

EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at County Hall, Lewes on 17 July 2018.

PRESENT Councillor Keith Glazier (Chair), Councillors Carl Maynard, John Ungar, Trevor Webb; Councillor Linda Wallraven, Councillor Ruby Cox, Dr Elizabeth Gill, Amanda Philpott, Keith Hinkley, Darrell Gale and John Routledge

ALSO PRESENT Councillor Claire Dowling, Councillor Margaret Robinson, Becky Shaw, Mark Andrews, Marie Casey

1 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 13 MARCH 2018

1.1 The minutes of the meeting held on 13 March 2018 were agreed as a correct record.

2 APOLOGIES FOR ABSENCE

2.1 Apologies for absence were received from the following Board members:

- Dr Martin Writer (substitute Dr David Warden)
- Stuart Gallimore
- Deborah Tomalin

2.2 Apologies for absence were received from the following invited observers with speaking rights:

- Cllr John Barnes
- Catherine Ashton

2.3 It was also noted that Cllr Ruby Cox had replaced Cllr Sue Beaney as the Hastings Borough Council representative.

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

3.1 Cllr John Ungar declared a personal interest as a member of a Patient Panel Group for the Green Street Surgery in Eastbourne.

4 URGENT ITEMS

4.1 There were no urgent items.

5 EAST SUSSEX JOINT STRATEGIC NEEDS ASSESSMENT AND ASSETS (JSNAA) ANNUAL REPORT 2017/18

5.1 The Board considered the 2017/18 Annual Report on the East Sussex Joint Strategic Needs and Assets Assessment (JSNAA).

5.2 In response to questions from the Board about the inclusion of a JSNAA profile of the Black and Minority Ethnic (BAME) community, the Director of Public Health explained that the Public Health Department would be happy to consider a specific profile for the BAME community in the St Leonard's division as part of the development of specific profiles in the JSNAA. In adherence to the requirements of the Equalities Act 2010, the needs of all the groups with protected characteristics are currently included in a single place in the JSNAA so that their needs can be assessed against each other and against the population as a whole.

5.3 The Board RESOLVED to:

1) note the report; and

2) recommend that a specific profile of the BAME community is included in future iterations of the JSNAA.

6 EAST SUSSEX BETTER TOGETHER STRATEGIC COMMISSIONING BOARD (ESBT SCB) ANNUAL REPORT

6.1 The Board considered the East Sussex Better Together Strategic Commissioning Board's (ESBT SCB) Annual Report.

6.2 In response to questions from the Board, the following key points were made:

- It is vital to develop clinical networks and patient pathways across the footprint that make best use of the Royal Sussex County Hospital (RSCH) as a tertiary centre for the area in order to ensure the population has access to very specialist services when they need them. This means that an acute care strategy is better developed across the whole Sussex and East Surrey Sustainability and Transformation Partnership (STP) area rather than individually within each place-based plan such as East Sussex Better Together (ESBT). The same applies to the development of digital patient records and workforce recruitment and retention, which are better delivered across a larger geography.
- The 3.4% increase per annum in NHS funding for the next four years is welcome, however, the natural rate of inflation is over 4% so it is still not enough. It is also likely to be distributed favourably to CCGs that can demonstrate that the local health economy is integrating with social care and investing in primary, mental health and community care, rather than just on a per capita basis.
- The development of integrated roles through ESBT has increased the social care recruitment rate, for example, by making roles more attractive by including career development opportunities across health and social care, but the pay scale means that the posts available are competing with other sectors outside of health and social care. The ESBT test-bed year has also demonstrated that there is a fairly fixed potential workforce, meaning that new roles are often filled by people who are already employed within the system. Therefore prioritisation is being made to developing and recruiting to

those ESBT projects that will have the biggest impact on health and social care in order to make the best use of a limited resource.

- A significant amount of public engagement has been undertaken including collaborative ESBT consultation events twice per year, and a public reference forum commissioned to be delivered by East Sussex Community Voice. More could be done, for example, through an ongoing and proactive (rather than statutory) engagement with the public about future service provision and solutions to financial difficulties.

6.3 The Board RESOLVED to note the report.

7 CARE QUALITY COMMISSION (CQC) LOCAL AREA REVIEW - ACTION PLAN PROGRESS REPORT

7.1 The Board considered a report providing an update on progress in delivering the action plan developed following the Care Quality Commission (CQC) Local Area Review.

