

EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at County Hall, Lewes on 23 April 2019.

PRESENT Councillors Keith Glazier (Chair) Councillors Carl Maynard, John Ungar and Trevor Webb; Dr Elizabeth Gill, Dr Martin Writer, Keith Hinkley, Darrell Gale, John Routledge and Dr Adrian Bull

ALSO PRESENT Becky Shaw, Michelle Nice and David Kemp

27 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 4 DECEMBER

27.1 The Committee agreed the minutes to be a correct record of the meeting held on 4 December.

28 APOLOGIES FOR ABSENCE

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

- Jessica Britton
- Deborah Tomalin
- Siobhan Melia
- Mark Andrews (substitute David Kemp)

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

- Councillor John Barnes
- Councillor Ruby Cox
- Councillor Claire Dowling.

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

29.1 Cllr John Ungar declared a personal interest as a member of the Green Street Clinic Patient Participation Group,

30 URGENT ITEMS

30.1 There were no urgent items.

31 INTEGRATED WORKING WITH THE NHS IN EAST SUSSEX

31.1. The Board considered a report on the proposals for future partnership arrangements and priorities for integrated health and social care in East Sussex.

31.2. The Board sought assurance that the further work to simplify and standardise pathways would not affect patient choice.

31.3. In response it was explained that:

- Revised pathways for discharging patients from hospital will still allow patients to exercise their right to choose where they receive care, but not to the extent of allowing them to remain in an inappropriate setting, for example, patients ready for discharge from a hospital may be discharged out of an acute setting to avoid them losing muscle tone and being at risk of infection, rather than wait in hospital unnecessarily for a particular nursing home to become available.
- Simplifying the pathway for accessing care into a single point of access – Health and Social Care Connect (HSCC) – during the first stage of integration actually improved patient choice, as it made health and care practitioners who called HSCC on behalf of a patient more aware of what services could be available to them.
- Pathways will also be standardised around access to services in order to ensure patients receive the most appropriate clinical care to meet their need and avoid unnecessary admissions of patients to A&E, which wastes resources that could better be used in the community.

31.4. The Board asked whether there should be greater integration of Children Services as part of the integrated health and social care plans.

31.5. In response it was argued that such integrated services do already exist, for example, Health Visitor services for children are commissioned by East Sussex County Council and provided by East Sussex Healthcare NHS Trust (ESHT). They represent a good model of joint children's care, as social workers and nurses work together under a joint arrangement supervised by a joint Board.

31.6. The Board asked how East Sussex's integration plans fit in with the wider Sussex and East Surrey Sustainability and Transformation Partnership (STP).

31.7. In response officers said that:

- The STP has a new Executive Group containing a non-executive chair, Bob Alexander, a Senior Responsible Officer, Adam Doyle, and non-executive directors.
- The STP leadership is clear that the STP footprint is too large to be a single integrated care provider. Instead it will comprise integrated place based health and social care planning that will be based on local authority footprints that will commission services for their local populations, including in East Sussex, and a configuration of four integrated care providers. There will, however, be some more specialist care commissioned across the whole STP footprint where appropriate.
- Discussions are ongoing whether the East Surrey CCG will leave the STP and join Surrey Heartlands STP.
- Local authorities have not been involved in the STP for some time but will be involved in commissioning this more specialist need across the whole STP in future now that the core element of place-based plans has been established.
- The new integration plan will involve bringing together the best elements of the East Sussex Better Together (ESBT) and Connecting 4 You (C4Y) programmes.

31.8. The Board asked how the community and voluntary sector (CVS) could be more involved in the integration of health and social care, including representation at the executive level.

31.9. In response it was argued that:

- The delivery of further integration plans will require the involvement of the CVS, particularly in relation to providing proactive care. The CVS, however, already makes a significant contribution to the East Sussex programmes, particularly the community resilience and prevent agenda, which the Care Quality Commission (CQC) highlighted as good practice during their East Sussex area review.
- The East Sussex Strategic Partnership (ESSP) agreed to review how the statutory sector and CVS can work better together, both within health and social care and in other areas that form part of the wider determinants of health, such as housing. The ESSP published [the minutes of this meeting](#) online.
- Further engagement with the CVS will be undertaken as part of the East Sussex integration plans, including how the CVS is represented at the Executive level – both in terms of their involvement with individual workstreams and membership of the core governance structure.
- The HWB itself will need to be clear about its strategic role and will need to challenge and hold to account individual organisations within the East Sussex partnership, both to maintain cohesion and help understand and prevent future occurrences of the financial challenges that occurred in the East Sussex NHS organisations during 2017/18.

31.10. The Board RESOLVED to:

- 1) Endorse the approach being taken to resetting health and social care system governance, including agreeing to take forward a single joint programme across East Sussex;
- 2) Note that consideration is being given to replacing the East Sussex Better Together Strategic Commissioning Board from April 2019 with the new arrangements under the single East Sussex-wide joint programme, which will be subject to strategic oversight by the East Sussex Health and Wellbeing Board.
- 3) Endorse the scope and projects within the new integrated community health and care services joint programme.

