

EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at County Hall, Lewes on 26 January 2016.

PRESENT Councillors Keith Glazier (Chair), Bill Bentley, Pat Rodohan, Trevor Webb; Councillor Martin Kenward, Dr Elizabeth Gill, Dr Martin Writer, Amanda Philpott, Stuart Gallimore, Keith Hinkley, Cynthia Lyons and Julie Fitzgerald

ALSO PRESENT Councillors Mike Turner, Linda Wallraven and Claire Dowling; Becky Shaw, Marie Casey and Paula Head.

15 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 06 OCTOBER 2015

15.1 The Board RESOLVED to agree that the minutes were a correct record of the meeting held on 6 October 2015.

16 APOLOGIES FOR ABSENCE

16.1 Apologies for absence were received from Cllr Margaret Salisbury and Sarah Macdonald.

17 HEALTH & WELLBEING STRATEGY: 6 MONTHLY REPORT

17.1 The Board considered a report by the Chief Executive providing an update on the progress to date on delivering the East Sussex Health and Wellbeing Strategy 2013-2016.

17.2 The Board discussion included the following topics:

- **Length of stay at hospital** – The strategy target: “reduce the time they spend in hospital”, was given a “red” rating in the progress report; it was pointed out that this was a national issue and length of stay for patients varied between Clinical Commissioning Group (CCG) areas. A number of initiatives were being undertaken to reduce length of stay for patients at hospital including integrated locality teams and Health and Social Care Connect (HSCC) – developed as part of the East Sussex Better Together (ESBT) programme – and co-ordinating and focussing hospital discharge plans around the 2% of patients who take up 15-18% of emergency hospital admissions.
- **Hospital admissions for falls** – The target “Reduce the rate of older people admitted to hospital due to falls” had gone from rated “green” to “red”. This is a long standing issue in East Sussex; health and social care providers are trying different solutions, for example, setting up a Joint Community Rehabilitation Service; and developing a business case for improved community therapy, including falls and fracture prevention, from 2016/17. Less successful solutions – like ‘Otego’ exercise classes – have been discontinued.

- **Winter planning** – The CCGs prepare throughout the year for crises and escalation and have robust winter resilience plans in place that are developed and monitored by a multi-disciplinary System Resilience Group. The CCGs are confident that their winter resilience plans are robust enough to cope with pressures in all but exceptional circumstances – such as during incidents of high staff sickness or ward closures due to outbreaks of illness.

17.3 The Board RESOLVED to:

- 1) agree that it had considered and commented on the report; and
- 2) agree the proposed amendment and deletion to measures and targets at paragraph 4.1 and 4.2.

18 DIRECTOR OF PUBLIC HEALTH REPORT

18.1 The Board considered a report by the Acting Director of Public Health outlining the Annual Report of the Director of Public Health 2015-16, called *Strengthening Personal Resilience in East Sussex*. The Board was also provided with a printed copy of the Annual Report.

18.2 It was pointed out that a robust community and voluntary sector (CVS) was vital to strengthening personal resilience in East Sussex; however, it was becoming more difficult to support the CVS via the direct funding of service provision in the current financial climate. The East Sussex Better Together (ESBT) programme includes a workstream looking at community resilience. The ESBT programme board has agreed with representatives of the CVS, through regular liaison meetings, that it will strengthen CVS engagement in the ESBT programme in order to find the best ways to deliver the objectives of the workstream in the current environment of diminishing resources.

18.3 The Board RESOLVED to note the report.

19 EAST SUSSEX BETTER TOGETHER UPDATE

19.1 The Board considered a report by the Director of Adult Social Care and Health outlining the next steps and key phases in the ESBT programme for moving to an accountable care model in East Sussex, and to highlight the timescales to deliver new arrangements.

19.2 Healthwatch welcomed the ESBT approach and commitment to integrated community health and social care. Healthwatch was keen to engage in the design and governance aspects of ESBT in order to both fulfil its role as a statutory consumer champion for patients, and to ensure that the people of East Sussex see ESBT as a positive development.

19.3 The Board discussion included the following topics:

- The challenge East Sussex County Council faces – following the withdrawal of High Weald Lewes Havens CCG (HWLH CCG) from ESBT – in developing a solution to provide social care in the HWLH CCG area separately to the ESBT “accountable care model” in the rest of the county.

- How the integrated community health and social care delivered by ESBT is unlikely to affect patient choice in any noticeable way. This is because most choices made by patients about where they receive medical treatment are made after a referral by a GP to a specialist within the acute sector.

19.4 The Chief Officer, Hastings & Rother (HR CCG) and Eastbourne, Hailsham & Seaford CCGs (EHS CCG) provided an oral update on the development of a five-year NHS Sustainability & Transformation Plan (STP), which are 'place-based' integrated health and social care plans that all CCGs must develop or sign up to.

