

EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at County Hall, Lewes on 18 September 2018.

PRESENT Councillors Keith Glazier (Chair) Councillor Carl Maynard, Councillor John Ungar, Dr Martin Writer, Ashley Scarff, Stuart Gallimore and Darrell Gale

ALSO PRESENT Councillor John Barnes, Councillor Ruby Cox and Becky Shaw

10 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 17 JULY 2018

10.1 The minutes of the meeting held on 17 July 2018 were agreed.

11 APOLOGIES FOR ABSENCE

11.1 Apologies for absence were received from the following Committee Members:

- Dr Elizabeth Gill (substitute Ashley Scarff)
- Keith Hinkley
- John Routledge
- Cllr Trevor Webb
- Jessica Britton

11.2 Apologies for absence were received from the following invited observers with speaking rights.

- Mark Andrews
- Cllr Claire Dowling
- Catherine Ashton
- Cllr Margaret Robinson
- Michelle Nice

11.3 The Board acknowledged that both Amanda Philpott and Marie Casey had resigned from the Board and they were both thanked for their service over the last few years.

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

12.1 Cllr John Ungar declared a personal interest as a patient of and member of the Patient Participation Group (PPG) for Green Street surgery in Eastbourne.

13 URGENT ITEMS

13.1 There were no urgent items.

14 HIGH WEALD LEWES HAVENS CLINICAL COMMISSIONING GROUP A&E ACTIVITY UPDATE

14.1 The Board considered a report providing an update on A&E activity across High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG).

14.2 The following key points were made in response to questions from Board members:

- The CCGs plan for spikes in A&E attendance such as those that occur during winter. However, rather than commission trusts to provide larger and larger A&Es to meet increasing demand throughout the year, the CCGs are moving to commission alternative services that will help address the increasing demand for emergency care. This is the only way to make the overall healthcare service financially sustainable.
- The CCG knows from patient experience that patients using a minor injuries unit or UTC can be seen quickly and easily but when they attend A&E, due to the nature of clinical triage, they end up waiting for a considerable time. This is an avoidable outcome and one in which providing better, more easily accessible urgent care services can help overcome.
- The growth in usage of A&E is a national issue and is happening partly because of the increase in the number of patients who are frail or have co-morbidities; partly because of increased issues with access to timely GP appointments; and partly because people are well aware of its brand, know that it is open 24/7, and that it is accessible without an appointment, meaning that it is the easiest option for them to seek medical attention. Some of this demand could be addressed through the creation of UTCs in the coming months, which in some cases will be co-located at hospitals; as well as the increased availability of GP appointments through Primary Care Extended Access hubs.
- There is detailed data on A&E usage and it shows that demand is consistently high throughout the day. The type of patient attending A&E, however, changes during the week, for example there are different people attending on a Friday night compared to a Monday morning.

14.3 The Board identified the following ways in which the CCG might better communicate to the public locally commissioned urgent care services:

- Through promoting that pharmacists have the skills and knowledge to be able to treat people with minor illnesses. The message could be promoted through East Sussex

County Council, Patient Participation Groups (PPGs), parish councils, local newspapers or e-bulletins, patient 'friends of hospital' groups, and local community transport groups. Planning for the next round of the Pharmaceutical Needs Assessment could include gaining an understanding of what pharmacies provide and what customers think of them and use them for.

- Developing UTCs as a clear alternative 'brand' to A&E for those needing urgent and not emergency care.
- Ensuring that Communications are not repeated too regularly or too broadly as this can cause them to fall on deaf ears. To change patterns of behaviour for service users messages should be clear, aimed at the right people, and repeated at a suitable regularity.

14.4 The Board RESOLVED to:

1) note the report; and

2) recommend that the Connecting 4 You and ESBT Alliance boards both discuss how best to promote the locally commissioned urgent care services using a consistent, appropriately targeted message.

15 EAST SUSSEX HEALTH AND WELLBEING BOARD (HWB) REVIEW

15.1 The Board considered a report on the progress of the plans for further review of the Health and Wellbeing Board following the Care Quality Commission (CQC) recommendations.

15.2 The Board was reminded that a workshop was due to take place on 12 October for Members to discuss the Health and Wellbeing Board's future role, function and membership.

15.3 The Board RESOLVED to:

1) Note the report and the revised timetable; and

2) Agree to receive a further report on the proposed role, function and membership of the Health and Wellbeing Board in due course.

16 NHS UPDATES

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

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

- Amanda Philpott has moved to a new role within the Sussex and East Surrey Sustainability and Transformation Partnership (STP). The Board thanked her for her hard work over the past five years at the CCGs and acknowledged her central role in helping to deliver the ESBT programme.
- Adam Doyle has taken over as Chief Officer for both CCGs and is now Chief Officer for all eight CCGs in the STP area.

- The closer working relationship of the CCGs may deliver some savings from greater efficiencies but management costs are an incredibly small percentage of the total expenditure of the CCGs. The main benefit of working collectively is that it will enable a stronger voice from the CCGs in relation to mental health, community and acute providers. This will enable the design of services that work across the whole of Sussex and East Surrey, enabling better and more effective pathways for patients and reducing costs whilst maintaining standards of care.
- ESBT Alliance has worked well together to improve outcomes for patients in East Sussex as evidenced by the improvement in the A&E department at East Sussex Healthcare NHS Trust (ESHT) from one of the bottom to one of the top performing nationally in terms of 4 hour waiting time targets; and reducing Delayed Transfer of Care (DTC) by a considerable amount. Unfortunately, however, the two CCGs did not deliver their budget for 17/18 and are now in legal directions.
- The CCGs have a £32m financial deficit control total that if achieved will result in an additional £32m investment in the population of the two CCGs. The CCGs are working hard to achieve this goal.
- No decision has been made in relation to closing walk-in centres at either Hastings or Eastbourne. The CCGs have a duty to develop UTCs by December 2019 and NHS England has dictated what services they must contain – e.g., radiology and pathology, which are complex services that are difficult to establish outside a hospital – and this is driving the proposals around reconfiguring urgent care services. It is recognised that in Hastings the hospital is likely difficult to access for a particular cohort of patients with chaotic lifestyles. The CCGs are currently developing the best way in which the needs of this cohort can be met whilst still meeting the prescriptive requirements of the UTCs, and as a result no decision has been made about the location of the UTCs in Hastings or Eastbourne. The issue is less problematic in Eastbourne as the Eastbourne District General Hospital (EDGH) is more centrally located within the town than the Conquest Hospital.

High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG)

- HWLH CCG has a planned deficit control total of £9.2m savings that will also, if achieved, result in investment of £9.2m for the healthcare of patients.
- Demand for activity is continuing to increase and to mitigate the CCG is increasingly working at scale across the eight CCGs in the STP looking for efficiencies and unwarranted variation in the way care is provided.
- Winter planning is underway and is happening during a time when demand is already very high. Mitigating actions are being put in place to reduce levels of demand over winter such as publicising preventative measures, for example, beginning a flu vaccination awareness campaign.

The meeting ended at 3.20 pm.

Councillor Keith Glazier
Chair