

EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at County Hall, Lewes on 19 December 2017.

PRESENT Councillors Keith Glazier (Chair) Councillors Carl Maynard, John Ungar, Trevor Webb, Sue Beaney; Dr Elizabeth Gill, Dr Martin Writer, Amanda Philpott, Keith Hinkley, Stuart Gallimore, Cynthia Lyons and John Routledge

ALSO PRESENT Councillor John Barnes, Catherine Ashton, Marie Casey; Councillors David Elkin and Sylvia Tidy

21 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 20 OCTOBER 2017

21.1 The minutes of the meeting held on 20 October were agreed as a correct record.

22 APOLOGIES FOR ABSENCE

22.1 Apologies for absence were received from the following:

Members:

Cllr Linda Wallraven

Invited observers with speaking rights:

Cllr Claire Dowling, Cllr Margaret Robinson, Becky Shaw.

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

23.1 Cllr Trevor Webb declared a personal interest in item 7 (minute 27) as a fundraiser for SSAFA – the Armed Forces Charity.

24 URGENT ITEMS

24.1 There were no urgent items.

25 SUPPORT FOR PEOPLE WITH DEMENTIA IN THE EAST SUSSEX BETTER TOGETHER AREA

25.1 The Board considered a report providing information about local arrangements for diagnosis and post diagnosis support for people with dementia in the East Sussex Better Together (ESBT) area of East Sussex.

25.2 The Board was informed that a new Dementia Post Diagnostic Support Service will be provided from April 2018 to replace the Dementia Advisors programme. The Service will include 10.5 whole time equivalent (wte), Dementia Community Development Workers (DCDW),

delivering practical support to carers and patients across the ESBT area. One additional wte DCDW will be commissioned to support those individuals and families where an early onset dementia has been identified. The new contract is expected to be awarded at the end of the week.

25.3 The following additional information was provided in response to questions from Members:

- All GPs running the Memory Assessment Services (MAS) Clinics complete a part-time, one year post-graduate certificate in dementia.
- MAS Clinic GPs would not diagnose urgent or severely complicated cases of dementia, and would refer patients who are acutely ill with dementia, or displaying disturbed behaviour, to secondary care specialists for diagnosis. There is also recourse to refer these patients to a dementia specialist who runs a monthly tertiary clinic in Polegate. In total, 97% of patients with suspected dementia are referred to the MAS clinic for diagnosis, and 95% of those who are referred to a MAS clinic are diagnosed by the MAS GPs – with 5% being referred to secondary care specialists.
- People with learning difficulties and suspected dementia will typically be referred to the Learning Disability Service unless the individual prefers to be seen by a MAS Clinic GP.
- The recommissioning of the Dementia Post Diagnostic Support Service was not carried out as a cost saving measure. The previous Dementia Advisors Service contract involved a minimum payment to the Alzheimer's Society and additional funding paid out for additional work on top, however, the additional capacity was not being utilised. The 10.5 wte Dementia Community Development Workers currently employed in the Dementia Advisors Service will be redeployed to make more effective use of the funding envelope, and the admiral nurse will be employed as an additional spend.
- Whilst the MAS Clinic GPs are drawn from the pool of existing GPs and there is a continued shortage of GPs, particularly in the Hastings area, there are several practice nurses who have the postgraduate certificate and take part in the MAS Clinics. This means that further practice nurses could be upskilled if necessary to fill future gaps in MAS clinic staff if GPs are not available to fill them.
- The current referral time from GP to MAS Clinic is 5 weeks. NHS England is to introduce a new standard of 6 week's referral time, so the MAS is already meeting the target.
- Examples of how the voluntary sector is involved in the MAS include:
 - ESBT Community Link Workers help identify appropriate voluntary agencies and inform GP Practices.
 - GP practices are developing care navigators to proactively search for voluntary agencies.
 - The new Dementia Post Diagnostic Support Service contract includes a responsibility to ensure that dementia patients are assisted with accessing a wide range of voluntary sector-provided support.