19.5 The Chief Officer explained that:

- The most compelling and credible STPs – those deemed by NHS England to have 'exemplar status' – will attract early access to additional transformation funding.
- ESBT is in an advanced stage of development which makes East Sussex CCGs well placed already to fulfil the criteria that need to be met to achieve 'exemplar status'.
- HR CCG and EHS CCG propose to submit the ESBT programme to NHS England as a core footprint plan that meets the criteria of an STP for community and social care services. At the same time, ESBT will be put forward as an exemplar STP.
- Whilst ESBT would be their core focus, HR CCG and EHS CCG will proactively contribute to the wider acute network footprints in recognition of the need to ensure the sustainability of acute hospital services across wider networks and geographies. The CCGs anticipate, on the basis of the historic evidence and the patient flows east into Kent and west into Brighton, that this would be best achieved on a Kent, Surrey, Sussex footprint.
- HR CCG and EHS CCG requested endorsement of this proposal by the East Sussex Health and Wellbeing Board (HWBB).

19.6 The Board RESOLVED to:

- 1) agree that it had considered and discussed the key phases in the collaborative approach to developing and delivering accountable care in East Sussex;
- 2) note the timescales for delivering the new arrangements in relation to the East Sussex Better Together (ESBT) Programme objectives; and
- 3) endorse Hastings & Rother CCG and Eastbourne, Seaford and Hailsham CCG submitting ESBT as a 'footprint' Sustainability and Transformation Plan to NHS England.

20 NHS UPDATES

20.1 The Board considered a presentation from the Deputy Chair of High Weald Lewes Havens CCG (HWLH CCG) providing updates on the latest NHS commissioning activity in the High Weald Lewes Havens area of East Sussex.

20.2 During the presentation:

- HWLH CCG explained that its decision to withdraw from the ESBT was in order to concentrate its resources to match the needs of its local population – 67% of whom receive healthcare outside of East Sussex.

- HWLH CCG was asked what consultation it had undertaken in reaching its decision, and described its decision-making process.
- HWLH CCG said it was developing its own integrated health and social care at the point of delivery for the patient.

20.3 The Director of Adult Social Care and Health, East Sussex County Council (ESCC), raised concerns about the withdrawal of HWLH CCG from the ESBT programme, including:

- The partner organisations involved in ESBT had agreed from the outset that the best way to manage patient flows was to build community, primary and social care services around community localities in partnership with broader stakeholders. Planning focused on acute pathways would not be an appropriate way to deliver this longer term goal.
- Significant engagement with stakeholders on what is the most effective model for community health and social care in East Sussex has already taken place, and ESBT is at the stage where implementation is being taken forward. It will be a challenge to reassess these plans in the absence of HWLH CCG.
- ESCC will have to deal with increased management capacity costs – as will the wider health and social care system – as a result of there being two models of care in East Sussex.
- There is currently no agreed programme for health and social care in the High Weald, Lewes and the Havens area that could be submitted to NHS England as a ‘footprint’ Sustainability and Transformation Plan (STP), nor have any priorities been agreed in consultation with HWLH CCG.
- ESCC will no longer implement integrated health and social care teams with integrated line management (as agreed in the ESBT programme) in the High Weald, Lewes and the Havens. ESCC has agreed, however, to work with HWLH CCG on future priorities for joint working.
- The Director of Adult Social Care and Health had not been made aware that local members were consulted about the decision to withdraw from ESBT.

20.4 The Board considered a verbal update on the latest NHS commissioning activity in the rest of East Sussex from the Chief Officer of Hastings and Rother CCG and Eastbourne, Hailsham and Seaford CCG.

20.5 Healthwatch welcomed HR CCG’s decision to undertake co-commissioning of GP services with NHS England – which now meant all three CCGs co-commission GP services – as it will likely lead to improved patient satisfaction towards GPs in the area.

20.6 The Board resolved to:

- 1) note the updates from the three CCGs;
- 2) defer the decision of whether to endorse High Weald Lewes Havens CCG’s proposed ‘footprint’ Sustainability and Transformation Plan until a more detailed report has been considered at a future meeting.

21.1 The Board considered reports by a) the Head of Quality, Eastbourne Hailsham and Seaford CCG and Hastings and Rother CCG; and b) the East Sussex Local Safeguarding Children Board (LSCB) Independent Chair. The reports provided a) an update on the CCGs' progress against the Transforming Care agenda; and b) an outline of the LSCB Annual Report.

21.2 The Board discussed how a wide range of mental health support can be made available to children at school, up to and including a referral to the Children and Adolescent Mental Health Services (CAMHS).

21.2 The Board RESOLVED to note both reports and their appendices.

The meeting ended at 4.25 pm.

Councillor Keith Glazier
Chair