7.2 The Board RESOLVED to:

1. Note progress against the CQC Action Plan;
2. Agree the proposal to close completed actions; and
3. Agree the revised timelines for delivery against identified actions.

8 EAST SUSSEX HEALTH AND WELLBEING BOARD (HWB) REVIEW

8.1 The Board considered a report providing an update on the progress of the Health and Wellbeing Board review.

8.2 In response to questions from the Board the following key points were made:

- The CCG Governing Boards would wish to be involved in having an input into the proposed HWB governance structures.
- The HWB footprint is based on the requirement of the Health and Social Care Act 2012 that health and wellbeing boards are co-terminal with, and established by, upper tier local authorities. This is different to the footprint of the Central Sussex and East Surrey Area (CSESA) South place-based plan that High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG) is part of and through which it develops commissioning plans.

8.3 The Board RESOLVED to:

1. note the preliminary review work carried out to date;
2. agree to contribute to the review through a questionnaire and follow up workshop; and
3. agree to receive a further report on the proposed role, function and membership of the Health and Wellbeing Board at a future meeting.

9 NHS UPDATES

9.1 The Board considered updates from the three NHS CCGs in East Sussex.

High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG)

- The CCG entered a deficit for the first time in 2017/18. The deficit was £8m.
- A deficit plan has been agreed for 2018/19 with NHS England that, if achieved, will enable the CCG to secure Commissioner Sustainability Funding that will cancel out the deficit.
- NHS England's annual assurance process has downgraded HWLH CCG from Good to Requires Improvement due to the financial pressures. NHS England did highlight some good areas of work such as the Dementia Golden Ticket.
- The Dementia Golden Ticket is now rolled out to 11 GP Practices and has reduced A&E admissions by 25% and GP appointments by 20%.
- The Enhanced Care in Nursing Homes project has rolled out across most nursing homes and has seen an 80% reduction in falls and 50% reduction in A&E admissions from the nursing home population.
- The CCG has launched the Big Health and Care Conversations that have resulted in 2,500 contacts with patients. One event at Newhaven drew in over a 100 local people and the CCG welcomed the helpful and strategic comments that were made by attendees of the event.
- HWLH CCG has been involved in the consultation for the reconfiguration of stroke services in Kent and Medway (which may affect Pembury Hospital).

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

- The CCGs posted a deficit of £37m in 2017/18 and ESHT posted a deficit of £57m.
- The CCGs have been put into financial legal directions. Several other CCGs in the STP have previously been put in legal directions and Brighton CCG came out of them after 2016/17. Legal directions give NHS England the legal means to give direction to the CCGs in how they allocate their resource. Normally the CCGs are directly accountable to the Secretary of State.
- The legal directions require the CCGs to submit a financial recovery plan and Deloitte will review the CCGs' governance arrangements to make sure decision making and leadership capacity is sufficient to deliver the plan.
- Legal directions only apply to CCGs but ESHT, which is already in financial special measures, will be required to work with the CCGs in order to ensure a system-wide approach to tackling the deficit.
- NHS England and NHS Improvement have undertaken analysis of the causes of the deficit in the three East Sussex CCGs. The analysis concluded that support is required for Musculoskeletal services (MSK), frailty, medicines management, and long term hospital stays (which integrated ESHT teams have done a lot to tackle recently). The help will include support from national specialists in areas such as frailty and orthopaedics to develop services.

- The CCGs have established a Clinical Leadership Forum with ESHT where primary and secondary care clinicians can work more closely to develop better and more efficient care pathways for patients; identify variation in services; and improve the interface between primary and secondary care.
- The CCGs had in previous years financially helped neighbouring CCG, East Sussex County Council (ESCC), and NHS England, however, the CCGs are judged on the 2017/18 outturn only and not previous years. ESCC received funding of £2m and £5m over two years from the CCGs to assist with pressures on its Community Care budget.
- The CCGs are not looking to make drastic cuts but need to address rising demand and costs. Demand is increasing, albeit less than the national average but costs is going up even greater than demand.

The meeting ended at 3.40 pm.

Councillor Keith Glazier
Chair