

## EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at County Hall, Lewes on 16 July 2019.

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PRESENT Councillors Keith Glazier (Chair) Councillors Carl Maynard, John Ungar, Trevor Webb, Philip Lunn and Leah Levane;,, Dr Elizabeth Gill, Dr Martin Writer, Jessica Britton, Keith Hinkley, Lou Carter, Darrell Gale, John Routledge, Dr Adrian Bull, Siobhan Melia and Sam Allen

ALSO PRESENT Councillor John Barnes and Becky Shaw

### 1 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 23 APRIL 2019

1.1 the minutes of the meeting held on 23 April 2019 were agreed as a correct record.

### 2 APOLOGIES FOR ABSENCE

2.1 Apologies for absence were received from Deborah Tomalin.

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

- Cllr Sean MacLeod
- Cllr Rebecca Whippy

2.3 Cllr Leah Levane substituted for Cllr Ruby Cox and Lou Carter Substituted for Stuart Gallimore.

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

3.1 There were no disclosures of interest.

### 4 URGENT ITEMS

4.1 There were no urgent items.

### 5 EAST SUSSEX JOINT STRATEGIC NEEDS ASSESSMENT AND ASSETS ANNUAL REPORT 2018/19

5.1. The Board considered a report on the 2018/19 Joint Strategic Needs and Assets Assessment Annual Report (JSNAA).

5.2. The Board asked whether best use was being made of electronic communications, such as email alerts, to reach people in rural areas of East Sussex and whether parish council clerks mailing lists could be used to spread information.

- 5.3. The Director of Public Health welcomed the idea of contacting parish council clerks and explained that the Public Health Team already produces a monthly JSNAA bulletin that goes to a list of subscribers and welcomed the idea of adding parish councils to it.
- 5.4. The Board observed it would be helpful to have seen data in the JSNAA report indicating levels of deprivation in the county.
- 5.5. The Director of Public Health advised that the previous edition of the Director of Public Health's Annual Report provided a snapshot of the health of East Sussex residents. It is a user-friendly publication that contains data on how East Sussex performs against ten key determinants of health and wellbeing.
- 5.6. The Board asked how health and social care commissioners should use the JSNAA to inform the commissioning of services.
- 5.7. The Director of Public Health said that the JSNAA helps to identify issues in East Sussex. Strategies such as the local response to the NHS Long Term Plan would look to address "so what are we going to do about this issue?". The Director of Adult Social Care and Health agreed that the local NHS Long Term Plan would take account of the JSNAA. This would be a single plan for East Sussex containing all data on needs and available resources and an agreed set of principles and single plan for implementation.
- 5.8. The Board asked about what is being done to reduce differences in deprivation and life expectancy.
- 5.9. The Director of Public Health said it was his first priority to narrow the gaps between areas of high and low deprivation and life expectancy. He warned, however, that sometimes highlighting the extent of deprivation in certain areas can backfire by creating a stigma about those areas and upsetting residents. Deprived areas should be the focus of plans to improve health and wellbeing, and concerns from their residents should be heard, but commissioners should also be careful how they publicly talk about these places and the people living in them.
- 5.10. The Board RESOLVED to note the report

## 6 ARRANGEMENTS FOR COMMISSIONING OVERSIGHT IN EAST SUSSEX THROUGH THE HEALTH AND WELLBEING BOARD

- 6.1. The Board considered a report on the arrangements for the strategic oversight of commissioning to be undertaken by the Health and Wellbeing Board and for the East Sussex Better Together Strategic Commissioning Board to be formally disestablished.
- 6.2. The Board asked how existing joint commissioning of services between the Clinical Commissioning Groups (CCGs) and East Sussex County Council (ESCC) would work within the new commissioning arrangements.
- 6.3. The Director of ASCH explained that the East Sussex CCG and ESCC will be responsible for commissioning for population health in East Sussex based on need and via an East Sussex health and social care transformation programme. More specific joint commissioning arrangements will be developed within this wider strategic partnership.
- 6.4. The Board RESOLVED to:
1. Note that the Health and Wellbeing Board provides strategic oversight of our health and social care system, including commissioning for whole population health and wellbeing; and

2. Endorse the disestablishment of the East Sussex Better Together Strategic Commissioning Board by East Sussex County Council, Eastbourne Hailsham and Seaford Clinical Commissioning Group and Hastings and Rother Clinical Commissioning Group

## 7 EAST SUSSEX HEALTH AND SOCIAL CARE TRANSFORMATION PROGRAMME

7.1. The Board considered a report on the initial priorities and programme for health and social care transformation in East Sussex, and next steps.