32 CARE QUALITY COMMISSION LOCAL AREA REVIEW - ACTION PLAN PROGRESS REPORT

32.1 The Board considered a final progress report against the actions identified by the Care Quality Commission (CQC) during their Local Area Review of East Sussex.

32.2 The Board RESOLVED to:

1. Note progress against the CQC Action Plan;
2. Agree the proposal to close completed actions; and
3. Note outcome of CQC monitoring report for January 2019.

33 PHARMACY CONSOLIDATION APPLICATION

33.1 The Board considered a report recommending agreement of a draft representation to NHS England regarding a pharmacy consolidation application; and agreement that future representations will be delegated to the Director of Public Health in consultation with the Director of Adult Social Care and Health and nominated Public Health Consultant.

33.2 The Board RESOLVED to:

- 1) agree the draft representation to NHS England regarding the pharmacy consolidation application at 9-11 St Leonards Road, Bexhill-on-Sea TN40 1HJ, and delegate authority to the Director of Public Health in consultation with the Director of Adult Social Care and Health and nominated Public Health Consultant to make any necessary changes to the response prior to submission;
- 2) Agree to delegate responsibility to the Director of Public Health in consultation with the Director of Adult Social Care and Health and nominated Public Health Consultant to submit representations to NHS England in response to future pharmacy consolidation applications and any other notifiable pharmacy applications;
- 3) Agree to delegate responsibility to the Director of Public Health in consultation with the Director of Adult Social Care and Health and nominated Public Health Consultant to publish supplementary statements to the Pharmaceutical Needs Assessment in relation to consolidation applications; and
- 4) request that future pharmacy consolidation responses are reported to the Board for information.

34 NHS UPDATES

34.1 The Board considered updates from the three NHS Clinical Commissioning Groups (CCGs) and East Sussex Healthcare NHS Trust (ESHT).

High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG)

- The CCG Achieved the £10.7m deficit control total for 2018/19, releasing £10.7m of Commissioner Sustainability Funding (CSF) from NHS England.
- The Maternity Improvement and Assessment Framework rated the CCG as “good”
- HWLH CCG was named as “Best Pioneer” in the CQC’s Maternity Services Survey.
- The CCG is holding system-wide clinical events with Sussex Community NHS Foundation Trust, Sussex Partnership NHS Foundation Trust, and Brighton & Sussex University Hospital NHS Trust to help break down barriers between these providers in order to improve potential future integration of services.
- HWLH and Brighton & Hove CCG now have a single executive team.
- There will be four Primary Care Networks (PCNs) established within the HWLH area by July: Havens, Lewes, Uckfield and Crowborough.
- The Enhanced Care in Nursing Homes project has been rolled out across the CCG. It brings together GPs, secondary care, voluntary sector and nursing home teams to help keep people in nursing home and avoid unscheduled A&E admissions. In the original pilot areas where it was introduced it reduced unscheduled admissions by 50% and falls by 80%.
- All GP practices in HWLH are rated good or outstanding by the CQC.
- New X-ray facilities in Crowborough hospital and upgrades to the Crowborough midwifery unit have been funded by the League of Friends. The League of friends for Uckfield hospital is currently upgrading the x ray facilities there.

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

- The CCGs have achieved their £32m deficit control total for 2018/19, releasing £32m of Commissioner Sustainability Funding (CSF). The CCGs will receive less CSF next year meaning they will need to identify additional efficiency savings to break even.
- A single Chief Executive is in place across all CCGs in the STP. This will enable closer working amongst the CCGs leading to improved efficiency and the sharing of local good practice.
- Changes to the diabetic foot service has resulted in a significant reduction in the number of required amputations for complications arising from diabetes.
- The CCGs and ESHT were a pilot site for joint NHS England and NHS Improvement oversight, which ended in April.
- Patients in the Eastbourne and Hastings areas will have access to PCNs by 1 July.
- Hastings and Rother GP vacancy rates appear to have improved over the past year. Recruitment into GP trainee positions has improved and other healthcare practitioners, like nurse or pharmacy practitioners, who carry out some GP functions continue to be introduced.

East Sussex Healthcare NHS Trust (ESHT)

- The trust remains in financial special measures, however, because it met its own deficit target for 18/19 and because it has agreed to NHS Improvement's 19/20 target it may come out of special measures within the next financial quarter.
- The deficit plan for 18/19 was for a £43.7m which has been met. It compares to a 60m deficit three years ago. The 19/20 target is £34m but this will trigger the payment of £24m of Provider Sustainability Funding resulting in a £10m net deficit.
- Delayed Transfer of Care (DTC) and A&E figures continue to improve despite the recent hot weather.
- The NHS Staff Survey had a 53% staff response rate, one of the higher nationally, and over a three-year period it shows significant improvement in the proportion of staff who are proud of the care they deliver and who feel supported by their management and teams.
- Complaints were down 15% year on year and 65 individual positive correspondences are received for every complaint.
- Quality measures like sepsis and standardised mortality rates are now at or below the expected rate for a trust of the size and population profile of ESHT.

35 WORK PROGRAMME

35.1 The Board considered its work programme.

35.2 The Board RESOLVED to agree its work programme.

The meeting ended at 3.35 pm.

Councillor Keith Glazier (Chair)
Chair