and stakeholders (section 2 and Appendix 1);
2. agree the proposal for an annual report to be presented to the East Sussex Health and Wellbeing Board to update on progress (paragraph 2.6); and
3. note the progress made to deliver year 1 priorities during the five months since the Action Plan was launched (section 3).

22. WORK PROGRAMME

22.1 Mark Stainton introduced the work programme, noting a full agenda for the December meeting. Mark confirmed that the next deep dive session would focus on mental health and the development of the new planning framework.

22.2 The Chair thanked members for their contributions and reflected on the breadth and complexity of the reports presented and acknowledged the challenges ahead.

23. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

The meeting ended at 3.33 pm.

Councillor Keith Glazier, OBE (Chair)