25.4 The Board RESOLVED to note the report.

26 SUPPORT FOR PEOPLE WITH DEMENTIA IN THE CONNECTING 4 YOU AREA

26.1 The Board considered an update on the implementation of the High Weald

Lewes Havens Clinical Commissioning Group's model of Dementia care.

26.2 The following additional information was provided in response to questions from Members:

- Weekly memory wellbeing cafes, leisure sessions, and free transport to access community interventions are included in the Golden Ticket model of care due to their health and wellbeing benefits to dementia patients. The wellbeing interventions are subsidised by High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG).
- There is evidence that 4-5 interventions early in the progression of dementia can help to delay the need for residential care by 535 days.
- In year 1 of the Golden Ticket programme there is a total anticipated system benefit of £74k, rising to £929k in year 2 and £1,452k in year 3. Not all of this benefit is immediately cash releasing and will largely be realised through the reduction in demand for care home placements, which will benefit the Adult Social Care Department of ESCC.
- The Golden Ticket has won or been the runner-up in a number of national awards, including those hosted by the Health Service Journal (HSJ) and British Medical Association.
- There are plans to roll-out the Golden Ticket across the Central Sussex and East Surrey Area (CSESA) South footprint (which covers Brighton & Hove and mid-Sussex).

26.3 The Board RESOLVED to note the report.

27 EAST SUSSEX LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2016/17

27.1 The Board considered a report on the Local Safeguarding Children Board (LSCB) Annual Report 2016/17.

27.2 The presentation was provided by the Director of Children's Services following apologies from the Independent Chair of the Children's Safeguarding Board.

27.3 The following additional information was provided in response to questions from Members:

- Sussex Police has acknowledged that 'cuckooing' – occupying the homes of vulnerable people for the purposes of carrying out criminal activity – is a real problem and the Superintendent who is responsible for leading the response to the crime says it is the second highest priority after serious and organised crime. It is a tough issue to successfully confront but all agencies are working in a coordinated way to have as much impact as possible.
- ESCC has a duty of safeguarding children but has no powers to inspect and close illegal schools. It therefore works closely with Ofsted and the Department for Education (DfE) to identify illegal schools and take appropriate action in relation to them. There are, however, relatively few instances of illegal schools in East Sussex due to the demographics of the county.
- ESCC has limited powers to intervene in relation to undeclared home-schooled children but is aware that a number of children are being home educated as the numbers are rising nationally. There is an important distinction between those parents who home educate their children on for philosophical reasons and do a good job; those who find their child is out of school and opt for it as an alternative, e.g., when their child has been excluded; and those who purposefully keep their child out of school due to wider issues that are likely to be a safeguarding concern. The latter group will not inform the Council that their

child is being home schooled and are not obliged to do so. ESCC has lobbied the Government to tackle this issue by introducing a requirement that parents register home schooled children with the local authority, rather than make it voluntary, as ESCC does have the power to inspect on an annual basis registered home school facilities.