7.2. The Board asked whether the single East Sussex CCG would have sufficient local representation on its governing body to represent the needs of more deprived communities.

7.3. The Chair of High Weald Lewes Havens (HWLH) CCG confirmed that the emerging East Sussex CCG is signed up to maintaining localism within its governance structures. The CCG's new constitution will ensure there are local representatives from across East Sussex.

7.4. The Director of ASCH said it was important to stress the purpose of integrated working between health and social care was to meet the health needs of the whole population of East Sussex. To address needs of the whole population, commissioners will need to be able to effectively identify areas of higher deprivation and commission appropriate services for them. The move towards more integrated care also acknowledges the need for integrated services built around local community areas which are best placed to meet people's needs. These were previously known as localities teams in East Sussex Better Together (ESBT) area and communities of practice in the Connecting 4 You (C4Y) area and will continue to be developed based around the newly established Primary Care Networks (PCNs), which are required under the NHS Long Term Plan.

7.5. The Board asked whether there are more details about how the East Sussex health and care transformation programme will develop preventative care and reduce health inequalities.

7.6. The Managing Director of Hastings and Rother CCG said it was difficult when sharing a snap shot of the services being developed to include everything. It was agreed this year that there would be a small selection of in-year priorities in health and social care to focus on. This was done with the full recognition that these priorities do not represent the totality of what needs to be done and that the list of priorities will become more comprehensive in the future. Prevention and health inequalities are firmly embedded in the CCGs' business plans for 2019/20, for example, the health inequalities programme in Hastings and Rother, which is also being rolled out across the rest of CCGs in East Sussex.

7.7. The Chief Executive of East Sussex Healthcare NHS Trust (ESHT) added that prevention is very important, but the priorities for 19/20 are around bringing the health and care system back into financial balance by managing the demand that already exists in the system.

7.8. The Director of ASCH said that an outcomes framework for the health and social care transformation programme has been developed. It will include performance indicators based on longer term measures of population health that will enable commissioners to demonstrate the success of preventative services in East Sussex.

7.9. The Board asked whether there would be sufficient budgets in East Sussex to fund the health and social care transformation programme.

7.10. The Director of ASCH said that there is greater uncertainty in county council budgets compared to the NHS. Meetings have been held with the Secretary of State and all local partner

organisations and it is clear that integration will continue as a national priority. Investment in prevention, proactive care and investment in social care, primary and community care have been the key objectives in East Sussex for a while and mirror what is sought in the NHS Long Term Plan. They are all aimed at reducing the cost of healthcare by reducing demand for costly hospital interventions.

7.11. The Chief Executive of Sussex Community Foundation NHS Trust said there is an expectation from NHS England that local systems will demonstrate in their long term plans how they will develop services that can respond to a person in crisis in their own homes within 2 hours and place them on a reablement pathway within 2 days. The Director of ASCH added that all expectations in the Long Term Plan guidance will need to be reflected in the local submission.

7.12. The Board asked whether there is a strategy to address the shortfall of GPs in Hastings.

7.13. The Chair of Eastbourne, Hailsham and Seaford CCG said that the recruitment issues is across the entire health and social care workforce. He said that recruitment of GPs is getting better and training places are now full, resulting in more GPs becoming available in the future. People's expectations also need to change so they don't always expect to see a GP as clinical pharmacists, advanced nurse practitioners, and paramedics are all able to provide health care advise as effectively as GPs, and sometimes more so due to their specialities.

7.14. The Chair of HWLH CCG had visited the Pathfinder PCN area in Luton that is showing optimistic figures for workforce recruitment and retention, having operated as a PCN for two years. A PCN's wider workforce enables other staff to take on some of the work of the GPs, which makes the role of being a permanent GP more attractive. As a result, there has been a reduction in the use of GP locums from 11%-4%. It is hoped similar figures will be seen in East Sussex as PCNs become established.

7.15. The Board RESOLVED to:

1. Note the priority objectives and lead Key Performance Indicators (KPIs) for transformation in 2019/20, and the proposed arrangements for the HWB to monitor progress; and
2. Endorse the proposed arrangements for taking forward the development of a wider East Sussex County Council and NHS plan for East Sussex covering the next five years, in line with NHS Long Term Plan requirements

The meeting ended at 3.40 pm.

Councillor Keith Glazier  
Chair