27.4 The Board RESOLVED to note the report.

28 DELIVERING THE HASTINGS LISTENING TOUR

28.1 The Board considered a report on Healthwatch East Sussex's Hastings Listening Tour.

28.2 The following additional information was provided in response to questions from Members:

- The independent evaluation of the Listening Tour recognised that no other Healthwatch organisation had done a piece of work as in-depth as this before.
- The CCGs welcome the report as it provides a richness of information that will build on the JSNAA health profile of Hastings.
- Healthwatch East Sussex is determined to carry out another Listening Tour in East Sussex, possibly in the Havens area, Eastbourne, or rural areas (on a smaller scale). The location will be determined by JSNAA health profiles; and feedback from the public, partner organisations, and Healthwatch volunteers.
- The evaluation has also identified areas for improvement, such as increasing the number of volunteers who are willing to go out in the middle of the night to speak with the street community. Healthwatch is now engaging with partner organisations who may already have such volunteers to work with them.
- The number of rough sleepers in Hastings are quite high – with 43 known to be rough sleeping in the town. The Seaview Project, (a specialist rough sleeping organisation), however, has expressed concern that the street community, i.e., street drinkers and beggars, are being conflated with rough sleepers, when in fact the latter are much less likely to contribute to crime levels.
- Being a rough sleeper has the greatest impact on physical and mental health, meaning that they may be a small cohort but are very vulnerable and cost considerable resources.
- Ex-service personnel in reality comprise a very small number of rough sleepers. Those who are ex-servicemen often have very complex needs and are effected by war trauma. The Armed Forces Network in East Sussex – hosted by Hastings and Rother CCG – has a silver award for its provision of access to health and social care for armed forces veterans.
- Homelessness is not just about rough sleeping; a number of people in Hastings are living in insecure or temporary accommodation, sometimes long-term, and often with their children.
- Hastings Borough Council and HR CCG have a number of new initiatives to tackle rough sleeping and people in temporary accommodation, but the numbers of both continue to rise.
- The analysis to 133 online responses to maternity services gathered as part of the Hastings Listening Tour will follow the methodology of the previous report of enter and

view inspections of East Sussex Healthcare NHS Trust (ESHT), i.e., analysing the responses through a working group comprising representatives of Healthwatch, ESHT and women who have used the service.

- The public are becoming more aware that changes are being made to health and social care at a sub-regional level – via the Sussex and East Surrey Sustainability and Transformation Partnership (STP) – and that Healthwatch East Sussex will begin to build in awareness raising of the STP into its consultation and engagement work with the public.
- The new leadership of the STP is likely to move forward the development of the STP, which has for a while been relatively quiet. Local place-based plans – ESBT and Connecting 4 You – have been established as the appropriate level at which to engage with the public about any changes brought about by the STP, along with local partnership organisations.

28.3 The Board RESOLVED to note the report and thank Healthwatch East Sussex for producing it.

29 CARE QUALITY COMMISSION LOCAL AREA REVIEW - NEXT STEPS AND TIMELINE

29.1 The Board considered a report on the next steps and timeline in relation to the Care Quality Commission's (CQC) Local Area Review of East Sussex.

29.2 The Board RESOLVED to:

1. Note the timeline for next steps leading up to publication of the findings from the East Sussex Local Area Review;
2. Agree to a virtual sign off process for the CQC Action Plan following the summit and prior to it being submitted to CQC; and
3. Agree to an Action Plan update report being brought to the 13 March 2018 Board meeting and the frequency of update reports it requires thereafter.

30 NHS UPDATES

30.1 The Board considered updates from the three East Sussex Clinical Commissioning Groups (CCGs).

High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG)

- A single executive team has been appointed for CSESA South in order to free up resources to deliver commissioning work and share best practice amongst the four member CCGs.
- HWLH CCG is prepared for winter pressures and has full contingency plans in place.
- Delayed Transfers of Care (DTOCs) have been reducing thanks to considerable partnership working and actions such as utilising community beds as much as possible.

Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG) / Hastings and Rother Clinical Commissioning Group (HR CCG)

- The other GP practices in the Hastings locality have been thanked for rapidly picking up 17,000 additional patients following the closure of the Cornwallis Plaza Surgery.

- The Quality, safety and access to services in the ESBT area has improved considerably, in particular the performance of the A&E Departments at ESHT. On the evidence of this system-wide improvement in the ESBT area, some additional funding has been secured to help the system during the winter period that will be used in the A&E Departments and in GP practices.
- A key message to get across to the public is to use GP practices and pharmacies and only go to A&E in an emergency.
- ESBT was the winner of the HSJ's *Improved partnership between health and local government* award.

The meeting ended at 4.55 pm.

Councillor Keith Glazier
Chair